



Independent Contractor Application

Date : _____

Last Name _____ First Name _____ Middle Initial _____

Present Address _____
street city state zip code

Mailing Address _____
street city state zip code

Telephone _____ Social Security # _____ EIN # _____

cell phone _____ fax _____

In case of emergency notify: Name _____ Telephone _____

Drivers License # _____ State _____ Expiration _____

Vehicle to be used for deliveries Year _____ Make _____ Model _____

License Plate # _____ State _____ Expiration _____

Have you ever been convicted of any criminal offense other than minor traffic violations ? _____

<u>Charge</u>	<u>Result</u>	<u>City/State of conviction</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

Vehicle Insurance Carrier _____ Policy # _____

Vehicle Insurance Policy Limits

Liability Limits _____

Personal Injury Limits _____

property damage limits _____

Required photo-copies Drivers License _____ Motor Vehicle Registration _____
Vehicle Insurance _____

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Education

	Name	City	State	Graduate	Year
High school					
College					
College					
Tech. school					

Employment

Are you presently employed ? _____ Company Name _____

May we contact for verification ? _____ Telephone _____

If yes to above, point of contact for verification _____ Start Date _____

Please list any **courier companies** you have performed services for in the past or currently contracting with

Company	City	Contact Name	Telephone	Start mm/dd/yy	Leave mm/dd/yy

Do you currently own cargo insurance? _____ If yes, what are your limits? _____

If this is your first contract as an independent contractor, please list some professional business references so we can verify your past punctuality and reliability. List most recent first

Company	City	Contact Name	Telephone	Start mm/dd/yy	Leave mm/dd/yy

References

List the names of three individuals not related to you, whom you have known at least one year

Name	City	Telephone

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISAPPROVAL. FURTHER MORE, I UNDERSTAND AND AGREE THAT MY STATUS IS THAT OF AN INDEPENDENT CONTRACTOR AND AS SUCH, I AM RESPONSIBLE FOR ALL STATE AND FEDERAL TAX LIABILITIES PERTAINING TO MONIES RECEIVED IN THE COURSE OF SERVICES PERFORMED. I FURTHER UNDERSTAND THAT LAKESIDE COURIER SERVICE IS NOT UNDER ANY OBLIGATION FOR WORK RELATED INJURIES, PURSUANT THE WORKMAN'S COMPENSATION ACT.

Signature _____

Date _____