



AGENT BACKGROUND QUESTIONNAIRE

Today's Date _____

To be completed by Sunteck Agent Applicant

The following questionnaire is provided to assist us in learning about your personal and business background and shall remain confidential and only be used for the purpose of evaluating an agency relationship with you. THIS IS NOT AN APPLICATION FOR EMPLOYMENT WITH SUNTECK TRANSPORT CO., INC. Please answer all questions completely and honestly.

The Sunteck Agent Program is geared toward agents with:

- At least \$1 Million in Annualized Revenue at Signing
- 15% Minimum Annualized Gross Margin
- 2 Years of Verifiable Experience
- 3 Phone Lines

- 1 Fax Line
- High Speed Internet Access
- Familiarity with Microsoft Office Products

Legal First Name	Middle Initial	Legal Last Name
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Social Security #	Date of Birth	Primary Telephone Number
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Alternate Phone Number	Driver's License Number	State	Expiration Date
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Current Business Address (Street, City, State, Zip – NO P.O. BOXES)

Previous Business Address (Street, City, State, Zip – NO P.O. BOXES)

Current Home Address (Street, City, State, Zip – NO P.O. BOXES)

Previous Home Address (Street, City, State, Zip – NO P.O. BOXES)

Personal Email Address

Have you ever been convicted of a crime?	[]	Yes	[]	No
Have you ever had adjudication withheld for a crime?	[]	Yes	[]	No



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If you answered YES to either of the two pervious questions, please give details referencing the type of crime, the date on conviction and the penalty imposed. (Attach separate paper if necessary). NOTE – A CONVICTION WILL NOT NECESSARILY DISQUALITY YOU FROM CONSIDERATION.

EMPLOYMENT OR AGENCY EXPERIENCE

PREVIOUS EMPLOYMENT AND AGENCY RELATIONSHIPS during the past three (3) years from today's date (list most recent first)

Company _____ Job Title _____

Address (Street, City, State, Zip – NO P.O. BOXES) _____ Telephone Number _____

Start Date _____ End Date _____

Annual Salary/Hourly Rate _____ Work Performed _____ Reason for Leaving _____

Company _____ Job Title _____

Address (Street, City, State, Zip – NO P.O. BOXES) _____ Telephone Number _____

Start Date _____ End Date _____

Annual Salary/Hourly Rate _____ Work Performed _____ Reason for Leaving _____



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Company

Job Title

Address (Street, City, State, Zip – NO P.O. BOXES)

Telephone Number

Start Date

End Date

Annual Salary/Hourly Rate

Work Performed

Reason for Leaving

Have you ever been dismissed or forced to resign from any employment or agency relationship? Yes No

If you answered YES, please explain:

Do you have any friends or relatives who work or are an agent for:

Sunteck Transport Co., Inc.

Sunteck Transport & Logistics, Inc.

Name

Relationship

Character References

List two persons NOT RELATED TO YOU whom you have known for at least one year.

Name

Occupation

Address (Street, City, State, Zip)

Telephone Number

Name

Occupation

Address (Street, City, State, Zip)

Telephone Number



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APPLICANT'S SALES AND FINANCIAL STATEMENT (immediate preceding three (3) years)

Year	Month	Gross Revenue	Brokerage Revenue	Margin %	Total Transactions
2010 YTD					
2009	Jan - Dec				
2008	Jan - Dec				
2007	Jan - Dec				

APPLICANT'S STATEMENT

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I authorize the investigation of all matters contained in this application and hereby give Sunteck Transport Company, Inc., and/or Sunteck Transport Carriers, Inc. ("Sunteck") permission to contact previous employers and references; request, obtain, and review credit reports and information regarding my current and past employment and work history, financial accounts, and credit accounts; and to further conduct a criminal background check for Sunteck's use in determining eligibility to conduct business with Sunteck as a Transportation Agent.
- **I HEREBY AGREE TO HOLD HARMLESS ANY THIRD PARTY THAT PROVIDES TRUTHFUL AND ACCURATE CREDIT AND CRIMINAL REFERENCE CONCERNING ME IN CONNECTION WITH THIS APPLICATION.**
- I understand the information contained in this application and the information received from third parties is material to Sunteck's evaluation of my eligibility to be offered a Transportation Agent position with Sunteck. Misrepresentations, omissions, or incomplete information provided in this application, as well as any adverse information received as a result of Sunteck's investigation may result my ineligibility and the denial of this application.

Signature

Date

Print Name

When completed, please fax to 866-331-8623