

DRIVER/BIKER

INDEPENDENT CONTRACTOR APPLICATION



PERSONAL INFORMATION

Name _____ Birthdate _____
Street Address _____
City _____ State _____ Zip _____
Cell Phone # _____
Texas Driver's License # _____ Social Security # _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____
Color _____ Bed: ☐ Open ☐ Closed

EXPERIENCE

Have you ever applied for a job with Hot Shot Delivery and Logistics previously? ☐ Yes ☐ No

Position desired: ☐ Driver ☐ Bike Courier

PREVIOUS EMPLOYMENT

DATES	EMPLOYER NAME & ADDRESS	POSITION	SALARY OR HOURLY WAGE	REASON FOR LEAVING
From ____ / ____ To ____ / ____	_____ _____ _____			
From ____ / ____ To ____ / ____	_____ _____ _____			
From ____ / ____ To ____ / ____	_____ _____ _____			
From ____ / ____ To ____ / ____	_____ _____ _____			

PERSONAL REFERENCES

Please provide the names of **two family members** and **three non-relatives** who you have known for at least one year.

NAME	PHONE #	ALTERNATE PHONE #	YEARS KNOWN

REFERRAL

How did you hear about Hot Shot Delivery and Logistics?

☐ Advertisement: ☐ Backpage ☐ Craigslist ☐ Other _____

☐ Referred by _____

PHYSICAL LIMITATIONS

Do you have any physical limitations that might preclude you from performing any work for which you are being considered?

☐ Yes ☐ No

If yes, what can be done to accommodate your limitations? Please be as specific as possible.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I fully understand and agree that I am knowingly applying for an Independent Contract driving position with Hot Shot Messenger Service, Inc. DBA Hot Shot Delivery & Logistics.

I authorize investigation of all statements contained herein, and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, as well as releasing all parties from all liability for any damage that may result from furnishing this information to you. In addition, I authorize you to check my driving record by obtaining a motor vehicle report and to do a criminal background check.

Signature _____ Date _____

FOR OFFICE USE ONLY

Driver # _____ Job Type: ☐ Driver ☐ Bike Courier Board: A / B
Start Date _____ Comm % _____ Type _____ Lic # _____ St. _____
Insurance Company _____ Policy # _____
Insurance Exp. Date _____ VIN # _____
Reviewed by _____
Comments _____