

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):