

# Sub-Contractor Application

**Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_  
**DBA:** \_\_\_\_\_ **Fed. I.D. #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Beeper #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
**Address for last three years**  
 (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State & Zip Code) \_\_\_\_\_ **How long?** \_\_\_\_\_  
 (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State & Zip Code) \_\_\_\_\_ **How long?** \_\_\_\_\_

**Circle the type of vehicle you presently own:**

Van \_\_\_\_\_ Hi-Cube Van \_\_\_\_\_ Straight Truck \_\_\_\_\_ Other (Specify): \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_ Gas or Diesel? \_\_\_\_\_

	<u>State</u>	<u>License #</u>	<u>Type</u>	<u>Exp. Date</u>
<b>Driver Licenses</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

<u>Class of Equip.</u>	<u>Type of Equip.</u> (Van, Flat, etc.)	<u>From/To</u> (Dates)	<u>Approx. # of miles</u> (Total)
Straight Truck	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____
Tractor-Two Trailers	_____	_____	_____
Other	_____	_____	_____

**Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)**

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_

**If the answer to either A or B is Yes, attach statement giving details.**

**Accident Record for past 3 years or more**

<u>Dates</u>	<u>Nature of accident</u> ( <u>Head-on, Rear-end, Upset, etc.</u> )	<u>Fatalities</u>	<u>Injuries</u>
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

No. of years of education completed: \_\_\_\_\_  
 No. of years of military service, if any: \_\_\_\_\_ Branch \_\_\_\_\_  
 Highest Rank Achieved: \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**List your last four employers or carriers (NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown)**

Name: _____	Name: _____
Address: _____	Address: _____
Position: _____ From / To: _____	Position: _____ From / To: _____
Reason for leaving: _____	Reason for Leaving: _____
Name: _____	Name: _____
Address: _____	Address: _____
Position: _____ From / To: _____	Position: _____ From / To: _____
Reason for leaving: _____	Reason for leaving: _____

**Personal References: Give three names of persons not related to you.**

Name: _____	Years Acquainted: _____
Address: _____	Telephone #: _____
Name: _____	Years Acquainted: _____
Address: _____	Telephone #: _____
Name: _____	Years Acquainted: _____
Address: _____	Telephone #: _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that the falsification of this statement shall be grounds for the cancellation without notice of any contract that I may be awarded. I further authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment or contracts, and I release all parties from liability for any damage that may result from furnishing same to you."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date