



CMI'S INDEPENDENT CONTRCTOR PROFILE FORM

PLEASE PRINT ALL INFORMATION IN BLUE OR BLACK INK ONLY

Affiliated Company: _____

Name: First: _____ Middle Intials: _____

Last: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip code: _____ County: _____

Mailing Address if different: _____

Social Security # _____ - _____ - _____ Date of Birth: ____/____/____

E-Mail: _____

(for Insurance use only)

Business Phone:(____)____-____ Cell/Pager:(____)____-____

Home Phone# (____)____-____

Compliance Information

Business Name: _____

Type of Entity: ___Sole Proprietor ___Corporation ___Partnership ___LLC

___Other: _____

Sex: ___Male ___Female

Transportation Information

Type of Vehicle: ___ Car ___ Cube/Box Truck ___ Flat Bed ___ Full Size Pick up
___ Mini Pick up ___ Van ___ Tractor Trailer ___ 53' ___ 48' ___ Flatbed Other _____

Year: _____ Make: _____ Model: _____ State Registered: ___ License Plate
: _____

VIN # _____

Driver's License State: _____

Do You: ___ Own ___ Lease ___ Finance Leasing or Financing

Company: _____

Contact/Work History

Company Name: _____

Address: _____

Phone Number: _____

Contact: _____

Position: _____

Company Name: _____

Address: _____

Phone Number: _____

Contact: _____

Position: _____

Company Name: _____

Address: _____

Phone Number: _____

Contact: _____

Position: _____

Vocational Training: _____

Licenses/Certificates: _____

Emergency Contact _____ Phone # _____

Relationship: _____

To the best of my knowledge the above information is accurate and truthful. I understand that I am completing this information in order to contract services as a self-employed Independent Contractor and not as an employee of any company. **I understand that I must submit photocopy of my driver's license, social security card, medical card and auto insurance.**

SIGNATURE: _____

DATE: _____