

INDEPENDENT CONTRACTOR/OWNER OPERATOR APPLICATION

DATE _____

PERSONAL INFORMATION:

FULL NAME _____ SOC SEC # _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

DATE AVAILABLE TO START _____

ARE YOU EMPLOYED? _____ IF YES, MAY WE CONTACT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ IF YES, WHEN? _____

EDUCATION HISTORY:

SPECIAL SKILLS/TRADES:

U.S. MILITARY SERVICE:

IF YES, RANK?

WORK HISTORY:

START AND END DATES _____

EMPLOYER _____ POSITION _____

ADDRESS _____ CITY _____ STATE _____

CONTACT PERSON/SUPERVISOR _____

PHONE _____ REASON FOR LEAVING _____

START AND END DATES _____

EMPLOYER _____ POSITION _____

ADDRESS _____ CITY _____ STATE _____

CONTACT PERSON/SUPERVISOR _____

PHONE _____ REASON FOR LEAVING _____

START AND END DATES _____

EMPLOYER _____ POSITION _____

ADDRESS _____ CITY _____ STATE _____

CONTACT PERSON/SUPERVISOR _____

PHONE _____ REASON FOR LEAVING _____

PERSONAL REFERENCES:

NAME _____ RELATIONSHIP _____

PHONE _____ YEARS KNOWN _____

NAME _____ RELATIONSHIP _____

PHONE _____ YEARS KNOWN _____

NAME _____ RELATIONSHIP _____

PHONE _____ YEARS KNOWN _____

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement/contract for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

SIGNATURE _____ DATE _____

PRINTED NAME _____

VEHICLE INFORMATION

YEAR _____

MAKE _____

MODEL _____

VAN, SPRINTER, OR STRAIGHT TRUCK? _____

IF STRAIGHT TRUCK, DOCK HIGH? _____

IF STRAIGHT TRUCK, SLEEPER? SIZE OF SLEEPER? _____

IF STRAIGHT TRUCK, ICC BAR? _____

PLEASE PROVIDE ALL CARGO AREA DIMENSIONS OF YOUR VEHICLE:

LENGTH _____

MIN WIDTH (WHEEL WELLS) _____

HEIGHT INSIDE _____

WIDTH AND HEIGHT AT DOORS _____

MAX CARGO WEIGHT CAPACITY _____

PLEASE LIST ANY OTHER DIMENSIONS OR SPECIAL MODIFICATIONS THAT HAVE BEEN MADE:

PLEASE LIST ANY EQUIPMENT FEATURES THAT YOU HAVE (E-TRAX, ETC):