

PROFESSIONAL AUTOMOTIVE RELOCATION SERVICE, INC.
PRO DRIVER APPLICATION- INDEPENDENT CONTRACTOR

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

PERSONAL INFORMATION

DATE

NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NO.	DATE OF BIRTH	
PRESENT ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP
HOME NUMBER	CELL NUMBER	EMAIL ADDRESS		
EMERGENCY CONTACT NAME	ADDRESS			
CONTACT NUMBER	ADDITIONAL CONTACT NUMBER	RELATIONSHIP		
Are you a US Citizen? Y N	Do you have a valid US Passport? Y N	Do you have a valid US Driver License? Y N		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
Are you currently employed? Y N	If so, may we inquire of your present employer? Y N	
Ever applied to this company before? Y N	Where?	When?

EDUCATION & TRAINING HISTORY

Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

List any training programs you are currently attending or have completed (truck driving school, service school, etc.):

SCHOOL NAME	CITY	STATE	PHONE	Did you graduate: Y N
SCHOOL NAME	CITY	STATE	PHONE	Did you graduate: Y N

EXPERIENCE AND QUALIFICATIONS

Motor Vehicle Record Qualifications- An official copy of Motor Vehicle Record must be submitted to PARS. List all drivers licenses held in the past 5 years (include multiple licenses if you have them):

State	License Number	Type	Exp. Date

Traffic Convictions and Accident Records (if none, write none)- List all traffic convictions and forfeitures for the past 5 years (any motor vehicle, other than parking violations):

Date	Locations (state)	Violations (if speeding, show rate of speed)	Penalty/Amt. of fine

How many years of driving experience do you have?		
Have you ever been convicted of a felony?	YES	NO
Have you ever been denied a license, permit, and/or privilege to operate a motor vehicle?	YES	NO
Has any license, permit, and/or privilege ever been suspended or revoked?	YES	NO
If you answered yes to any of the above, please explain:		

EMPLOYMENT HISTORY

Date	Name and Address of Employer	Position	Salary	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.			
Name	Address	Phone Number	Years Known

AUTHORIZATION

I certify that I have personally completed this application using information that is true and correct to the best of my knowledge and belief. I fully understand that any false statement or omission of any fact on this application or any other material submitted to Professional Automotive Relocation Services, Inc., the latter hereinafter referred to as PARS, may be considered sufficient cause for rejection or disqualification.

I hereby grant PARS permission to verify this information and I agree to furnish any additional information requested by PARS. I understand PARS, or its agents, may investigate my background to ascertain any information related to my work records, work experience, credit information, education, or training and release the company from all liability for any damage that may result from utilization of such information. It is agreed and understood that this application in no way imposes any obligation upon PARS. I understand that PARS is under no obligation to me to furnish any investigative findings regarding my previous work history, work experience/performance, or education/training.

I agree to submit to all applicable tests, examinations, and inquiries as may be required by PARS, such as medical examination and drug screen testing in accordance with Federal Department of Transportation requirements and PARS Policies and Procedures.

I authorize PARS to obtain from the appropriate state, local, and/or federal authorities copy of my Motor Vehicle Report or similar report as part of my qualification file.

I hereby acknowledge that this document is not a contract of employment. I understand that PARS is under no obligation to contract with me. I understand if offered a contract, I may be disqualified by PARS at any time, with or without cause. I further understand that if contracted by PARS, I will not be an employee of PARS, but will be an independent contractor. I also understand that I am required to abide by all rules and regulation of PARS, as permitted by law.

APPLICANT'S SIGNATURE	PRINT NAME	DATE
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