



Armstrong Creative Consulting, Inc.

Independent Contractor Application

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, disability and any other classification protected by law.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Company: _____ EIN: _____
(If applicable; please note checks will be made payable to your company if listed here) (If applicable)

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Date of Birth: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Skills / Language(s)

Please indicate which computer programs you are proficient in.

Microsoft Word Microsoft PowerPoint

Microsoft Excel

Please indicate any foreign languages that you can speak, read and/or write.

Language: _____ Speak Read Write

Language: _____ Speak Read Write

In Case of Emergency

CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ E-mail Address _____

Home Phone: _____ Work Phone: _____

In case of emergency, I give my permission to provide any medical treatment, care or attention which I may require.

Signature

Date

Company Information (if applicable)

Please indicate the following for your company (**documentation will NEED to be provided**):

Workers compensation coverage

Exempt from workers compensation coverage

General liability coverage

Releases and Signatures

BACKGROUND INVESTIGATION

As part of the organization's employment procedures, a routine background investigation may be made by an independent consumer-reporting agency. As part of this background investigation, I agree to the following:

- To have my credit record checked for employment purposes.
- To have a criminal record history check.
- To submit to a test for the presence of drugs and/or alcohol.
- To allow a verification of previous employment and personal references.
- To be fingerprinted and to have my fingerprint record processed by law enforcement agencies.

I hereby authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information and further authorize ongoing procurement of the above mentioned reports at any time during my employment. Copies of this authorization are as valid as the original document. I hereby acknowledge that I have read and understand the above statements.

Signature

Date

LIABILITY

I understand that in consideration of the proposed employment and related events, my signature, indicates that I hereby assume all risks and liability (including any and all claims, actions, and judgments and all costs of defense and attorney's fees) in connection with the position and assignments and acts as a full release of Armstrong Creative Consulting, Inc., its clients, its partners, sponsors and its employees. This waiver and release is executed on behalf of the named applicant and shall be interpreted under the laws of the state of Florida.

Signature

Date

AGREEMENT

I certify that my answers *are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

I understand that these procedures could take place prior to or at any time subsequent to my employment.

Unless otherwise indicated, I understand that I am being considered for employment with Armstrong Creative Consulting, Inc. as an independent contractor.

Signature

Date