

# COUNTY JOURNAL/FLASHES

## APPLICATION FOR INDEPENDENT CONTRACT DELIVERY

DATE \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PH. \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ DRIVER'S LICENSE \_\_\_\_\_

BIRTH DATE (OPTIONAL) \_\_\_\_\_ AVAILABLE TO START \_\_\_\_\_

**ROUTE PREFERENCE** CITY WALKING  RURAL DRIVING  SUBSTITUTE

Within the last seven (7) years have you been convicted by any court of a felony? \_\_\_\_\_

Within the last seven (7) years have you been released from prison following conviction of a felony? \_\_\_\_\_

Military service? \_\_\_\_\_ Last year of completed education \_\_\_\_\_

### WORK EXPERIENCE

Current employer \_\_\_\_\_ Length of service \_\_\_\_\_

1. Company \_\_\_\_\_

Address \_\_\_\_\_ Ph. \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

2. Company \_\_\_\_\_

Address \_\_\_\_\_ Ph. \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. Company \_\_\_\_\_

Address \_\_\_\_\_ Ph. \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

### VEHICLE INFORMATION for rural routes

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Licensed Plate # \_\_\_\_\_ Auto Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Agents Name \_\_\_\_\_ Phone \_\_\_\_\_ Expiration Date \_\_\_\_\_

### ADDITIONAL INFORMATION IF YOU ARE UNDER THE AGE OF 18

Father full name \_\_\_\_\_ Address \_\_\_\_\_ Ph. \_\_\_\_\_

Do YOU AGREE to assist your minor child to PROPERLY deliver their routes as described by the COUNTY JOURNAL Circulation Manager? \_\_\_\_\_ Date \_\_\_\_\_

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mothers full name \_\_\_\_\_ Address \_\_\_\_\_ Ph. \_\_\_\_\_

Do YOU AGREE to assist your minor child to PROPERLY deliver their routes as described by the COUNTY JOURNAL Circulation Manager? \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian name \_\_\_\_\_ Address \_\_\_\_\_ Ph. \_\_\_\_\_

Do YOU AGREE to assist your minor child to PROPERLY deliver their routes as described by the COUNTY JOURNAL Circulation Manager? \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form as soon as possible and return to:

THE COUNTY JOURNAL | 241 S. COCHRAN AVE., CHARLOTTE, MI 48813 | 517-543-1099