

INDEPENDENT CONTRACTOR CANDIDATE FORM

DATE _____

NAME (First, Middle, Last) _____

VEHICLE TYPE (Make, Model, Year) _____

EMAIL ADDRESS _____

ADDRESS

(Street) _____

(City, State, Zip) _____

PHONE

(Home) _____ (Mobile) _____

EMERGENCY CONTACTS

(Name) _____ (Phone Number) _____

DATE AVAILABLE _____

SPECIFIC HOURS OF AVAILABILITY _____

SHIRT SIZE and QUANTITY _____

*****Candidate must provide a copy of documents listed below to be considered.*****

Candidates do not complete form below this line. Section below is to be completed by Dash Manager.

- Drivers License.
- Social Security Card.
- Vehicle Registration(s) for the vehicle you will be driving.
- Vehicle Insurance Declaration Page showing Minimum Auto Policy Liability Limits of **\$100K/\$300K/\$50K** per accident.

We utilize only the best drivers in the industry. Dash Courier Service performs criminal background checks, motor vehicle background checks.