



**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.**

<i>STREET</i>	<i>CITY</i>	<i>STATE &amp; ZIP CODE</i>	<i>HOW LONG?</i>

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**

<i>Date</i>	<i>Offense and Description</i>

## VEHICLE INFORMATION

Year: \_\_\_\_\_ Make: \_\_\_\_\_ 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 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 \_\_\_\_\_

2<sup>nd</sup> Last Contract/Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Contract Rate or Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3<sup>rd</sup> Last Contract/Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Contract Rate or Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4<sup>th</sup> 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](http://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](http://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		