

# LOGISTICAL ADVANTAGE LEASING CORP (LALC) INDEPENDENT CONTRACTOR DRIVER APPLICATION

All questions are to be completely answered. Put "no" or "none" if something does not apply.

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please Print:**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

List all previous names/aliases \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

List all addresses of where you have lived for the past five (5) years. Start with current address first.

	From	To	Address	City	State	Zip Code
a:	_____					
b:	_____					
c:	_____					
d:	_____					
e:	_____					

Physical Description:

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ foot \_\_\_\_\_ inch Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Can you read and write the English language? \_\_\_Yes\_\_\_No

Place of birth (City & State): \_\_\_\_\_

Country of birth: \_\_\_\_\_ Are you a U. S. citizen? \_\_\_Yes\_\_\_No

If a citizen and if not born in the United States present citizenship papers. If NOT a citizen, you must present 'Permission To Work Document' issued by the United States Department of Justice Immigration and Naturalization Service.

**EMPLOYMENT HISTORY:**

All driver applicants must provide the following information on all employers during the previous (5) five years. LIST COMPLETE MAILING ADDRESS: STREET NUMBER, CITY, STATE, ZIP CODE, & TELEPHONE NUMBER. Account for all gaps in employment as well.

(NOTE: List employers in reverse order starting with the most recent and working backwards. Add a sheet if necessary.)

EMPLOYER				DATE			
NAME				FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD			
CITY	STATE			SALARY/WAGE			
CONTACT PERSON				REASON FOR LEAVING			
PHONE							

EMPLOYER				DATE			
NAME				FROM MO.	YR.	TO MO.	YR.
ADDRESS				POSITION HELD			
CITY	STATE			SALARY/WAGE			
CONTACT PERSON				REASON FOR LEAVING			
PHONE							

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		
CONTACT PERSON	PHONE			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		
CONTACT PERSON	PHONE			REASON FOR LEAVING

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		
CONTACT PERSON	PHONE			REASON FOR LEAVING

Date of last physical examination: \_\_\_\_\_ (must be within the last 3 yrs & conducted by an MD; DO; or DC)

Copy attached, Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Military? \_\_\_\_\_ Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a Veteran of Foreign War? \_\_\_\_\_ Yes \_\_\_\_\_ No

State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ expiration date: \_\_\_\_\_

Has your Driver's/ license ever been suspended or revoked by any state? \_\_\_\_\_ Yes \_\_\_\_\_ No

When? \_\_\_\_\_ Where? City: \_\_\_\_\_ State: \_\_\_\_\_

List all traffic violations/convictions for the last five (5) years

Date	Violations/Conviction Charge	Where: City & State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed for any of the questions, ask for additional paper.

**REGARDLESS OF HOW OLD** List whether you have ever been found guilty of, pled guilty to, been convicted of or received a Suspended Imposition of Sentence (SIS) of any violation (federal, any state or any city) for murder, arson, assault, forcible rape, forcible sodomy, kidnapping, robbery, voluntary manslaughter, assault of a law enforcement officer, sexual offenses (including child molestation, sexual misconduct, and sexual abuse) possession of controlled substances or illegal drugs or narcotics, burglary, stealing, extortion, bribery, prostitution, weapons offense, crime of violence, indecent exposure, violations of state or city traffic laws and regulations involving injury or death leaving the scene of a motor vehicle accident, driving under the influence of alcohol or drugs and operating a motor vehicle with defective equipment.

Specify (C) for City or County 'General Ordinance', (S) for State and (F) for Federal, Circle (M) for Misdemeanor or (F) for Felony

Date	Conviction Charge	Where: City & State	C-S-F	Circle
_____	_____	_____	_____	M or F
_____	_____	_____	_____	M or F
_____	_____	_____	_____	M or F
_____	_____	_____	_____	M or F
_____	_____	_____	_____	M or F

Are you currently or have you ever been registered as a sexual offender anywhere? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been sentenced to a penal institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date: To & From \_\_\_\_\_ Offense \_\_\_\_\_ Where: City & State \_\_\_\_\_

Are you presently on Probation? \_\_\_\_\_ Yes \_\_\_\_\_ No or Parole? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, list all the names of your Probation Officer, agency, address, city, state and telephone number: \_\_\_\_\_

When does your Probation/Parole Expire: \_\_\_\_\_ Attach letter from your Probation/Parole Officer.

**REGARDLESS OF HOW OLD THE CONVICTION**, list if you have ever been found guilty, pled guilty to or been convicted of any violation (Federal, any state or any city) while driving any vehicle, including a taxicab or any other vehicle defined in the Taxicab Code.

Date	Conviction charge	Where: City & State
_____	_____	_____
_____	_____	_____

Regardless of how old the conviction, list all alcohol or drug related conviction. Specify (A) alcohol or (D) drug related

Date	Conviction charge	Where: City & State	Circle
_____	_____	_____	A or D
_____	_____	_____	A or D

Have you ever been treated or directed to be treated for (A)alcohol or (D)drug abuse? If Yes, specify the following:

Date	Where: City & State	By Who	Circle
A. _____	_____	_____	A or D
B. _____	_____	_____	A or D

Describe Treatment for A. \_\_\_\_\_

Describe Treatment for B. \_\_\_\_\_

Are you under medical treatment, which requires prescription drugs, including barbiturates, tranquilizers, narcotics or any other drug? Explain in full, list type, quantity, dosage, and frequency: \_\_\_\_\_

Your consent is mandatory for the processing of this application. Your total driving and criminal conviction record will be considered. "I hereby authorize law enforcement, probation and parole agencies, and any other government agencies to release all information pertaining to any traffic or criminal record, and also any information concerning my operation of a Commercial vehicle from any such agency and any holder of Commercial permits to LALC. I understand by filling out this application I am expressing a desire to become an Independent Contractor Driver and would be considered self-employed. I would not be an employee of LALC, and would not be eligible for benefits associated with employment."

Note: "I have read and understand this section, and by evidence of my signature below, I understand that furnishing false or incomplete information on this application is grounds for denial of independent contractor opportunities. I also understand that a valid CDL and must be maintained while under contract with LALC and that suspension, revocation or denial for renewal would void the contract."

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_