

## Information Page

**Before you can enter into a contractual relationship with Shamrock Delivery, Inc. The following criteria must be satisfied:**

- 1.) You must obtain and submit to Shamrock a copy of your vehicle insurance coverage sheet. Coverage must meet or exceed these three minimums:(\$300,000 combined single limit)
  - A. \$100,000 bodily injury per person
  - B. \$300,000 bodily injury per accident
  - C. \$50,000 property damage per accident
- 2.) You must qualify through both a criminal background and driving record check
- 3.) You must have a valid driver's license
- 4.) You must be at least 21 years of age. If you are over 69 years of age, doctor authorization is required.
- 5.) You must have a valid social security card
- 6.) You must prove vehicle ownership by submitting a legible copy of the current registration of the vehicle you plan to use while contracting with Shamrock Delivery, Inc.
- 7.) You must have a Trade Name filed with the Colorado Secretary of State.  
Trade names can be obtained at: <http://www.sos.state.co.us/pubs/business/fileAForm.html>  
EIN #'s can be obtained at: <http://www.irs.gov/businesses/small/article/0,,id=102767,00.html>
- 8.) Complete the following profile and fax to 303-220-0752
- 9.) If you can get us a copy of your driver's license, Social Security Card, and declaration insurance page, it will be helpful.

**THANK YOU FOR YOUR INTEREST IN JOINING THE SHAMROCK DELIVERY TEAM!**

<b>Shamrock Delivery, Inc.</b> 303-220-1700 303-220-0752(fax)						<b>Date</b>		
<b>First</b>		<b>Middle</b>		<b>Last</b>		<b>Soc Security No</b>	<b>Date of Birth</b>	
<b>Address</b>				<b>City</b>		<b>State</b>	<b>Zip</b>	
<b>Mailing Address ( if different)</b>				<b>City</b>		<b>State</b>	<b>Zip</b>	
<b>Business Trade Name</b>				<b>EIN #</b>				
<b>E-mail Address</b>					<b>Alternate Email Address</b>			
<b>Telephone</b>		<b>Alternate Telephone</b>		<b>Mobile Telephone</b>				
<b>Date Available</b>		<b>Drivers License No.</b>		<b>Expiration Date</b>		<b>Drivers License State</b>		
<b>In Event of Emergency: Contact Name</b>					<b>Emergency Contact Telephone</b>		<b>Mobile Telephone</b>	
<b>Years Driving in Denver</b>		<b>Do You Have Courier/Delivery Experience?</b>			<b>How did you hear about us?</b>			
<b>Vehicle Info</b>								
<b>Year</b>		<b>Make</b>		<b>Model</b>		<b>Plate #</b>	<b>Color</b>	<b>Type(2/4dr)</b>
#1								
#2								
<b>Driving Record History (3 Yrs Min.) violations &amp; pts assessed</b>					<b>DUI or DWAI or Reckless Driving in last 5 yrs?</b>		<b>Yes / No</b>	
1.							Points:	
2.							Points:	
3.							Points:	
<b>Insurance:</b>								
<b>Company</b>		<b>Agent Name</b>		<b>Phone No.</b>		<b>Limits of Liability</b>	<b>Expire Date</b>	
<b>Work History:</b>								
<b>Company Name:</b>				<b>Dates worked from:</b>		<b>to:</b>		
<b>Addr:</b>				<b>Phone#:</b>		<b>Position:</b>		
<b>Company Name:</b>				<b>Dates worked from:</b>		<b>to:</b>		
<b>Addr:</b>				<b>Phone#:</b>		<b>Position:</b>		
<b>Company Name:</b>				<b>Dates worked from:</b>		<b>to:</b>		
<b>Addr:</b>				<b>Phone#:</b>		<b>Position:</b>		
<b>List any other delivery experience if not listed above</b>								
<b>Internet Enabled Cell Phone: Y N</b>		<b>Map Book: Y N</b>		<b>GPS: Y N</b>		<b>Hand Cart: Y N</b>		<b>Backup Auto: Y N</b>
<p>Independent Contractor authorizes SCI or SCI's customer to perform or cause to be performed background checks on Independent Contractor or any of its employees or contractors who will perform services under the Agreement. The background checks shall include but not be limited to criminal and motor vehicle driving records, drug testing and credit reports. 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.</p>								
<p>_____</p> <p>Independent Contractor</p>				<p>_____</p> <p>Date</p>				