

# COUNTY JOURNAL

## APPLICATION FOR INDEPENDENT CONTRACT DELIVERY

DATE \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ CELL PH. \_\_\_\_\_  
SOCIAL SECURITY \_\_\_\_\_ DRIVER'S LICENSE \_\_\_\_\_  
BIRTHDATE (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 \_\_\_\_\_ Length of service \_\_\_\_\_  
Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_
3. Company \_\_\_\_\_ Address \_\_\_\_\_ Length of service \_\_\_\_\_  
Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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

Fathers 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 PROPERLY assist your guardian minor child to PROPERLY deliver their  
routes as described the COUNTY JOURNAL Circulation Manager? \_\_\_\_\_  
Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

VEHICLE INFORMATION for rural routes: Make \_\_\_\_\_ Year \_\_\_\_\_  
Model \_\_\_\_\_ Color \_\_\_\_\_ Licensed # \_\_\_\_\_  
Auto Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Agents Name \_\_\_\_\_ Phone \_\_\_\_\_ Expiration date \_\_\_\_\_

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

THE COUNTY JOURNAL  
241 S. COCHRAN AVE.  
517-543-1099