



## Independent Contractor Questionnaire

|   |                       |                    |                                    |       |        |
|---|-----------------------|--------------------|------------------------------------|-------|--------|
| <b>Name/ DBA:</b>   |                       |                    | Last                               | First | Middle |
| <b>D.L.#</b>  | <b>D.O.B.</b>         | <b>SS# / EIN#</b>  |                                    |       |        |
| <b>Address:</b>   |                       | Street             | City, State                        | Zip   |        |
| <b>Daytime Phone#</b>   | <b>Evening Phone#</b> | <b>Cell Phone#</b> |                                    |       |        |
| <b>How soon could you provide your contract services?</b>                 |                       |                    |                                    |       |        |
| <b>Are you currently a contract driver? Yes No</b>                        |                       |                    | <b>May we inquire as to where?</b> |       |        |
| <b>Have you ever contracted your services to Crown Logistic Services?</b> |                       |                    |                                    |       |        |
| <b>From when:</b>   |                       |                    | <b>To when:</b>                    |       |        |

## Contract Services Previously Provided

| Dates: | Please List Client's That You Serviced | Type Of Service | Why Are You No Longer Servicing Client |
|--------|--|-----------------|--|
| From   |  |                 |  |
| To     |  |                 |  |
| From   |  |                 |  |
| To     |  |                 |  |
| From   |  |                 |  |
| To     |  |                 |  |

## Additional Questions

|   |   |
|---|---|
| <b>Have you ever been convicted of a felony? Yes No</b> | <b>If you answered Yes, Please explain:</b> |
|   |   |
|   |   |
|   |   |
|   |   |

\*\*\*By answering Yes, this does not exclude you from consideration

## Personal References

Please list at least four people that have known you for at least two years

| Name | Relationship | Phone |
|------|--------------|-------|
|      |              |       |
|      |              |       |
|      |              |       |
|      |              |       |

|   |
|---|
| <b>Are you a citizen of the United States? Yes No</b> |
|---|



## Independent Contractor Questionnaire

### Driving Information

How long have you driven as an Independent Contractor?

Have you been involved in any accidents in the past three years?

#### Major moving violations in the past four years:

\_\_\_\_\_ DWI, DUI: driving while intoxicated

\_\_\_\_\_ Reckless driving

\_\_\_\_\_ Speeding in excess of 15 MPH over speed limit

\_\_\_\_\_ Hit & Run: leaving the scene of an accident

\_\_\_\_\_ Suspended license or revocation

\_\_\_\_\_ Any felony, homicide or manslaughter involving the use of a motor vehicle

\_\_\_\_\_ Have you ever had three or more moving violations in a year

#### Where did you hear about Crown Logistics'

Newspaper \_\_\_\_\_ Which One? \_\_\_\_\_ Greensheet \_\_\_\_\_ A Friend \_\_\_\_\_

Other \_\_\_\_\_