Employee / Subcontractor Information Sheet

NAME:	
(as it should appear on your check)	
ADRESS:	
SOCIAL SECURITY #:	
TAX ID # :	
DRIVER LICENSE #:	
DATE OF BIRTH:	
CONTACT INFORMATION:	
Phone # ()	
Cell Phone # () Do you text message?	yes or no
E-Mail Address:	
Fax # ()	
*Please list your SNOW PLOW EQUIPMENT that will be used: Snow Removal 3 (This section is <u>not</u> for the employees that drive our Salt Trucks)	Sub Contractors ONLY
1 3	
2 4	
*SUB CONTRACTORS: Please have your insurance company fax a copy of your Gertificate to us. We must have this on file in order for you to get paid. You must he certificate. If you do not have W/C you must file a WCE-1 form with the State of In off of our web site from the "Contact Us" page. If you do not file this form with the W/C insurance and General Liability as we pay you for your services. Any questions please call our office @ 317-894-0187	General Liability Insurance tave workers comp. listed on the diana. You can print this form
Checks will NOT be released until we have your insurance certificate, a W-9 form, a sheet on file in our office. Thank You.	and a sub-contractor information
EMPLOYEES: (Salt Truck Drivers) Please send a copy of your driver's license. We driver's license, an employee information sheet, and a W-4 form on file in our office can be paid. Thank You.	
Please check the services that you are interested in doing for our company.	
Salt Truck Driver Hand Labor Sub Sne	ow Removal Sub