

FirstCHOICE

VENDOR/ EMPLOYMENT APPLICATION

FIRST CHOICE COURIERS, LLC
FIRST CHOICE TRANSPORTATION & LOGISTICS, LLC
FIRST CHOICE CREW MOVERS, LLC

DATE: _____

MARKET: _____

VENDOR COMPANY NAME (IF APPLICABLE)	TYPE OF BUSINESS
	<input type="checkbox"/> INDIVIDUAL/ SOLE PROPRIETOR <input type="checkbox"/> CORPORATION

PRIMARY CONTACT INFORMATION

NAME (FIRST)	(MIDDLE)	(LAST)	TITLE	DBA?
				Y
				N

PHYSICAL ADDRESS

STREET ADDRESS	SUITE #	CITY	STATE	ZIP CODE

MAILING ADDRESS

(if different from above)

STREET OR PO BOX	SUITE #	CITY	STATE	ZIP CODE

EIN OR SSN	DAYTIME PHONE NUMBER	AFTER HOURS PHONE NUMBER	FAX NUMBER

EMAIL ADDRESS: _____

DRIVER INFORMATION (IF OWNER OPERATOR)

DRIVER(S)	STATE	LICENSE NUMBER	TYPE	EXPIRATION

VEHICLES AVAILABLE

CLASS OF EQUIPMENT	DESCRIPTION		LICENSE PLATE	INSURANCE LEVELS & EXPIRATION		
	SIZE / TYPE	QUANTITY	STATE & NUMBER(S)	LIABILITY	WC	CARGO
CAR						
SUV						
PICKUP TRUCK (COVERED BED?)						
CARGO VAN						
FLATBED TRUCK						
GOOSENECK TRAILER (LENGTH?)						
OTHER TRAILER (DESCRIBE)						
STRAIGHT (BOX) TRUCK						
OTHER						

CERTIFICATIONS

STA:	TWIC:
HAZMAT:	SAFETY CARD:
OTHER:	OTHER:

WORK HISTORY

COMPANY	TIME WITH COMPANY (MM/YYYY-MM/YYYY)	JOB TITLE	CONTACT NAME & NUMBER:

BUSINESS REFERENCES/ PRIOR EMPLOYMENT REFERENCES

CONTACT:	COMPANY:	PHONE:

DRIVING RECORD / CRIMINAL HISTORY

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)			
DATES	NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

C. Have you ever been convicted of DUI? Yes _____ No _____ Date: _____

A. Have you been convicted of a crime - felony or misdemeanor? Yes _____ No _____

IF THE ANSWER TO EITHER A, B, C OR D IS YES, ATTACH STATEMENT GIVING DETAILS

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	PHONE NUMBER

TO BE READ AND SIGNED BY VENDOR / CONTRACTOR / EMPLOYEE

This certifies that this application was completed by me, and the information I provided is true and complete to the best of my knowledge.

_____ Date

_____ Applicant's Signature