

INFORMATION FORM

PLEASE PRINT

CONTRACTOR START DATE: _____ / _____ / _____
(DAY) (MONTH) (YEAR)

APPLICANT'S FULL NAME: _____

APPLICANT'S PHONE NUMBER: _____ DATE OF BIRTH: _____

APPLICANT'S ADDRESS: _____

DO YOU HAVE ANY WORK RELATED EXPERIENCE: _____

HAVE YOU BEEN ASSOCIATED WITH BLUE BAY IN THE PAST? YES _____ NO _____ IF YES, WHEN?

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES _____ NO _____ IF YES, LIST

IF REQUESTED, WOULD YOU SUBMIT TO A POLICE CRIMINAL RECORD CHECK? YES _____ NO _____

ARE YOU BONDABLE? YES _____ NO _____

SEEKING: FT _____ PT _____ DAYS _____ NIGHTS _____

I HEREBY DECLARE THAT I HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY AND HONESTLY AND AM AWARE THAT IF MY APPLICATION FOR THE POSITION OF AN INDEPENDENT CONTRACTOR IS APPROVED AND I HAVE KNOWINGLY ANSWERED ANY OF THE ABOVE QUESTIONS INCORRECTLY IT COULD BE GROUNDS FOR IMMEDIATE CONTRACT TERMINATION.

APPLICANTS SIGNATURE: _____

DATE: _____