

# HOT SHOT DELIVERY

## INDEPENDENT CONTRACTOR APPLICATION

Hot Shot Delivery  
830 Fesslers Pkwy Ste 109  
Nashville, TN 37210

Contract Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*For Office Use Only*

FULL NAME (full legal name):	NAME USUALLY CALLED:	
PRESENT STREET ADDRESS:		
HOME PHONE:	CELL PHONE:	
SOCIAL SECURITY #:	DRIVER'S LICENSE #:	EXP DATE:
DRIVER'S LICENSE RESTRICTIONS:		
ARE YOU AT LEAST 21 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF BIRTH:		

NAME OF PERSON TO NOTIFY IN CASE OF EMERGENCY:		
HOME ADDRESS:		
HOME NUMBER:	WORK NUMBER:	CELL NUMBER:

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:		
HOME ADDRESS:		
HOME NUMBER:	WORK NUMBER:	CELL NUMBER:

### PERSONAL REFERENCES (EXCLUDING RELATIVES)

NAME:		
ADDRESS:		
KNOWN HOW LONG:	HOME NUMBER:	CELL NUMBER:

NAME:		
ADDRESS:		
KNOWN HOW LONG:	HOME NUMBER:	CELL NUMBER:

### EDUCATION

HIGHEST GRADE COMPLETED	
SCHOOL NAME & CITY/STATE	
ADDITIONAL EDUCATION	

**VEHICLE YOU OWN AND DRIVE**

YEAR	MAKE	MODEL	GVWR	TAG #

**Minimum gross weekly commission required:** \$ \_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor?** ?    YES    NO

If you checked YES, give details:

\_\_\_\_\_

**RELEASE AUTHORIZATION**

I give Hot Shot Delivery. complete authority to verify any statement I have made on this application. I also authorize Hot Shot Delivery to make such investigation and inquiries of my personal, financial, medical history and other related matters as necessary. This may include a criminal background check, driving records and a drug and alcohol screening test prior to and during my contract period. I hereby release Hot Shot Delivery, past and present motor carriers, schools or persons from all liability in response to inquires in connection with my application. Any false statements, or any findings detrimental to my contract as a result of Information obtained may be grounds for denial of a contract or an immediate revocation of my contract in the future.

By my signature below, I certify that I have read and fully understand this release and that prior to signing I have an opportunity to ask questions and to have those questions answered to my satisfaction. I am executing this release voluntarily and with the knowledge that the information received could affect my requested contract or my contract any time in the future.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## WORK HISTORY

WORK HISTORY	DATE			
NAME	FROM		TO	
ADDRESS	MO	YR	MO	YR
CITY	ST	ZIP	POSITION HELD	
CONTACT PERSON	WAGE/SETTLEMENT			
PHONE NUMBER	REASON FOR LEAVING			

WORK HISTORY	DATE			
NAME	FROM		TO	
ADDRESS	MO	YR	MO	YR
CITY	ST	ZIP	POSITION HELD	
CONTACT PERSON	WAGE/SETTLEMENT			
PHONE NUMBER	REASON FOR LEAVING			

WORK HISTORY	DATE			
NAME	FROM		TO	
ADDRESS	MO	YR	MO	YR
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WORK HISTORY	DATE			
NAME	FROM		TO	
ADDRESS	MO	YR	MO	YR
CITY	ST	ZIP	POSITION HELD	
CONTACT PERSON	WAGE/SETTLEMENT			
PHONE NUMBER	REASON FOR LEAVING			

\*\* All driver applicants to drive in interstate commerce must provide information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle (GVWR of 10,001 lbs. or more) in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED. IF NONE, WRITE **NONE**)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

LIST ALL DRIVERS'S LICENSES OR PERMITS HELD IN THE PAST 3 YEARS:

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- 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, GIVE DETAILS BELOW:

\_\_\_\_\_

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX NO OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR/TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER			
TRACTOR -THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER			
MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP, REFER			
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS:

\_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

\_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

\_\_\_\_\_

**EXPERIENCE AND QUALIFICATONS - OTHER**

LIST ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

\_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHER IN THIS APPLICATION:

\_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN):

\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_