



Contractor Application

200 W Douglas, Suite 520
Wichita, KS 67202

Phone: (316)295-4829 Fax: (316) 295-4873 Date _____

Business Information

Name:		SS or Tax ID No.	
Present Address	City	State	Zip
Contact Name	Business Structure	Hours of Operation	
Phone No. ()	Phone No. ()	email	

Position Desired

Position	Date You Can Start	Full or Part-time
Are there hours or days you are <i>not</i> available?	Ever applied to Via Courier before? Yes_____ No_____	
	Ever contracted for Via Courier? Yes_____ No_____	
If Yes, when did you contract for or apply to Via Courier?		

Education History

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			
College			

General Information

Additional Education	Type	Can you legally work in the US? Yes_____ No_____
Have you ever been convicted of a felony? Yes_____ No_____ If YES , explain: _____		
Is there any reason you might be unable to perform the functions of the job for which you are applying? Yes_____ No_____ If YES , explain: _____		

Description of Business Equipment Owned:

Vehicle Type:	Year:
Other:	Color:

References (Please list the names of three persons not related to you, whom you have known at least one year)

Name	Company	Phone
Address	Relationship	Years Known
Name	Company	Phone
Address	Relationship	Years Known
Name	Company	Phone
Address	Relationship	Years Known

IMPORTANT INFORMATION: As a independent contractor, there are NO taxes are withheld from settlements. NO worker's compensation is provided. You are responsible for your own vehicle, gas, insurance, etc. There is an established pay for each route and income will be reported on a 1099.

Former Companies Contracted With Or Employed By <i>(List starting with the most recent job first)</i>				
Date Month and Year	Company Name:			
From	Address		City	
To	State	Zip	Phone	
Position Held				
Reason For Leaving				
Date Month and Year	Company Name:			
From	Address		City	
To	State	Zip	Phone	
Position Held				
Reason For Leaving				
Date Month and Year	Company Name:			
From	Address		City	
To	State	Zip	Phone	
Position Held				
Reason For Leaving				
Date Month and Year	Company Name:			
From	Address		City	
To	State	Zip	Phone	
Position Held				
Reason For Leaving				

Authorization

"I certify that the facts contained in this questionnaire are true and complete to the best of my knowledge and understand that , if contract is awarded, falsified statements on this questionnaire or attached documents shall be grounds for termination of contract.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous work performed and any pertinent information they may have, personal or otherwise, and release the company or individual from all liability for any damage that may result from utilization of such information."

DATE _____

SIGNATURE _____