



MED LINE
EXPRESS SERVICES
YOUR PHARMACEUTICAL DELIVERY SPECIALIST

IMPORTANT INFORMATION!!
YOU ARE NOT APPLYING FOR A JOB.

Med-Line Express Services is looking for people to subcontract delivery services. Subcontractors are not employees, therefore you are responsible for your own tax liability.

Interested parties must provide presentable, reliable transportation with full insurance coverage (including cargo insurance) to drive various established routes for delivery to nursing homes and residential locations. In addition to the scheduled routes, it may be necessary to be available for unscheduled “emergency” deliveries as an “on-call” status.

Pricing has been established for the specific route(s), with set pricing for the emergency deliveries as well. All expenses are the responsibility of the driver subcontracting their services. Subcontractors are expected to complete and submit weekly route sheets. Payment is made on a bi-monthly term.

If you are interested in pursuing this opportunity, please complete the following information:

Name: _____

Address: _____

City, State and Zip Code: _____

Contact Phone Numbers: _____ (home) _____ (cell)

D.O.B. _____

SS# _____

Have you worked as a driver/subcontractor before? _____

Are you looking for full or part time? _____

Are you available for nights? _____ Weekends? _____

What restrictions, if any, do you have?

Valid Drivers license: State _____ DL# _____
exp date: _____

Do you own your own vehicle? _____

Tell us about your vehicle: Make _____ Model _____

Year _____ Current Mileage _____

Do you have full coverage insurance or minimum coverage? _____

Name of insurance company: _____

Policy # _____

Employment references:

Company Name	Dates (from/to)	Contact	Phone
_____	_____	_____	_____
Responsibilities _____			

Company Name	Dates (from/to)	Contact	Phone
_____	_____	_____	_____
Responsibilities _____			

Company Name	Dates (from/to)	Contact	Phone
_____	_____	_____	_____
Responsibilities _____			

What areas are most familiar with or prefer to drive?

Have you ever been convicted of a crime? _____ (A background check will be performed as part of your contract with us.)

What are your income expectations? _____

Personal References:

Name	Relationship	Phone#
_____	_____	_____

Name	Relationship	Phone#
_____	_____	_____

Name	Relationship	Phone#
_____	_____	_____

I _____ affirm that the above information is true and correct and I hereby authorize the investigation of my past and present work, character and criminal history.

Signed

Date

Printed Name