



Carried Out, LLC
Personal Shopper Application

Candidate's Name: _____

Date: _____

Address: _____

Telephone Number: _____

Email: _____

Are you 21 years of age or older? Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No

Have you ever worked with any delivery services before? Yes No

Do you own a vehicle that has updated registration and proof of valid insurance? Yes No

Please explain, year, make and model of vehicle.

Personal Shopper/Driver Application Availability Start date availability: _____

What hours of the day are you available to fulfil orders? _____

Check the days you are available to fulfil orders.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Holidays

Because alcohol sales peak at night, are you available to fulfil alcohol orders in the evening?

Yes No

If checked yes, describe the preferred start and end times.

Desired territory [side of town]: _____

How did you learn about this opening: _____

Skills

Based on your experience, what skills do you have that will help you provide the best service to our customers?

Employment History

Please list your current and previous employers beginning with the most recent. If you need more room, you may attach another sheet of paper.

Current Employer: _____
Address: _____
From: _____
To: _____
Position Held: _____
Reason for Leaving: _____
Supervisor's Name & Title: _____
May we contact? Yes No Their Phone # _____
Description of Duties: _____

Previous Employer: _____
Address: _____
From: _____
To: _____
Position Held: _____
Reason for Leaving: _____
Supervisor's Name & Title: _____
May we contact? Yes No Their Phone # _____
Description of Duties: _____

Previous Employer: _____
Address: _____
From: _____
To: _____

Position Held: _____
Reason for Leaving: _____
Supervisor's Name & Title: _____
May we contact? Yes No Their Phone # _____
Description of Duties: _____

Please list below 2 past residences you've lived.

Address: _____
Landlord/Property Management
Name: _____

How many years did you live there? _____

Address: _____
Landlord/Property Management
Name: _____

How many years did you live there? _____

References

Identify two persons who know you professionally and two who know you personally, excluding family members, beginning with the most recent.

Name: _____
Phone Number: _____
Email: _____
Identity Relationship: _____
Years Known: _____

Name: _____
Phone Number: _____
Email: _____
Identity Relationship: _____
Years Known: _____

Name: _____
Phone Number: _____
Email: _____
Identity Relationship: _____
Years Known: _____

Name: _____
Phone Number: _____
Email: _____
Identity Relationship: _____
Years Known: _____

Background Checks

Information By signing here: _____, you consent to Carried Out LLC running pre-contracting, annual and random legal and authorized background checks on you. The information requested and provided will only be used for a thorough background check. All information provided will remain confidential.

Drivers License # _____

Drivers License State _____

Date of Birth _____

Social Security # _____

Have you ever been arrested? Yes No - If yes, please indicate the cause, location and date: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

Signature: _____

Date: _____