

# FMSL LOGISTICS & FREIGHT SOLUTIONS

## Corporate Headquarters

1872 Plainsboro Dr, Lithonia, GA 30058

Phone: (305) 970-6395 Email: info@fmslworld.com

---

## Driver / Contractor Onboarding Packet

### 1. Application for Contractor Position

**Full Legal Name:**

---

**Address:**

---

**City/State/ZIP:**

---

**Phone:** \_\_\_\_\_ **Email:**

---

**Date of Birth:** \_\_\_\_\_ **SSN (last 4):**

---

**Driver License No.:** \_\_\_\_\_ **State:**

---

**Class:** \_\_\_\_\_ **Expiration Date:**

---

**CDL Endorsements:**

---

**TWIC Card:**  Yes  No **Passport:**  Yes  No

**Equipment Operated:**

---

**Preferred Haul Type:**

---

**Availability (FT/PT):**

---

\_\_\_\_\_

## **2. Driver / Contractor Agreement & Acknowledgment**

I understand and agree that:

- I am an **independent contractor**, not an employee of FMSL Logistics & Freight Solutions (“FMSL”).
- I am responsible for compliance with all **FMCSA, DOT, and state-level** transportation safety regulations.
- I am responsible for maintaining valid **insurance**, equipment, and operational licenses.
- FMSL may assign or dispatch freight opportunities but does not guarantee work volume or mileage.
- I agree to maintain **professional conduct, accurate logs**, and timely communication with dispatch.

**Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

\_\_\_\_\_

## **3. Verification of Employment & Work Reference**

Please provide employment information for the last three (3) years.

Attach additional sheets if necessary.

---

**Employer #1**

• Company Name:

---

• Contact Name / Phone:

---

• Position Held:

---

• Dates of Employment:

---

• Reason for Leaving:

---

---

**Employer #2**

• Company Name:

---

• Contact Name / Phone:

---

• Position Held:

---

• Dates of Employment:

---

• Reason for Leaving:

---

---

**Employer #3**

• Company Name:

\_\_\_\_\_

• Contact Name / Phone:

\_\_\_\_\_

• Position Held:

\_\_\_\_\_

• Dates of Employment:

\_\_\_\_\_

• Reason for Leaving:

\_\_\_\_\_

\_\_\_\_\_

I authorize **FMSL Logistics & Freight Solutions** to verify this employment history and contact the listed references for qualification purposes.

**Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

\_\_\_\_\_

**4. Contractor / Employee Information Sheet**

**Emergency Contact Name:**

\_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:**

\_\_\_\_\_

**Mailing Address (if different):**

\_\_\_\_\_

**Payment Preference:**  Direct Deposit  Check

**Bank Name:** \_\_\_\_\_

**Routing #:** \_\_\_\_\_ **Account #:**

\_\_\_\_\_

**Insurance Carrier (if applicable):**

\_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Expiration:**

\_\_\_\_\_

\_\_\_\_\_

## 5. Background Check & Release Authorization

I authorize FMSL Logistics & Freight Solutions to perform a background check, including MVR, criminal, and safety record verification, for qualification and compliance purposes.

**Full Name:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

\_\_\_\_\_

## 6. W-9 Substitute Form & Contractor Certification

I certify that the information provided in this application is true and complete.

I understand misrepresentation may result in termination or disqualification.

**Name (as shown on tax return):**

---

**Business Name (if applicable):**

---

**Address:**

---

**City/State/ZIP:**

---

**Tax ID / SSN:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:**

---