

APPLICATION FOR EMPLOYMENT AS AN INDEPENDENT CONTRACTOR [OPERATOR OF PORTABLE BILLBOARD EQUIPMENT]

BILLBOARDS 2 GO, INC. 1711 W. ELIZABETH AVE, LINDEN NJ 07036 TEL 800 772-7539 FAX 212 749-8730

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER NOT NEEDED AT THIS POINT	DATE OF BIRTH
HOME ADDRESS (NUMBER AND STREET)			DRIVERS LICENSE NUMBER	
CITY	STATE	ZIP	STATE ISSUED LICENCE	EXPIRATION DATE
HOW MANY YEARS / MONTHS AT ABOVE ADDRESS			PREVIOUS HOME ADDRESS	
HOME PHONE NUMBER	CELL NUMBER		CITY	STATE ZIP
U.S. CITIZEN	YES <input type="checkbox"/>	NO <input type="checkbox"/>	OTHER RESIDENT STATUS? _____	
TRUCKING EXPERIENCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LICENSE CLASS A <input type="checkbox"/>	B <input type="checkbox"/>
			C <input type="checkbox"/>	D <input type="checkbox"/>
			OTHER? _____ <input type="checkbox"/>	
YEARS OF TRUCK DRIVING EXPERIENCE? _____	POINTS ON LICENSE? NO <input type="checkbox"/> YES <input type="checkbox"/> # OF <input type="checkbox"/>			
DO YOU HAVE A DOT MEDICAL CARD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EVER CONVICTED OF A CRIME? OTHER THAN A MINOR TRAFFIC VIOLATION	YES <input type="checkbox"/> NO <input type="checkbox"/>
OWN A CAR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	EVER FAIL A DRUG TEST?	YES <input type="checkbox"/> NO <input type="checkbox"/>
EDUCATION COMPLETED	HIGH SCHOOL <input type="checkbox"/>	COLLEGE <input type="checkbox"/>	OTHER _____	
DO YOU HAVE A PHYSICAL OR MENTAL CONDITION WHICH MAY IMPEDE YOU FROM CARRYING OUT THE ESSENTIAL FUNCTION OF THE JOB APPLIED FOR?				YES <input type="checkbox"/> NO <input type="checkbox"/>
PAST EMPLOYMENT HISTORY				
COMPANY NAME		SUPERVISORS NAME		PHONE
ADDRESS		JOB TITLE AND DUTIES		
DATE FROM	DATE TO	REASON FOR LEAVING?		
AUTHORIZATION				
<p>I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS OF MY EMPLOYMENT: FINAL EMPLOYMENT APPROVAL MAY BE SUBJECT TO REFERENCES AND SECURITY CHECK. I AUTHORIZE ANY INDIVIDUAL, COMPANY, SCHOOL, CREDIT BUREAU AND OR LAW ENFORCEMENT AGENCY TO FURNISH BILLBOARDS2GO WITH ANY INFORMATION CONCERNING MY EMPLOYABILITY WHICH THEY HAVE ON RECORD. THIS AUTHORIZATION FOR RELEASE OF INFORMATION INCLUDES BUT IS NOT LIMITED TO MATTERS OF OPINION RELATING TO MY CHARACTER, ABILITY, REPUTATION AND PAST CONDUCT. I UNDERSTAND THAT COMPANY PERSONNEL POLICIES ARE SUBJECT TO CHANGES AND THAT ABSENT OF SPECIFIC WRITTEN AGREEMENT TO THE CONTRARY, EMPLOYMENT WITH THIS COMPANY IS ALWAYS AT THE WILL OF THIS COMPANY. I UNDERSTAND THAT FALSIFICATION OR INCOMPLETENESS OF ANY INFORMATION ON THIS APPLICATION MAY RESULT IN DISMISSAL. I FURTHERMORE AGREE AND UNDERSTAND THAT EMPLOYMENT WITH BILLBOARDS2GO IS TEMPORARY AND MAY BE EXTENDED IF FURTHER WORK IS AVAILABLE. I HAVE READ THIS STATEMENT AND ACCEPT IT AS CONDITION TO MY EMPLOYMENT BY BILLBOARDS2GO, INC. A REPRODUCTION OR FACSIMILE MAY BE TREATED AS AN ORIGINAL.</p>				
DATE	/	/	201	
		APPLICANT'S SIGNATURE _____		