



CONTRACTOR APPLICATION

CONTRACTOR INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Current Street Address: _____ City: _____ State: _____

Phone Number: _____ Social Security Number: _____

Email Address: _____

Are you a U.S. Citizen? Yes ___ No ___ Date of Birth: ___/___/___

Driver's License Number: _____ Expiration Date: _____ State: _____

Have you ever been convicted of a crime? Yes ___ No ___

If yes, please explain: _____

Have you ever been convicted of DWI/DUI? Yes ___ No ___

If yes, please explain: _____

Have you had any moving violations or accidents in the past 5 years? Yes ___ No ___

If yes, please explain: _____

By signing I agree to Capacity Builders DBA Let's Go conducting a full background check as well as pre-contract and random urinalysis drug screens as required under 49 CFR 391.43 AND 49 CFR 391.23 (A) 1 & 2, (B) & (C)

Signature: _____ Date: _____

CONTRACTOR POSITION DESIRED

Position of Interest: _____ Full Time Part Time

Date available to start: ___/___/___

If required, can you work: ___ Nights ___ Weekends ___ Days

Are you currently employed? Yes ___ No ___

Supervisor's Name _____ Phone Number _____

Have you ever been employed or contracted by our organizations? (CBI, RAT, Let's Go). Yes ___ No ___

If Yes, please give dates and position: _____

Names of Friends/Relatives that are currently or in the past employed or contracted by any of our organizations:

EDUCATION

School Name	City	Major	Graduate Yes or No?
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High School: _____

College: _____

Trade: _____

Are you presently attending college or taking any post-secondary education courses? Yes ___ No ___

Does this affect the hours you are available to work? Yes ___ No ___

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MILITARY SERVICE

Have you ever served in any branch of the U.S. Armed Forces? Yes ___ No ___

If yes, please indicate what branch, years of service, military duties, and training:

Were you referred by Workforce under the Work Opportunity Act? Yes ___ No ___

EMPLOYMENT HISTORY

Please include your past 3 employers, starting with the most recent/current employer:

Company Name: _____ **Address:** _____ **Phone Number:** _____

Supervisor Name / Title: _____

If currently employed, may we contact your current employer? Yes ___ No ___

Position(s) Held: _____

Rate of pay start / end: _____

Employed from _____ (month / year) to _____ (month / year)

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed with this employer? _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____

Reason for leaving: _____

Company Name: _____ **Address:** _____ **Phone Number:** _____

Supervisor Name / Title: _____

If currently employed, may we contact your current employer? Yes ___ No ___

Position(s) Held: _____

Rate of pay start / end: _____

Employed from _____ (month / year) to _____ (month / year)

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed with this employer? _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____

Reason for leaving: _____

Company Name: _____ **Address:** _____ **Phone Number:** _____

Supervisor Name / Title: _____

If currently employed, may we contact your current employer? Yes ___ No ___

Position(s) Held: _____

Rate of pay start / end: _____

Employed from _____ (month / year) to _____ (month / year)

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed with this employer? _____

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____

Reason for leaving: _____

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REFERENCES (NOT RELATED TO YOU)

Name: _____ Address: _____
Contact Phone Number: _____ Occupation: _____
Relationship: _____ How many years have you known this person? _____
Name: _____ Address: _____
Contact Phone Number: _____ Occupation: _____
Relationship: _____ How many years have you known this person? _____

ACKNOWLEDGEMENTS AND AUTHORIZATIONS

- Upon offer of contract, I understand that verification of my US Citizenship and/or legal right to work in the US will be required.
- I understand that if I am offered a contractors' position by CBI, that I am self-employed.
- I understand that CBI may run a background check on me, and I hereby authorize same.
- If I am offered a contractors' position, I must provide evidence of a current, valid driver's license and may be required to show proof of automobile insurance.
- I hereby authorize verification on all statements contained in this application. I certify that the information given on this application and on any supporting documentation is true and complete to the best of my knowledge. I understand that misrepresentation, false information or material omission made by me on this application could be cause for involuntary termination of contract.
- I understand I will be required to submit to drug/alcohol testing and authorize the release of test results to Let's Go. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.
- I understand that Let's Go will retain my application for a period of six months minimum to review as employment positions become available. If I apply for a position after the six months, or if any of my information has changed, I may be required to update this application or complete a new application.

This certifies that I have read and understand the Acknowledgements stated above and I have completed this application, and that all entries on it are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

TO BE READ AND SIGNED BY APPLICANT

By signing this contractors' application, I authorize you make investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a business decision regarding offer of a contract. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of an offer of the contractors' agreement, I understand that false or misleading information given in my application or interview(s) may result in the termination of the contractors' agreement and contract. I also understand that I am required to abide by all Rules and Regulations of the company, as stated in the Contractors Agreement.

- I understand that Information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and  .
- I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers' and for those previous employers to re-send the corrected information to the prospective employer' and Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicant Signature: _____ Date: _____

A MOTOR CARRIER MAY REQUIRE AN APPLICANT TO PROVIDE INFORMATION IN ADDITION TO THE INFORMATION REQUIRED BY THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

Applicant Signature: _____ Date: _____

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