



## LANGUAGE-DRIVER INDEPENDENT CONTRACTOR INFORMATION

DATE: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_ SECONDARY LANGUAGE: \_\_\_\_\_

ADDITIONAL LANGUAGES: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street, Apartment Number, Name of Apartment Complex)

(City) (State) (Zip Code)

PREVIOUS ADDRESS: (If less than 3 years current address)

(Street, Apartment Number, Name of Apartment Complex)

(City) (State) (Zip Code)

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Month, Date, Year)

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### Availability

Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days:							
Hours:							

### Certifications

Certification Type	Date Completed	Expiration Date



## LANGUAGE-DRIVER INDEPENDENT CONTRACTOR INFORMATION

### Vehicle Information

Vehicle #	Year	Registered Owner	Color	Make	Model
1					
2					
3					

IC NAME: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

### Tickets or Accidents in the Last Three (3) Years

Date	Infraction

Date Started	Date Ended	References (Name,Company,PhoneNumber)



## LANGUAGE-DRIVER INDEPENDENT CONTRACTOR INFORMATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS FORM ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS FORM SHALL BE CAUSE FOR TERMINATION OF ANY AGREEMENT ENTERED INTO WITH JNJ SERVICES, INC. I AUTHORIZE AND CONSENT FOR JNJ SERVICES, INC. AND/OR ITS AGENTS, TO INVESTIGATE AND VERIFY ALL STATEMENTS, FACTS, AND REFERENCES CONTAINED AND TO OBTAIN ANY CRIMINAL HISTORY, OR DRIVING RECORDS. NEITHER JNJ SERVICES INC. NOR ITS AGENT(S) SHALL BE VIOLATING MY RIGHT TO PRIVACY IN ANY MANNER. I RELEASE AND INDEMNIFY JNJ SERVICES, INC. FROM ALL LIABILITY, ANY AND ALL CLAIMS INCLUDING BUT NOT LIMITED TO CLAIMS OF DEFAMATION, INVASION OF PRIVACY, NEGLIGENCE, OR ANY OTHER DAMAGES OR RESULTING FROM OR PERTAINING TO THE COLLECTION AND VERIFICATION OF THIS INFORMATION.



Signing your name here acts as an E-Signature

(Signature)

(Date)

### For JNJ Services Inc. Internal Use Only:

Date MVR Ran: _____	Date MVR Received: _____	Accepted: _____	Rejected: _____
If rejected, reason: _____			
_____			
Date of Criminal Record Check: _____	Date Received: _____	History: Y/N If yes, see report attached.	