



835 South St. Paul Street  
 Kansas City, KS 66105

Phone: (913) 831-6300 Fax: (913) 831-6778 Responding to an ad? \_\_\_\_\_ Date \_\_\_\_\_

## Contractor Questionnaire

### **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 <b>YES</b> , explain: _____		
Is there any reason you might be unable to perform the functions of the job for which you are applying? Yes _____ No _____ If <b>YES</b> , 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:** We are a delivery company. All drivers are independent contractors. NO taxes are withheld. 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. You can deduct mileage expenses.

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

**Internal Notes:**