



Independent Contractor Application

Position Applying For _____ Full Time _ Part Time __ Temporary __ On Demand__ Seasonal_

CONTRACTOR APPLICATION AND VEHICLE INFORMATION

Last Name _____ First _____ Middle _____ SSN _____ - _____ - _____

Date of Birth (MM/DD/YY) ____/____/____ (Drivers Only) (The U.S. Department of Transportation requires that driver applicants state their date of birth - 391.21(b)(2).)

Current Address _____ City _____ State ____ ZIP _____

Phone (____) _____ - _____ County of Residence _____ Email Address: _____

Are you authorized to work in the United States? _____ Do you have a visa/green card? _____

Have you ever worked another name? _____ If so, what name? _____

List any other address at which you have resided during the past 3 years:

Address _____ City _____ State ____ ZIP _____ From ____/____ to ____/____

Education/Certification/Training

Education: Highest Grade/GED Completed _____ College _____ Trade School _____

Last School Attended _____ City _____ State _____

Degree/Field of Study _____ Month/Year Completed _____

Licenses/Certifications _____ Date Obtained _____ State Licensed/Certified In _____

Driving School Attended _____ City _____ State _____ Completion Date _____

Other Skills and Training: _____

Contract/Employment History

Start with the current or most recent position, including military experience

Employer /Contractor _____ Position Held: _____ From _____ TO _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Supervisor's Name _____

Reason for Leaving _____

Employer /Contractor _____ Position Held: _____ From _____ TO _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Supervisor's Name _____

Reason for Leaving _____

Driver Experience and Qualification

Driver licenses held in the past years must be shown.

State	License Number	Type	Expiration Date

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ___ No ___
2. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___
If you answered "Yes" to any of the above, give details in the comments section in the back of this application.

Have you ever been bonded? _____ Name of Bonding Company _____

Have you ever been convicted of a misdemeanor or felony? _____ (If yes, please explain fully in the comments section in the back of this application. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.)

Are you on probation or Parole? _____

Have you ever been convicted of/or have a pending DWI/DUI? _____ If yes, when? _____

Class of Equipment	Types of Equipment (Van, Flat, Tank, etc.)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Twin Trailers				
Other				

List states operated in during the last 5 years _____

List special courses or training that will help you as a driver _____

List safe driving awards held and who presented the awards _____

Accident Review for Past 5 Years(Give additional detail in the comment section, as needed)

Dates (Most Recent First)	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 5 Years Other than Parking Violations

Location	Date	Charge	Penalty

Note: If you need additional space for the accident portion or traffic violations, please note them in the other comments section of this application.

List Vehicle Information to be used in line of work.

(Years, Makes, and Models) _____

EIN# _____ **USDOT#** _____ **MC#** _____ **Insurance Provider** _____

Other comments that you would like to add. _____

Applicant must read and sign.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or its agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I hereby release Last Minute Express, LLC, its officers, employees, agents, directors, affiliates and attorneys and any other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation of omission of information of facts may result in my rejection or dismissal. It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

If hired, I agree to abide by all the results and policies of my employer.

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. This also certifies that I have received a copy of the job description and company policies and all questions have been answered to my satisfaction.

Applicant Signature _____ **Print Name** _____ **Date** _____

PART I – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to MATL for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized LME to review involves tests required by DOT. If any carrier (company/school) listed below furnishes LME with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

(Attach additional forms for additional past employers. That form must also include the individual's signature.)

Print Name: _____ Signed: _____
(Applicant Name) (Applicant Signature Required)

Social Security No: _____ Date: _____

PART II – CONSUMER REPORT DISCLOSURE AND MVR RELEASE

In connection with my application for contract for services with the employer named above, I understand that consumer reports which may contain public record information may be requested from background screening companies. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records, as well as information from LME concerning previous driving record requests made by others from such state agencies, and state provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY LME TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I have the right to request from LME, upon presentation of proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which LME has previously furnished within the 60 Days preceding my request. I hereby consent to your obtaining the above information from background screening companies, and I agree that such information which LME has or obtains, about my history (not DOT Drug and Alcohol information without a specific consent by me), may be supplied by LME to other companies which subscribe to LME Services. I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print Name: _____ Signed: _____
(Applicant Name) (Applicant Signature Required)

Social Security No: _____