INDEPENDENT CONTRACTOR APPLICATION

Esquiliano's Trucking Company LLC • USDOT: 4321300 • MC Authority: MC-92058064

Esquiliano's Trucking Company LLC is an equal opportunity entity engaging qualified independent contractors (1099). Completion of this form does not constitute a contract or an offer of employment. Operating authority, logistics coordination, and vehicle allocation are governed under Company motor carrier filings.

1. APPLICANT / BUSINESS ENTITY INFORMATION

Full Legal Name: _____ DOB: _____

Business / LLC Name (if applicable): _____ EIN / SSN: _____

Residential / Business Address: _____

City, State, Zip: _____ Phone: _____

Email Address: _____

2. LICENSE & DRIVING QUALIFICATIONS

License Classification: ■ Standard Driver's License (Class D) ■ Commercial Driver's License (CDL)

License Number: _____ Issuing State: _____ Exp Date: _____

Has your driver's license been suspended or revoked in the past 5 years? ■ Yes ■ No

Have you been convicted of any moving violations or DUI/DWI offenses in the past 5 years? ■ Yes ■ No

3. EMPLOYMENT / CONTRACTING HISTORY (PAST 3 YEARS)

1. Company Name: _____ Dates: _____

Position / Duties: _____

2. Company Name: _____ Dates: _____

Position / Duties: _____

4. REQUIRED COMPLIANCE DOCUMENTATION CHECKLIST

To comply with Federal Motor Carrier Safety Administration (FMCSA) and internal corporate risk management standards, applicants must attach copies of:

- IRS Form W-9: Request for Taxpayer Identification Number and Certification.
- Valid Driver's License: Clear copy of standard driver's license or commercial driver's license (CDL).
- Medical Examiner’s Certificate: Valid DOT physical medical card (if operating under applicable interstate/intrastate frameworks).
- MVR Authorization: Signed consent for Motor Vehicle Record background check.

5. FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE & AUTHORIZATION

In connection with your application for an independent contractor arrangement with Esquiliano's Trucking Company LLC, you understand, acknowledge, and agree that the Company may request a consumer report and/or a Motor Vehicle Record (MVR) containing criminal history, motor vehicle infractions, and driving background from consumer reporting agencies or state motor vehicle departments. By signing below, you hereby authorize, without reservation, the Company or its authorized agents to procure such reports at any time during the application process or active contracting period.

6. INDEPENDENT CONTRACTOR ACKNOWLEDGMENT & CERTIFICATION

I certify that all information provided in this application and its attachments is true, correct, and complete to the best of my knowledge. I understand that false, misleading, or omitted statements shall be sufficient cause for immediate rejection of this application or termination of any independent contractor agreement executed hereafter. I acknowledge that as a 1099 independent contractor, I am solely responsible for my own tax withholdings, social security contributions, worker's compensation insurance (unless explicitly provided under contract terms), and operational overhead not expressly assigned to the Company.

Applicant Signature: _____ Date: _____

Printed Legal Name: _____ Business / LLC Entity Name (If Applicable): _____