



835 S. Saint Paul
Kansas City, KS 66105
Phone: (913) 722-6060 Fax: (913) 831-6778

Contractor Questionnaire

Questionnaire Date _____

Business Information				
Business Name			SS or Tax ID No.	
Present Address		City	State	Zip
Contact Name		Business Structure	Hours of Operation	
Phone No. () ()	Phone No. () ()		email	
Position Desired				
Position		Date You Can Start		Commission Desired
Are you Employed? Yes _____ No _____			Ever Applied To ProEx Before? Yes _____ No _____	
If so may we inquire of your present employer? Yes _____ No _____			Have you ever contracted for ProEx Yes _____ No _____	
If Yes, When did you contract or apply at ProEx?				
Education History				
Name & Location of School		Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
General Information				
Additional Education		Type	Can you legally work in the US? Yes _____ No _____	
Have you ever been convicted of a felony? Yes _____ No _____ If YES , explain: _____				
Is there any reason you might be unable to perform the functions of the job for which you are applying? No _____ Yes _____ If YES , explain: _____				
Description of Business Equipment Owned:				
Vehicle Type:			Year:	
Other:				
References (Give below the names of three persons not related to you, whom you have know at least one year.)				
Name		Company		Phone
Address		Relationship		Years Known
Name		Company		Phone
Address		Relationship		Years Known

Former Companies Contracted With Or Employed By (List Starting with the last one First)

Date Month and Year	Company Name:		
From	Address	City	
To	State	Zip	Phone
Position Held		Salary/Wage	
Reason For Leaving			

Date Month and Year	Company Name:		
From	Address	City	
To	State	Zip	Phone
Position Held		Salary/Wage	
Reason For Leaving			

Date Month and Year	Company Name:		
From	Address	City	
To	State	Zip	Phone
Position Held		Salary/Wage	
Reason For Leaving			

Date Month and Year	Company Name:		
From	Address	City	
To	State	Zip	Phone
Position Held		Salary/Wage	
Reason For Leaving			

Date Month and Year	Company Name:		
From	Address	City	
To	State	Zip	Phone
Position Held		Salary/Wage	
Reason For Leaving			

Business Paperwork (Attach Copies Of The Follow Paperwork)

Driver License	Business Licenses
Current MVR	Insurance

Authorization

"I certify that the facts contained in this questionnaire are true and complete to the best of my knowledge and understand that , if contract is awarded, falsified statements on this questionnaire or attached documents shall be grounds for termination of contract.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous work performed and any pertinent information they may have, personal or otherwise, and release the company or individual from all liability for any damage that may result from utilization of such information."

DATE _____

SIGNATURE _____

Internal Notes:
