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www.aticket2travel.com
CST#1010000-40

APPLICATION FOR INDEPENDENT CONTRACTOR POSITION

Please Print and fax to 408-532-0872 or email to icinfo@aticket2travel.com

Name: _____

Home Street Address _____

(No P.O. Box please)

City _____ State _____ Zip _____

Phone #'s(Day) _____ (Home) _____

(Travel Business#) _____ (Fax) _____

E-Mail Address _____ Cell Phone _____

Date of Birth: _____ Social Security # _____

Preferred Username: _____ Preferred Password: _____

(To be used for set up with various travel sites, consortium, TRAMS, etc – Both should be alpha-numeric.)

Website address (If applicable) _____

Do you have e-mail access while traveling or out of the office? _____

Would you be interested in linking to our website? _____

Are you selling travel full time or part time? _____

What is your other current occupation(s) _____

What past occupations have you had? _____

Which of the following describes your experience? (Please elaborate when applicable.):

New to the travel industry _____

Familiar to the travel industry _____

Experienced agent building clientele _____

Experienced agent with client following _____

What type of travel have you personally experienced and where have you been? _____

Have you worked in a full service agency before? _____ How long? _____

Have you participated in any travel training programs? _____ If so, please explain _____

Have you attended a travel school? _____ Which program and where? _____

What destination or certification training have you completed?: _____

What is your past travel sales experience? _____

How long have you been selling travel? _____

Are you a member of CLIA? _____ Are you a member of OSSN? _____ How long? _____

What other professional travel groups do you belong to? i.e., ASTA, ARTA, NACOA, NACTA, PATA, CTO, DEMA, etc. _____

Do you have another "Host" agency partner? _____ Name _____

Which host agencies have you previously been affiliated with? _____

Do you have your own business name? _____ How long have you had the name? _____

What is the name? _____

Did you file for a fictitious name? _____ Do you have a business license? _____

Are you familiar with your state and local travel promoter laws? _____

Do you carry E&O (Errors & Omissions) insurance for your travel business? _____

What is the name of the E&O insurance company? _____

If not, do you agree to purchase an E&O insurance umbrella policy through Ticket To Travel at an additional annual cost for coverage? _____ (Approximately \$75.00 per year)

What is your niche or specialty? _____

Do you regularly sell to groups? _____

What is your annual gross income from travel sales?: _____

Are you a CTA, CTC, ACC, MCC or ECC accredited agent? _____ Which ones? _____

What type of support are you looking for in a host agency? _____

Why do you want to accomplish in the travel industry? _____

How and to whom do you plan to market your business to?: _____

How did you hear about Ticket To Travel? _____

Please feel free to add additional information below:

Signed _____, Applicant Date: _____

*Ticket To Travel reserves the right to conduct a background check on any applicant.