

APPLICATION FOR INDEPENDENT CONTRACTOR UNDER 9999 LBS

M.V.T., LLC.

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Custom Auto Delivery

8456 W. STATE ROAD 84

DAVIE, FL. 33324

(Please Print)

Today's Date _____

DRIVER NAME _____

(FIRST)

(MIDDLE)

(LAST)

ADDRESS _____

(STREET)

(CITY)

(STATE & ZIP CODE)

OPERATOR'S LICENSE # _____

ST _____

EXP DATE _____

Phone # _____

Cell # _____

YOUR AGE _____

DATE OF BIRTH _____

SOCIAL SEC.# _____

MARRIED-SINGLE _____

SPOUSE'S NAME _____

NO. OF CHILDREN _____

COLOR EYES _____

WEIGHT _____

HEIGHT _____

COLOR HAIR _____

DO YOU OWN AN AUTO _____

MAKE _____

MODEL _____

NAME OF YOUR INS. COMPANY _____

DO YOU DRIVE STICK SHIFT? _____

PRESENT EMPLOYER _____

HOW LONG? _____

PHONE _____

ADDRESS _____

SUPERVISOR _____

PREVIOUS EMPLOYER _____

HOW LONG? _____

PHONE _____

ADDRESS _____

SUPERVISOR _____

PERSONAL REFERENCES:(preferably people who can be reached by phone during the day-not relatives)

NAME _____

PHONE _____

ADDRESS _____

CITY _____

STATE _____

NAME _____

PHONE _____

ADDRESS _____

CITY _____

STATE _____

NEXT OF KIN (IN CASE OF EMERGENCY) _____

RELATIONSHIP _____

NAME _____

PHONE _____

ADDRESS _____

CITY _____

STATE _____