

# Independent Contractor Application

Independent Service Provider, LLC, 1600 Wayne Lanter,, Madison, IL. 62060

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED  
(PLEASE PRINT)**

Date Hired: \_\_\_\_\_

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious preference, marital status, political belief, of disability that does not prohibit performance of essential job functions.

## Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Present address: \_\_\_\_\_  
Street City State Zip

Previous address: \_\_\_\_\_  
Street City State Zip  
List addresses for the Past 3 years – use back if needed

Email address: \_\_\_\_\_

Phone No.'s: \_\_\_\_\_  
Home Cell# or Alt.

**The following information required on all DOT qualified OTR and Local Drivers (show all).**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (FMCSR 319.21(b)(2))

Applicant list the states and license numbers of all licenses held for the past three (3) years.

Current Drivers License: \_\_\_\_\_  
Number State Class Endorsements Expiration Date

Previous Licenses Held: \_\_\_\_\_  
Number State Class Endorsements Expiration Date

\_\_\_\_\_ Number State Class Endorsements Expiration Date

- (A.) Have you ever been denied a license, permit or privilege to operate a motor vehicle? [ ] Yes [ ] No
- (B.) Has any license, permit or privilege ever been suspended or revoked? [ ] Yes [ ] No
- (C.) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? [ ] Yes [ ] No
- (D.) Have you ever been convicted of any alcohol related driving offenses? [ ] Yes [ ] No
- (E.) Have you been convicted of a felony within the last 5 years? [ ] Yes [ ] No
- (F.) Have you been convicted of a misdemeanor within the last 2 years? [ ] Yes [ ] No
- (G.) Are you presently charged with committing a criminal offense? [ ] Yes [ ] No
- (H.) In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates,  
 Other than those prescribed by a physician? [ ] Yes [ ] No

Please detail any "Yes" answers above: \_\_\_\_\_

### Driving Experience / Complete / Explain

Class of Equipment	Equipment Type (reefer, Van, Flat, etc.)	Dates	Approximate Miles
Straight Truck		To	
Tractor-Trailer		To	
Twin Trailers		To	
Other		To	

List States operated in during the last three (3) years:  
 \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**SHOW ALL EMPLOYMENT: PERSONAL HISTORY FOR PAST 10 YEARS FROM THIS DATE**

Begin with your present experience and work backward in order, listing all employers, military, self-employment, driving school, and other training programs for at least ten (10) years. Use a supplementary sheet if necessary. Leave NO gaps in time for past 10 years. All time must be accounted for. We must have complete addresses and telephone numbers (please include FAX number if available).

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_  
Current Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
Presently employed?  Yes  No May we contact current employer?  Yes  No  
Reason for leaving? \_\_\_\_\_  
Number of Accidents: \_\_\_\_\_ Comments: \_\_\_\_\_

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Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Number of Accidents: \_\_\_\_\_ Comments: \_\_\_\_\_

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Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Number of Accidents: \_\_\_\_\_ Comments: \_\_\_\_\_

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Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Number of Accidents: \_\_\_\_\_ Comments: \_\_\_\_\_

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Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Number of Accidents: \_\_\_\_\_ Comments: \_\_\_\_\_

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Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Number of Accidents: \_\_\_\_\_ Comments: \_\_\_\_\_

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\*\*Ten (10) years are accounted for and there are no gaps between any of the above dates.  Yes  No  
If answered "No," please explain: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



Are you currently employed?  Yes  No If not, when was your last day employed? \_\_\_\_\_

Position Applied for: \_\_\_\_\_

NOTE: we use only Independent Contractors for driver services.

Who referred you? \_\_\_\_\_

Salary or Commission desired: \_\_\_\_\_

If position applied for is filled would you consider on demand work?  Yes  No

Dock high on demand?  Yes  No

Be flexible to switch between dock and van response work?  Yes  No

Car route and response work?  Yes  No

Can you drive a vehicle with a manual transmission?  Yes  No

If applying for a courier position:

Vehicle Type \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Do you have any weight lifting restrictions?  Yes  No

If yes, what is the Maximum you can lift? \_\_\_\_\_

Summarize your special skills or qualifications

### Work Availability

If your application receives favorable consideration, when will you be available to begin work? \_\_\_\_\_

Do you have any objection to working overtime?  Yes  No

Can you work overtime without notice?  Yes  No

Can you work on Saturdays?  Yes  No

Can you work on Sundays?  Yes  No

If required to wear a uniform, will you?  Yes  No

### Educational Background

Type of school	Name and City	Did you graduate?	Course or Major
College			
Technical school			
High School			
Other			

### Work References (cont. on next page)

Please do not include relatives or former employers

Name	Years Known	Relationship and or title		
Company				
Work Address	City	State	Home Phone	Work Phone

Name	Years Known	Relationship and or title		
Company				
Work Address	City	State	Home Phone	Work Phone

Name	Years Known	Relationship and or title		
Company				
Work Address	City	State	Home Phone	Work Phone

Name	Years Known	Relationship and or title		
Company				
Work Address	City	State	Home Phone	Work Phone

I authorize the company to make such investigations and inquiries of my personal, employment, educational, financial, criminal, driving or medical history and related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

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. In the event I am employed, I understand that false or misleading information with my application or interview(s) may result in discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### APPLICANT DECLARATION

#### F.M.C.S. REGULATIONS PART 40.25

Have you, the applicant, been employed by any DOT regulated employer and have been in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40?       Yes       No

This is to declare that I (have / have not) tested positive, or (have / have not) refused a test on any Pre-employment Drug test administered by any prospective employer I have applied to.

I further declare that if I tested Positive for any Pre-employment Drug test, I (have / have not) completed an Employee Assistance Program (E.A.P.).

#### PART 391.21 612

This certifies that I completed this application, and that all entries on it and information contained in it are true and complete to the best of my knowledge.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature