

## INDEPENDENT CONTRACTOR APPLICATION



**AMERICAN TRANSPORTATION  
DELIVERY**

**For Official Use Only**

Date Received: \_\_\_\_\_, 20\_\_

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INDEPENDENT CONTRACTOR APPLICATION

Applications are considered for all independent contractors, and contractors are treated during the agreement, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination as provided under applicable state and federal law.

**Position(s) Applying For:**     **DRIVER**

#### Background Information

Name	Telephone Number (    )    -
Street Address	Fax Number (    )    -
(City, State, Zip Code)	Email Address
Type of Entity (e.g., individual, corporation, partnership, etc.):	
Description of Primary Business:	SIC ( <i>if business</i> ):
SSN ( <i>if individual</i> ):	EIN ( <i>if business</i> ):
<p>Have you ever been convicted of a misdemeanor or felony? (<i>check all that apply</i>):</p> <p><input type="checkbox"/> Misdemeanor    <input type="checkbox"/> Felony    <input type="checkbox"/> N/A</p> <p>Please describe: _____ Date: _____</p>	

#### Additional Information

Are you legally eligible for work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, verification will be required)</i>				
Have you ever contracted with <b>AMERICAN TRANSPORTATION DELIVERY</b> before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? <i>If yes, please attach previous contract to application.</i>				
Do you have LIMITED LIABILITY AUTO insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach proof of insurance to application.</i>				
Do you agree to obtain any and all licenses that may be required to do business as an independent contractor or self-employed person? <div style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div>				
Do you understand that as an independent contractor, you would not be eligible for unemployment benefits at the end of any contract with <b>AMERICAN TRANSPORTATION DELIVERY</b> ? <div style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div>				
Do you understand that, as an independent contractor, you would be responsible for payment of any and all state and/or federal income, Social Security, self-employment taxes, sales and use taxes, unemployment taxes, and payroll taxes and you will receive a form 1099 for service provided to <b>AMERICAN TRANSPORTATION DELIVERY</b> by you? <div style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div>				
<b>Contracting Request</b>				
Anticipated Rates: \$		Hours available (/week):		
What is the earliest date you can begin work?				
<b>Previous Positions</b> <i>*Please begin with most recent</i>				
Company: _____  Address: _____ _____  Contact: _____ Telephone: (    ) ____ - _____	Dates of Employment: _____/ _____/ to _____/ _____/	Pay or salary  Start:   Final:	Position: Duties:	Reason for Leaving:
Company: _____  Address: _____ _____  Contact: _____ Telephone: (    ) ____ - _____	Dates of Employment: _____/ _____/ to _____/ _____/	Pay or salary  Start:   Final:	Position: Duties:	Reason for Leaving:

Company: _____ Address: _____ Contact: _____ Telephone: (    ) ____ - _____	Dates of Employment: _____/_____ to _____/_____ _____	Pay or salary Start: _____ Final: _____	Position: Duties: _____	Reason for Leaving: _____
<b>Emergency Contacts</b>				
<b>Name</b>	<b>Address</b>	<b>City / Zip</b>	<b>Contact Info</b>	
<b>Existing Contractual Relationships</b>				
<i>*Please list all current independent contractor relationships</i>				
Company: _____ Address: _____ Contact: _____ Telephone: (    ) ____ - _____	Obligations:	Industry Type:		
	Effective Date: ____/____/____ End of Term: ____/____/____	Monthly Hours Worked:		
Company: _____ Address: _____ Contact: _____ Telephone: (    ) ____ - _____	Obligations:	Industry Type:		
	Effective Date: ____/____/____ End of Term: ____/____/____	Monthly Hours Worked:		
Company: _____ Address: _____ Contact: _____ Telephone: (    ) ____ - _____	Obligations:	Industry Type:		
	Effective Date: ____/____/____ End of Term: ____/____/____	Monthly Hours Worked:		

### Signature / Certification

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for immediate denial of my appointment or removal from consideration or, if I have entered into a contract with this company, for immediate termination of that contract. I authorize [AMERICAN TRANSPORTATION DELIVERY](#) to make any necessary inquiries and investigations into my education, references, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to [AMERICAN TRANSPORTATION DELIVERY](#) by any of the schools, services, or employers listed on this application.

I also hereby release from liability [AMERICAN TRANSPORTATION DELIVERY](#) and its representatives for seeking, gathering, and using such information to make decisions concerning my status as an independent contractor for [AMERICAN TRANSPORTATION DELIVERY](#) and all other persons or organizations for providing such information.

**THIS IS NOT AN APPLICATION FOR EMPLOYMENT. I understand and agree that if this application is accepted, my status will be that of an independent contractor and as such, I will be solely responsible for all tax liabilities pertaining to monies received in the course of services I perform.**

If I am retained by [AMERICAN TRANSPORTATION DELIVERY](#) as an independent contractor I will:

- not be entitled to workers compensation benefits.
- not be entitled to unemployment insurance benefits unless unemployment coverage is provided by me or some other entity.
- be obligated to pay federal and state income tax on any moneys paid pursuant to the contract relationship.
- be required to provide professional and liability insurance.

I represent and warrant that I have read and fully understand the foregoing, and that I seek to become an independent contractor under these conditions.

**Signature:**

**Date:**