

**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 \_\_\_\_\_ Social Security # \_\_\_\_\_  
Current Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Other: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Address \_\_\_\_\_  
Have you ever been convicted of a Crime? \_\_\_(y/n) \*\*Explain below. Yes does not disqualify for consideration.

**PREVIOUS POSITIONS:**

**Position Title:** \_\_\_\_\_ **Description:** \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel.: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Tel #: \_\_\_\_\_  
Dates from: \_\_\_\_\_ to \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Description:** \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel.: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
Dates from: \_\_\_\_\_ to \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Description:** \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tel.: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
Dates from: \_\_\_\_\_ to \_\_\_\_\_

**Notes: \*\*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

Highest Level Completed: \_\_\_\_\_ Date \_\_\_\_\_ Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State (Zip) \_\_\_\_\_  
**Special Training:** Institution: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State (Zip) \_\_\_\_\_  
Person to Contact: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Tel.: \_\_\_\_\_

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**REFERENCES:**

**Business Reference:** \_\_\_\_\_ Title: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State (Zip) \_\_\_\_\_  
**Personal Reference:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State (Zip) \_\_\_\_\_

Required Documents:        \_\_\_\_\_ a copy of my valid Georgia License  
                                      \_\_\_\_\_ a copy of current Auto Insurance and/or MVR

Please initial below if you've read and understood:

- \_\_\_\_\_ I understand I am an Independent Contractor and not an Employee of Delivery Worx.
- \_\_\_\_\_ I understand Delivery Worx can request random drug/alcohol tests and I must comply.
- \_\_\_\_\_ I understand that as an independent contractor I am responsible for my own taxes and will receive a 1099 from Delivery Worx at the end of the year.
- \_\_\_\_\_ I understand under HIPPA I must be compliant and not reveal any private patient information, including patients name.
- \_\_\_\_\_ I will follow all the laws of the state of Georgia, OSHA, and DOT regulations.
- \_\_\_\_\_ I understand that at no time will I solicit products or services to Delivery Worx clients, and understand doing so will make me liable for a law suit, damages, and legal fees.
- \_\_\_\_\_ I understand that while contracting for Delivery Worx, I'm expected to wear a clean white or black solid color shirt, polo or button down oxford style.
- \_\_\_\_\_ I understand I am expected to wear properly fit solid tan, black, blue, or gray pants or shorts.
- \_\_\_\_\_ I understand I am responsible for returning the equipment issued to me in good working order allowing for normal wear and tear.
- \_\_\_\_\_ I understand I am responsible for any damage or loss to equipment that Delivery Worx has supplied me.
- \_\_\_\_\_ I understand I am paid twice a month seven business days after submitting a bill for services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

USE EXTRA SHEETS AS NEEDED AND REMEMBER TO ATTACH APPLICABLE DOCUMENTS

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.