



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:

