



GRESHAMS

SEASONAL SERVICES

COMMERCIAL & RESIDENTIAL
LANDSCAPE CONSTRUCTION
SNOW REMOVAL & SALTING

SUBCONTRACTOR APPLICATION FORM WWW.GRESHAMSSEASONALSERVICES.COM

MAIL TO:
18501 HENRY COURT
RAY TWP, MI 48096

ATTN: JIM or JOELLE GRESHAM
FAX: 586.677.5669
EMAIL: JoelleJGresham@gmail.com

NAME:	
BUSINESS NAME:	
ADDRESS:	
CITY/ZIP:	
HOME PHONE:	
*CELL PHONE:	
WORK PHONE:	
WIFE/EMERGENCY PHONE:	
FAX:	
EMAIL:	
YEARS OF EXPERIENCE:	
NOTES:	

CHECK ALL THAT APPLY:

PLOWER (OWN TRUCK) MAKE _____ MODEL _____ YEAR _____

PLOWER (PREVIOUS GRESHAM TRUCK)

SALTER

SIDEWALK SHOVELER

SOCIAL SECURITY NUMBER:	
TAX ID NUMBER:	
DRIVERS LICENSE NUMBER: (INCLUDE A COPY)	
BIRTHDAY: (11/24/1976)	
PROOF OF INSURANCE: (INCLUDE A COPY)	
NAME ON CHECKS (IF DIFFERENT):	
CURRENT MEDICAL CARD? YES/NO & EXPIRATION (IF DRIVING A GRESHAM TRUCK)	

DO YOU HAVE A FRIEND/RELATIVE WITH A PLOW TRUCK INTERESTED IN WORKING WITH US?

NAME: _____ CONTACT #: _____ RELATION: _____

I UNDERSTAND THAT I AM NOT EMPLOYED BY GRESHAM'S SEASONAL SERVICES, BUT WILL WORK AS A SUBCONTRACTOR UNDER SAID COMPANY, FOLLOWING ALL GUIDELINES GIVEN TO ME.

SIGNATURE: _____

DATE: _____ / _____ / _____