Delivery Worx, Inc. Email: independent.contractor@deliveryworx.com

Independent Contractor Application

Applicant submits the following information for consideration by Delivery Worx, herein referred to as "Delivery Worx". Applicant certifies that it is accurate and hereby authorizes Delivery Worx to contact any and all parties named below:

APPLICANT:						
Name	EIN/SS # City City					
Current Address						
State Z	Zip Code Home Telephone					
Cell Phone:	Phone	Service:		Emai	l:	
Emergency Contact:	Relationship:					
Telephone #.:	Address Address					
PREVIOUS POSITIONS						
Position Title:	D	escription: _				
Company:						
Address:			(City		
State	Zip Code		Te	l.:		
Supervisor:	Tit	e:		Contact	Tel #:	
Dates from:		t	0			
Position Title:	D	escription: _				
Company:						
Address:			C	ity		
State	Zip Code		T	el.:		
Supervisor:		Title:		Contact	Tel:	
Dates from:		t	0			
Position Title:	D	escription: _				
Company:						
Address:			C	ity		
State	Zip Code			Tel.:		
Supervisor:		Title: _		Contact	Tel:	
Dates from:		t	0			
EDUCATION:						
Highest Level Completed	: Date		_ Name of Ir	nstitution:		
					State (Zip)	
Address:			City	/	State (Zip)	
Person to Contact: Name						

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REFERENCES:

Business Reference:	Title:				
Work Telephone:	Other Telephone:				
Address:					
Personal Reference:	Relationship:				
Home Telephone:	Work Telephone:				
Address:					
	valid Georgia License rent Auto Insurance and/or MV	R			
Please initial below if you've read and understood I understand that while contracting for D With a data plan that I pay for. Delivery W	Pelivery Worx, I'm expected to h				
communications products or services. I understand I am an Independent Control I understand Delivery Worx can request of I understand that as an independent control I understand under HIPPA I must be composed including patients name. I will follow all the laws of the state of Government of I understand that at no time will I solicit doing so will make me liable for a law some including so will make me liable for a law some inderstand that while contracting for Delivery Worx" logoed solid color shirt, in understand I am expected to wear proposed in understand I am responsible for return allowing for normal wear and tear. I understand I am responsible for any dame.	random drug/alcohol tests and stractor I am responsible for my the year. pliant and not reveal any private eorgia, OSHA, and DOT regulating products or services to Delivery uit, damages, and legal fees. Delivery Worx, I'm expected to we have polo or button down oxford story of the equipment issued to make the equipment is the equipment issued to make the equipment issued to make the equipment is the	I must comply. own taxes and will receive a e patient information, ons. Worx clients, and understand wear a clean Delivery Worx wear a clean white or black yle r gray pants or shorts. e in good working order			
I understand I am paid twice a month se I understand that while contracting for D period for package preparation, before	Pelivery Worx, ALL clients are pe	-			
Signature	Printed Name				
USE EXTRA SHEETS AS NEEDED AND REMEMBER T	O ATTACH APPLICABLE DOCUM	ENTS			
Signed on the day of	, 20	_•			