

1st American Courier LLC

P.O. Box 470322 Cleveland, OH 44147

216-662-9100 Office

216-662-9101 Fax

APPLICATION FOR INDEPENDENT CONTRACTOR COURIER

Personal Information

Are you 21 years of age or older?

Yes:

No:

You must be 21 years of age to be hired as an Independent Contractor for 1st American Courier LLC

PRINT ALL INFORMATION IN THIS DOCUMENT

First Name:

Middle Initial:

Last Name:

Home Address:

City:

State:

Zip Code:

Home Phone #:

Social Security #:

Drivers License #:

Exp Date:

Cellular Phone #:

Provider:

Alternate Contact Number(s):

Position you are applying for:

How did you hear about 1st American Courier?

Note: Present your drivers' license at completion of application; a copy will be required to complete the application process.

Complete the information below:

Are you currently employed? Yes: No:

State type of work: Full-Time: Part-Time:

Date available to start: _____

Have you worked for a Delivery Service or Taxi Company: Yes: No:

Vehicle Information

Make: _____ Model: _____

Year: _____ Vehicle Mileage: _____

Insurance Information

Insurance Co. Name: _____ Policy #: _____

Policy expiration date: _____ Limits of Liability: \$ _____

Personal Liability: _____ Commercial Liability: _____

Driving History

List accidents and/or tickets you have received in the past 3 years:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Check below if you have no violations to report:

I have not received any tickets or been involved in any vehicle accidents in the past 3 years

Employment History

List below 3 most recent previous employers starting with the most recent employer first:

1) **Company Name:** _____ **Phone #:** _____

Company Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____ **Salary/Rate: \$** _____

Start Date: _____ **End Date:** _____

Reason for Leaving: _____

Supervisor Name: _____ **Email Address:** _____

May we contact the above employer? Yes No

2) **Company Name:** _____ **Phone #:** _____

Company Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____ **Salary/Rate: \$** _____

Start Date: _____ **End Date:** _____

Reason for Leaving: _____

Supervisor Name: _____ **Email Address:** _____

May we contact the above employer? Yes No

3) **Company Name:** _____ **Phone #:** _____

Company Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____ **Salary/Rate: \$** _____

Start Date: _____ **End Date:** _____

Reason for Leaving: _____

Supervisor Name: _____ **Email Address:** _____

May we contact the above employer? Yes No

Personal References

List below 3 individuals to whom you are not related and have known for at least one year:

1) **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship: _____ **Years Known:** _____

Phone #: _____ **Email Address:** _____

2) **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship: _____ **Years Known:** _____

Phone #: _____ **Email Address:** _____

3) **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship: _____ **Years Known:** _____

Phone #: _____ **Email Address:** _____

Emergency Contact Information

Closest relative not living with you:

Name: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship: _____ **Email Address:** _____

Person to notify in case of an emergency:

Name: _____ **Phone #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship: _____ **Email Address:** _____

Criminal History

Have you been convicted of a felony in the last 5 years?

Yes

No

If YES, explain below (may not necessarily exclude you from consideration):

Authorization

"I certify the facts contained in this application are true and complete to the best of my knowledge and understand that if contracted, falsified statements on this application shall be grounds from dismissal.

I authorize investigation of all statements contained herein including 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 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."

Applicant Signature:

Print Name:

Date:

Office Use Only

Interview Date: _____

Interviewed By: _____

Applicant Status: Hire Do Not Hire Hold Application