

INDEPENDENT CONTRACTOR PROFILE FORM

DATE: ___/___/___

NAME: _____

DATE OF BIRTH: ___/___/___

HOME PHONE #: _____

CELL PHONE # _____

PAGER# _____

STREET ADDRESS _____

CITY/TOWN _____ ST _____ ZIP CODE _____

SOCIAL SECURITY# _____
(PLEASE PROVIDE A PHOTOCOPY OF YOUR SOCIAL SECURITY CARD)

DRIVER LICENSE# _____
(PLEASE PROVIDE PHOTOCOPY OF DRIVER LICENSE)

TYPE OF ENTITY: Individual/Sole proprietor Corporation Partnership LLC Other _____

**ATTACH A COPY OF YOUR MVR OBTAINED IN THE LAST 30 DAYS FROM THE BMV OR REGISTRY
AUTO INFORMATION**

MAKE _____ MODEL _____ YEAR _____

LICENSE PLATE# _____ STATE _____ VIN# _____

INSURANCE COMPANY NAME _____

PLEASE PROVIDE CURRENT CERTIFICATE OF INSURANCE FOR AUTO POLICY.

WORK HISTORY LIST YOUR TWO MOST RECENT JOBS/CONTRACTS YOU HAVE HAD.

1) COMPANY NAME _____ POSITION _____
ADDRESS _____
PHONE # _____ CONTACT _____
DATES CONTRACTED/WORKED FROM _____ TO _____
EDUCATION _____ LICENSES _____ PAST TRAINING _____

2) COMPANY NAME _____ POSITION _____
ADDRESS _____
PHONE # _____ CONTACT _____
DATES CONTRACTED/WORKED FROM _____ TO _____
EDUCATION _____ LICENSES _____ PAST TRAINING _____

EMERGENCY CONTACT

NAME _____ PHONE # _____ RELATIONSHIP _____

DECLARATION

To the best of my knowledge the above information is accurate and truthful. I understand that I am completing this information in order to contract my services as a **self-employed Independent Contractor** and not as the employee of any company.

Independent Contractor Signature

Date

**DISCLOSURE UNDER FAIR CREDIT ACT
CONSENT TO PROCURMENT OF
CONSUMER REPORT FOR
INDEPENDENT CONTRACTOR PURPOSES**

The undersigned hereby authorizes the **Clockwork Logistics, Inc.** Or its insurance agency **Custis Insurance Service, Inc.,** or its assigns, To obtain copies of consumer reports, including a motor vehicle report, pertaining To me for Contractor purposes, and for use in rating and/or underwriting Insurance for which the above named Company may apply, and any renewal Thereof. I understand that in obtaining such consumer reports, a consumer Reporting agency may be used, and I do hereby authorize such use.

**PLEASE NOTE* MINIMUM INSURANCE REQUIREMENTS FOR INDEPENDENT
SUB-CONTRACTORS IS AS FOLLOW.**

***** \$100,000/\$300,000*****

DATE: ___/___/___

SIGNED: _____

Printed Name

SOCIAL SECURITY NO. _____

DRIVER LICENSE NO. _____

STATE _____

DATE OF BIRTH ___/___/_____