

# Expert Messenger, Inc.

"We Deliver Your Reputation Along With Ours"

Pinellas: 727-343-8863 Tampa: 813-226-8863 Fax: 727-527-9291

P.O. Box 1936 Pinellas Park, FL 33780

## Independent Contractor Information Sheet

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ FL Zipcode: \_\_\_\_\_

Prior Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone PROVIDER: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Email Address: \_\_\_\_\_

### VEHICLE INFORMATION

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration: \_\_\_\_\_

### WORK HISTORY (most recent first)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May We Contact:  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May We Contact:  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May We Contact:  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May We Contact:  Yes  No

How were you referred to Expert Messenger, Inc? \_\_\_\_\_

Available Start Date: \_\_\_\_\_

Days Available: \_\_\_\_\_ Su M T W Th F Sa

Has your privilege to operate a motor vehicle ever been suspended, revoked, withdrawn or denied?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested for or convicted of a felony or misdemeanor?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

TRAFFIC CONVICTIONS (most recent first, if none, state none)

Name of court:	Location:	Date:	Claims:	Penalty:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DRIVING ACCIDENTS (list all in past 3 years: if none, state none)

Date:	Vehicle Driven:	Nature of Accident:	At Fault	Injury or Fatality
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

PERSONAL REFERENCES

Name:	Occupation:	Address & Phone #:	Years Know:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Expert Messenger, Inc. reserves the right to verify the accuracy of any information that I provide in this form. I agree that if any information I am providing is false, inaccurate or misleading in any respect, I will be disqualified for contract consideration, or, if I have already been hired, my contract may be terminated immediately.

I authorize an investigation of all statements contained in this form. I authorize the references listed on this sheet to give you any and all information concerning my previous employment and release all parties from all liability for any damage that may result from furnishing such to you. This certifies that this form was completed by me and that all entries on it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Contractor's Signature \_\_\_\_\_  
Date

Do not write below this line

Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_