



VENDOR QUESTIONNAIRE

CERTIFICATION

I authorize Sandi Gornati, Inc. and its subsidiaries to make an investigation of any information contained in this questionnaire, and I release from liability all companies supplying such information. I understand that any false answers or statements made by me in this questionnaire shall be considered sufficient cause for my denial of contract. Upon termination of my contract for whatever reason, I release this company from all liability for supplying any information concerning my contract to any potential employer. I authorize this company to request a copy of my motor vehicle driving record. I will also submit to a drug screen. I understand these requirements are in accordance with client or DOT drivers for hire.

This certifies that this questionnaire was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____ Date _____

Name of Applicant _____
(First) (Middle) (Maiden Name, if any) (Last)

Home Address _____
(Street) (City) (State & Zip Code)

Home # (____) _____ Cell # (____) _____ Emergency #(____) _____

Email _____

List all addresses where you have resided during the last three (3) years.

STREET	CITY	STATE & ZIP CODE	HOW LONG?

Driver License Number _____ State Issued _____ Expiration Date _____

EIN or Social Security Number _____

Has your driver license ever been suspended or revoked? Yes _____ No _____ If yes, please give details: _____

Have you ever been ticketed for D.U.I.? Yes _____ No _____ D.U.I.D.? Yes _____ No _____ If yes, give date(s): _____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____ If yes, give details: _____

(Questions required pursuant to 21 CFR 1301.)

Are you presently formally charged with committing a criminal offense? If yes, give details: _____

In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed by a physician? If yes, give details: _____

List all moving violations for the past five (5) years

Date	Offense and Description

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Bed Size: _____ Weight Capacity: _____

Special Equipment (Camper Shell, Pipe rack, Lift gate, etc.) _____

License Plate Number: _____ Vehicle I.D. Number: _____

Condition of Vehicle: Excellent: _____ Good: _____ Fair: _____ Poor: _____

Person Vehicle Registered To: _____

Insurance Company: _____

Policy Number: _____ Are you listed as the primary driver? Yes: _____ No: _____

Is it commercial insurance? Yes: _____ No: _____ If so, is it for local coverage only? Yes: _____ No: _____

WORK HISTORY

Have you been contracted or employed at SGI before? Yes: _____ No: _____ If yes, give dates: From _____ To _____.

Do you currently have any relatives contracted to or employed by SGI? Yes: _____ No: _____

If yes, whom? _____ . When would you be able to start as a vendor/service provider? _____ Times/Days able to provide service _____

List all contract jobs or positions held in the last three (3) years. Prior to that period list only those positions in which you were contracted or employed as an operator of a commercial vehicle. *Please use back of page if necessary.*

Last Contract/Employer Name _____ Phone () _____

Address _____ City _____ ST _____ ZIP _____

Position Held _____ From _____ To _____ Contract Rate or Salary _____

Reason for Leaving _____

2nd Last Contract/Employer Name _____ Phone () _____

Address _____ City _____ ST _____ ZIP _____

Position Held _____ From _____ To _____ Contract Rate or Salary _____

Reason for Leaving _____

3rd Last Contract/Employer Name _____ Phone () _____

Address _____ City _____ ST _____ ZIP _____

Position Held _____ From _____ To _____ Contract Rate or Salary _____

Reason for Leaving _____

4th Last Contract/Employer Name _____ Phone () _____

Address _____ City _____ ST _____ ZIP _____

Position Held _____ From _____ To _____ Contract Rate or Salary _____

Reason for Leaving _____

FAIR CREDIT RELEASE FORM

Client Name: SGI Delivery Solutions
Client Contact: Sandi Gornati or Shawn O'Brien
Client Email: sandi@sgi-solutions.com

Client Account Number:
Client Phone Number: 205-941-2575

DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

DISCLOSURE

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

SGI Delivery Solutions may obtain information about you from a consumer reporting agency in connection with a business transaction, to-wit, an agreement to establish an independent contractor relationship between you and SGI. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records ("driving records"), sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security Verification. Credit history will only be requested where such information is substantially related to the duties and responsibilities arising out of the business transaction contemplated. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you, and the nature and scope of any investigative consumer report, and request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants is an investigation into your education and/or employment history conducted by Employment Screening Services, 2500 Southlake Park, Birmingham, AL 35244, toll-free 866.859.0143, www.es2.com or another outside organization. The scope of this notice and authorization is all-encompassing; however, allowing SGI Solutions to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, for the duration of the independent contractor relationship, throughout the course of said relationship, to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to authorize procurement of any consumer or investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and for the duration of the independent contractor relationship. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ESS, 2500 Southlake Park, Birmingham, AL 35244, toll free 866.859.0143, www.es2.com, or its subcontractor, and I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature of Applicant

Date

APPLICANT INFORMATION: TO BE COMPLETED BY APPLICANT: PLEASE USE BLACK INK

The following is for identification purposes only to perform the background check and will not be used for any other purpose.

Print: Last Name	First Name	Middle Initial
Date of Birth	Social Security Number	Driver's License Number
		State
Current Address:	City	State
		Zip Code
Previous Address (Past 7 Years):	City	State
		Zip Code
Previous Address (Past 7 Years):	City	State
		Zip Code
Alias Names (Other names I have been known by):		
Degree Obtained	Year Graduated	Name of School
		City and State of School
Last Name Used at Time of Graduation		