

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 # _____
Current Address _____ City _____
State _____ Zip Code _____ Home Telephone _____
Cell Phone: _____ Phone Service: _____ Email: _____
Emergency Contact: _____ Relationship: _____
Telephone #.: _____ Address _____
Have you ever been convicted of a Crime? ___(y/n) **Explain below. Yes does not disqualify you 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.: _____

