

Southeast Missourian

Independent Contractor Information

Date _____

(Last)

(First)

(M.I.)

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Are You Available Monday – Saturday 1:00 AM – 6:00 AM Yes _____ No _____ **No Exceptions**

Are You Currently Employed Yes _____ No _____ Full Time _____ Part Time _____

If Yes What Is Your Schedule _____

Have You Been A Carrier For The Southeast Missourian Before Yes _____ No _____

Vehicle # 1 (Year) _____ (Make) _____ (Model) _____

Vehicle # 2 (Year) _____ (Make) _____ (Model) _____

Vehicle Insurance Carrier _____ Expiration Date _____

Current Driver's License Yes _____ No _____

Substitutes Name _____

Substitutes Phone Number (Home) _____ (Cell) _____

Comments _____
