



INDEPENDENT CONTRACTOR APPLICATION
THIS APPLICATION IS GOOD FOR 1 YEAR

Applications are considered for all independent contractors, and contractors are treated during the agreement, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination as provided under applicable state and federal law.

PLEASE PRINT and COMPLETE FORM IN ITS ENTIRETY

Date of Application: _____ Position(s) Applied For: _____

Social Security Number ____ / ____ / ____ Date of Birth _____

Applicant Name: _____

Last Name, First Name, Middle Initial

Address: _____

Number, Street, City, State, Zip Code

Telephone: () _____ Cell Number () _____

E-mail _____

Have you filed an application here before? ___ Yes ___ No If yes, give date: _____

Are you employed now? ___ Yes ___ No May we contact your present employer? ___ Yes ___ No

Are you prevented from lawfully becoming employed in this country? ___ Yes ___ No

On what date would you be available for work? _____ Expected Salary: _____

Are you available to work: ___ Full-time ___ Part-time ___ Temporary ___ Per Diem

What days? Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___

Have you ever been convicted of a crime, in this state or any other state? ___ Yes ___ No

List Professional trade, business or civic activities and offices held. (You may exclude those which indicate Race, religion, sex or national origin): _____

Do you currently hold a professional license? ___ Yes ___ No

Type of license: _____ State: _____ Date Obtained: _____ Exp. Date: _____

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Has the license (or any other professional license) ever been suspended, revoked, placed on probation

Or the subject of any disciplinary proceeding; or have you ever voluntarily surrendered your license?

___ Yes ___ No If Yes, please explain: _____

EDUCATION

Please list education or specialized experience, which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, disability or national origin.

School Name Elementary High School College/ Univ. Graduate/ Prof.

Years Completed (Circle)

4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Diploma / Degree _____

Describe Course of Study _____

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities

Name: _____

Location: _____

Length of Course: _____

Was Course Completed: _____?

Subject: _____

General: _____

Special / Skills and Qualifications, including those acquired from employment or other experience:

Employment

Start with your present or last job. Include military service assignment and volunteer activities. Exclude Organization names which indicate for example race, color, religion, sex, disability or national origin.

Employer _____

Dates Employed (FROM) _____ (TO) _____

Address _____

Job Title _____ Hourly Rate/ Salary _____

Supervisor _____ Telephone () _____

Reason for Leaving: _____

Work Performed _____

Employer _____

Dates Employed (FROM) _____ (TO) _____

Address _____

Job Title _____ Hourly Rate/ Salary _____

Supervisor _____ Telephone () _____

Reason for Leaving: _____

Work Performed _____

Employer _____

Dates Employed (FROM) _____ (TO) _____

Address _____

Job Title _____ Hourly Rate/ Salary _____

Supervisor _____ Telephone () _____

Reason for Leaving: _____

Work Performed _____

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Name _____ Telephone Number () _____

Address _____

Name _____ Telephone Number () _____

Address _____

Name _____ Telephone Number () _____

Address _____

Have you ever been convicted of any criminal offense other than minor traffic violations? ___ YES ___ NO

If "Yes", Please explain _____

If you need additional space, please continue on a separate piece of paper. State any additional information you may have that would be helpful to us in considering your application:

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE CONTRACTUAL RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-ATWILL. ANY CHANGES IN THIS CONTRACT RELATIONSHIP MUST BE MADE IN WRITING.

I also understand that any offer of contract may be conditioned upon my participation in a training in-service program and my obtaining a satisfactory score (as determined by the Company) on the training examination. Additionally, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment education and job related activities and I release from all liability all persons, companies and corporations. Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency or other party, with an interest that the Company deems appropriate.

Signature _____ Date _____