



# INDEPENDENT CONTRACTOR APPLICATION TO PROVIDE SERVICE

DATE: \_\_\_\_\_

### Required Information

Full Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City Prov. Postal Code*

Home Phone: ( ) \_\_\_\_\_ Cellular Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you legally eligible to provide services in Canada?  Yes  No

Have you ever provided services for Atlas Courier Ltd. before?  Yes  No

If Yes provide Date: From \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Reason for terminating contract: \_\_\_\_\_

What date are you available to commence providing services? \_\_\_\_\_

Description of Vehicle The Vehicle(s) which will be used are:

Year	Make / Model	Plate #	Colour	Special Equip (Box Length etc.) GVW (for 1 & 5 ton only)

### Driver Experience & Qualification Licenses For You and Any of Your Employees/Subcontractors

Province	License No.	Class	Restrictions	Expiration Date

- Has your driver's license, permit or privilege (or that of any subcontractors or employees you will use to provide services) ever been suspended or revoked?  Yes  No
- Have you or any subcontractors or employees you may use to provide services ever been denied a license permit, or privilege to operate a motor vehicle?  Yes  No

Please explain if you have answered yes to question 1 or 2:

\_\_\_\_\_

### Accident Review for You and your subcontractors and employees (if applicable) for Past 3 Years

Date	Nature of Accident (Head-on, Rear-End, Overturn, etc.)	Fatalities	Injuries

A copy of your driver's abstract and that of any subcontractor or employees you will use to provide services to Atlas is required. Have you included such drivers' abstracts?  Yes  No

List any special courses or training that you have which will help you as an Owner-Operator:

### CONTRACT / EMPLOYMENT HISTORY

All potential Owner-Operators must provide customer or employer referral information during the preceding 10 years. List customers / employers in reverse order, starting with the most recent. Add another sheet if necessary.

Can we contact the present customers you service or the employer you work for?  Yes  No

Present or last Customer or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province and Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Service Provided / Position: \_\_\_\_\_

#### Reason for Terminating Contract:

Present or last Customer or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province and Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Service Provided / Position: \_\_\_\_\_

#### Reason for Terminating Contract:

Present or last Customer or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province and Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Service Provided / Position: \_\_\_\_\_

#### Reason for Terminating Contract:

