

# Independent Contractor Driver Profile and Authorization to Release

## Individual Information

First Name:	Middle Name:	Last Name:
Gender:      Male      Female	Date of Birth:	Social:
Drivers License #:		State Issued:
Home Phone:	Mobile Phone:	

## Address (List addresses for the past 5 years)

Street Address, City, State and Zip:	No. of Years
Street Address, City, State and Zip:	No. of Years
Street Address, City, State and Zip:	No. of Years

## Business Information

Business Name:	EIN #:
Entity Type:	License Number:

## Vehicle Information

Year:	Make:	Model:
Miles:	VIN #:	

## DECLARATION

I certify that all statements and answers set forth on the profile and/or authorization form are true and complete to the best of my knowledge, and I understand that if subsequent to my acceptance as an Independent Contractor any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for termination of my approved Independent Contractor status.

I consent to the release of consumer and/or investigative consumer reports to U.S. Cargo. I understand that a photocopy of this authorization is to be accepted with the same authority as the original. I acknowledge that I have read and understand this information, and the rules governing its collection and use, as pursuant to the Fair Credit Reporting Act, amended by the Consumer Reform Act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

If, within 90 days of my contract inception date, my contract is terminated with U.S. Cargo for any reason, I agree and consent to reimburse U.S. Cargo for the cost associated with the consumer and/or investigative consumer reports, including but not limited to: a Motor Vehicle Report, Criminal Background Check, Security Threat Assessment and FMCSA Pre-Employment Screening Program. I authorize the reimbursement to be deducted from my settlement pay.

I have carefully read and understand the authorization form. By my signature, I agree with all information in the above form.

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Contractor Signature

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Date Signed