

BEFORE YOU BEGIN...

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
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.

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

DATE: _____

INDEPENDENT CONTRACTOR PROFILE

NAME: _____ BIRTH DATE: _____ SOCIAL SECURITY #: _____

TRADE NAME: _____ EIN #: _____ DRIVER'S LIC#: _____

HOME PHONE #: _____ CELL Phone#: _____ OTHER# _____

ADDRESS: _____

EMAIL ADDRESS: _____ OTHER EMAIL ADDRESS: _____

List driving violations & pts for the past five years. Attach a copy of your DMV driving record obtained in the last 30 days.

AUTO INFORMATION:

Vehicle #1

MAKE: _____ MODEL: _____ YEAR: _____ LIC PLATE #: _____ VIN #: _____

Vehicle #2

MAKE: _____ MODEL: _____ YEAR: _____ LIC PLATE #: _____ VIN #: _____

INSURANCE COMPANY NAME: _____ LIMITS OF LIABILITY: _____

WORK HISTORY: LIST THE TWO MOST RECENT JOBS YOU HAD:

1. COMPANY NAME: _____ POSITION: _____
ADDRESS: _____
PHONE #: _____ SUPERVISOR: _____
DATES WORKED: FROM: _____ TO: _____

2. COMPANY NAME: _____ POSITION: _____
ADDRESS: _____
PHONE #: _____ SUPERVISOR: _____
DATES WORKED: FROM: _____ TO: _____

Please list any other job that you've had that has relevance to this job you are applying:

3. COMPANY NAME: _____ POSITION: _____
ADDRESS: _____
PHONE #: _____ SUPERVISOR: _____
DATES WORKED: FROM: _____ TO: _____

EMERGENCY CONTACT:

NAME: _____ PHONE #: _____ RELATIONSHIP: _____

DECLARATION

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.

Independent Contractor

Date