

INDEPENDENT CONTRACTOR'S APPLICATION

FOR

Date of Application: _____ Social Security No: _____

Name: _____

Date of Birth: ____/____/____.

Residency for the last 3 years:

Current Address:

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____ How Long: _____

Previous Addresses:

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____ How Long: _____

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____ How Long: _____

Have you ever been convicted of a Felony? ____ Yes ____ No

If yes, explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to independent contractor acceptance, all circumstances will be considered.

Driver Licenses

License No:	State of Issue	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ____ Yes ____ No

Have you ever had any licenses, permit or privilege to operate a motor vehicle suspended or revoked?
____ Yes ____ No

If yes either one of the above questions yes, give details: _____

EMPLOYMENT HISTORY:

All independent contractor applicants must provide the following information on ALL employers during the preceding 3 years (list complete mailing address, street number, City State and Zip codes). Also provide an additional 7 years information on those employers from whom the applicant operated a commercial motor vehicle or was required to possess a CDL. Include dates of unemployment.

EMPLOYER	Circle if UNEMPLOYED	DATE	
Name		From	To
Address		Position Held	
City		State	Zip
Contact:	Phone:		
Were you subject to FMCSA Regulations or in a DOT regulated Safety Sensitive position? Yes _____ NO _____			
Did you drive a vehicle requiring a CDL? _____ Yes _____ No			

EMPLOYER	Circle if UNEMPLOYED	DATE	
Name		From	To
Address		Position Held	
City		State	Zip
Contact:	Phone:		
Were you subject to FMCSA Regulations or in a DOT regulated Safety Sensitive position? Yes _____ NO _____			
Did you drive a vehicle requiring a CDL? _____ Yes _____ No			

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Name		From	To
Address		Position Held	
City		State	Zip
Contact:	Phone:		
Were you subject to FMCSA Regulations or in a DOT regulated Safety Sensitive position? Yes _____ NO _____			
Did you drive a vehicle requiring a CDL? _____ Yes _____ No			

EMPLOYER	Circle if UNEMPLOYED	DATE	
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Address		Position Held	
City		State	Zip
Contact:	Phone:		
Were you subject to FMCSA Regulations or in a DOT regulated Safety Sensitive position? Yes _____ NO _____			

Did you drive a vehicle requiring a CDL? ____ Yes ____ No

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Address		Position Held	
City		State	Zip
Contact:	Phone:		
Were you subject to FMCSA Regulations or in a DOT regulated Safety Sensitive position? Yes ____ NO ____			
Did you drive a vehicle requiring a CDL? ____ Yes ____ No			

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City		State	Zip
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Did you drive a vehicle requiring a CDL? ____ Yes ____ No			

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Name			From		To
Address			Position Held		
City			State		Zip
Contact:		Phone:			
Were you subject to FMCSA Regulations or in a DOT regulated Safety Sensitive position? Yes _____ NO _____					
Did you drive a vehicle requiring a CDL? _____ Yes _____ No					

ACCIDENT RECORD for the past 3 Years or more (attach sheet if more space is needed) If none, write none.

Date	Nature of Accident (Head-on, rear-end, Upset, etc.)	# of Fatalities	# of Injuries

TRAFFIC CONVICTIONS (All violations of Motor Vehicle Laws or Ordinances – Other than Parking- for the past 3 Years) Convictions include forfeited bond or collateral

Location	Date	Charge (violation)	Penalty

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment (van, tank, Flat, Etc.)	Dates		Approx. No. of Miles
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
MOTORCOACH				
OTHER				

List states operated in for last five years _____

List any courses, training, or experience you have that may be helpful as a driver. (Include any Safe Driving Awards and from whom given :)

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I also authorize you to make such investigations and inquiries of my personal, employment, driving, financial or medical history and other related matter as needed to determine application acceptance. I also understand that false or misleading information given in this application by me or during an interview(s) may result in discharge from contract.

Date: _____ Signature: _____