

# INDEPENDENT CONTRACTOR APPLICATION

## PERSONAL INFORMATION

Name (last/first/middle) \_\_\_\_\_

Current Address (street/city/state/zip) \_\_\_\_\_

Phone \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you 21 or older? Y/N

In Case of Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been convicted of a crime? Y/N If yes, when, and what was the nature of the Offense?  
\_\_\_\_\_

Note: A conviction will not necessarily prohibit you from being a contractor.

## CONTRACTOR INFORMATION

Position Desired \_\_\_\_\_ Date Available for Work \_\_\_\_\_ Currently Employed? Y/N

What hours are you available to work?

LUNCH	10:30AM	_____	_____	_____	_____	_____	_____	_____
	2:30PM	MON	TUE	WED	THUR	FRI	SAT	SUN
DINNER	4:30PM	_____	_____	_____	_____	_____	_____	_____
	9:30PM	MON	TUE	WED	THUR	FRI	SAT	SUN

Do you have any physical impairments that would interfere with your ability to execute the duties of the position you are applying for? \_\_\_\_\_

Note: Remember, this company is an equal opportunity employer.

## EMPLOYMENT RECORD

1. Name and Address of Past or Present Employer \_\_\_\_\_

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ Pay/Salary \_\_\_\_\_ May we Contact? Y/N

Name and Title of Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Describe Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Name and Address of Past or Present Employer \_\_\_\_\_

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ Pay/Salary \_\_\_\_\_ May we Contact? Y/N

Name and Title of Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Describe Work \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Name and Address of Past or Present Employer \_\_\_\_\_  
 \_\_\_\_\_  
 Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_ Pay/Salary \_\_\_\_\_ May we Contact? Y/N  
 Name and Title of Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Describe Work \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**VEHICLE**

What type of car do you own? Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
 VIN# \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Effective Date \_\_\_\_\_ State \_\_\_\_\_  
 Agent's (Name/Address/Phone) \_\_\_\_\_  
 Amount of Liability Coverage \_\_\_\_\_ Expiration Date \_\_\_\_\_

**CONTRACTOR AGREEMENT**

I have completed the above data regarding my driving record and personal information to the best of my knowledge. I authorize Food Dudes Delivery to obtain my MVR to verify the above. I authorize that my record may be verified periodically at the company's discretion. I also understand that if my record does not meet company requirements, my contract will be terminated. I understand that I must have Liability coverage while driving for Food Dudes Delivery and Food Dudes Delivery is not responsible for any physical injuries/damage to me, my vehicle, and/or any other parties involved. I indemnify and hold harmless Food Dudes Delivery and any customers of Food Dudes Delivery, from and against any and all liability, by reason of accident, injuries, or negligence of any kind, which may result from my actions while making deliveries for or on behalf of Food Dudes Delivery. I understand the importance of safety and agree to the following safety policies while driving:

- To drive only the insured car listed above
- Keep my car in safe working order.
- Wear my safety belt.
- Place food bags and drinks in prescribed area of the vehicle.
- Never drive after consuming drugs or alcohol.
- Allow no one else to ride in the vehicle when working.
- Follow traffic rules and regulations at all times.
- Notify Food Dudes Delivery immediately when issued a traffic ticket.
- Notify Food Dudes Delivery if my driving privileges have been suspended, restricted or revoked.
- Notify Food Dudes Delivery of any changes in insurance and policy coverage.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if contracted, false statements on this application will be grounds for termination of my services. I authorize the investigation of all statements contained herein. I further authorize all listed references to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise; and release all parties from all liability that may result from furnishing the same to you. I understand and agree that, if contracted, my contractor status is for no definite period of time and may be terminated at any time for any reason without prior notice.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date