

THE K16 READY SOCIETY, INC.
 910 COLLIER STREET, SUITE 227
 FORT WORTH, TEXAS 76102
 PHONE:817-885-7907
 FAX:817-887-4521



INDEPENDENT CONTRACTOR APPLICATION INFORMATION

| | | | | | | |
|---|--|------------------------------|-----------------------------|--|------|--|
| Last Name | | First | | M.I. | Date | |
| Street Address | | | | Apartment/Unit # | | |
| City | | State | | ZIP | | |
| Phone | | | E-mail -Address | | | |
| How long have you lived at this address? _____ Years _____ Months | | | | | | |
| Previous address 1 | | | | | | |
| Dates: _____ till _____ | | | | | | |
| Previous address 2 | | | | | | |
| Dates: _____ till _____ | | | | | | |
| Previous address 3 | | | | | | |
| Dates: _____ till _____ | | | | | | |
| Date Available | | Social Security No. | | D.O.B. | | |
| Position Applied for | | | | | | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| License # | | State | | Expiration Date: | | |
| 1. Has your driver's license ever been suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Do you currently have any traffic violation points against you? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Are you currently insured and have unrestricted access to a vehicle with at least \$100,000/\$300,000 liability coverage (required for any position where clients are transported)? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Have you had any accidents in the last three years? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| If you answered YES to any question above (except for question #3) please explain below (Attach a separate page if you need more space to answer questions): | | | | | | |

| | | | | |
|---|---------------------------------|--------------------------------|-----------------|--|
| Have you ever worked for this organization? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |

Are you over 18 years of age? YES NO

When are you available to provide services? (Please check all that apply)

- Full-Time Part-Time Weekends
 Days Evenings

How did you hear about TIPS?

- TIPS Website College/University Indeed.com
 Friend Other _____ TIPS Employee

EDUCATION

| | | | | | | | |
|------------------------------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|
| High School | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| University | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| University | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other (GED, Technical, CLEP. Etc.) | | | | Address | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

Certifications/Licenses-
(Attach proof for verification purposes)

Is your resume attached? Yes No

- Data Entry Yes No N/A
 Word Processing Yes No N/A
 Other Computer Software Yes No N/A

Words per minute: _____

List skills with data entry, word processing, and software below:

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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |

PREVIOUS EMPLOYMENT CONTINUED

| | | | |
|------------------|-----------------|--------------------|--|
| 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

I give permission to The K16 Ready Society, Inc.-Texas Initiative Programs to contact any or all the former employers listed above to verify the information provided.

Signature: _____ Date: _____

CHARACTER REFERENCE

CHARACTER REFERENCE 1

| | | |
|----------------------|--------------------------|-------|
| Name: | How long known? From: | Till: |
| Address: | Phone Number: | |
| Relationship to you: | | |

CHARACTER REFERENCE 2

| | | |
|----------------------|--------------------------|-------|
| Name: | How long known? From: | Till: |
| Address: | Phone Number: | |
| Relationship to you: | | |

CHARACTER REFERENCE 3

| | | |
|----------------------|--------------------------|-------|
| Name: | How long known? From: | Till: |
| Address: | Phone Number: | |
| Relationship to you: | | |

EMERGENCY CONTACT INFORMATION

THE FOLLOWING INFORMATION WILL BE KEPT IN CONFIDENCE AND USED ONLY IN THE EVENT OF A MEDICAL OR OTHER EMERGENCY. PLEASE COMPLETE THIS FORM AND RETURN IT FOR PLACEMENT IN OUR INDEPENDENT CONTRACTOR FILES.

IN CASE OF A MEDICAL OR OTHER EMERGENCY, PLEASE CONTACT THE FOLLOWING INDIVIDUAL:

| | | |
|----------------------|--------------------------|-------|
| Name: | How long known? From: | Till: |
| Address: | Phone Number: Cell: | Home: |
| Relationship to you: | | |

VEHICLE INFORMATION

| | | |
|------------------|--------|--------|
| Make: | Model: | Color: |
| License Plate #: | Year: | |

Please write about your hobbies, interests, special skills, life experiences, volunteer experiences, and career goals that you feel are assets in working with young people and their families.

ADDITIONAL INFORMATION

Government regulations may require that an individual contracting with TIPS, Inc. obtain a criminal background and/or child abuse clearance check. If the services you are contracting for requires such clearances, the originals of such documents must be presented to TIPS, Inc. prior to being granted an Independent Contract. The cost of these documents is borne by the applicant. The documents are only valid if dated less than one year prior to the date of the Provider Agreement.

Have you ever received any such clearances? Yes No

If yes, please list the type of clearance, the law enforcement or governmental agency/state that conducted the check and the date the report was validated:

Type:

Agency:

Date validated:

Please answer the following questions:

Are you currently on probation or parole? Yes No

Are there currently any criminal charges pending against you? Have you ever been convicted of a criminal offense? Yes No

Have you ever forfeited bond or collateral in connection with a criminal charge? Yes No

Have you ever been convicted of fraud? Yes No

Have you ever been convicted of a narcotics offense? Yes No

Have you ever been convicted of any other felony offense? Yes No

Have you ever had an inappropriate sexual relationship with a minor? Yes No

Have you ever been debarred; excluded or otherwise listed as ineligible for participation in a federal and/or state health care program? Yes No

If you answered yes to any of these questions, list offense(s), date(s) of conviction and disposition(s) below:

**THE FOLLOWING SECTION APPLIES TO ALL
INDEPENDENT CONTRACTORS**

Have you ever held a contract with The K16 Ready Society, Inc.-Texas Initiative Programs?

Yes No

If you answered yes, please list the dates and check the reason for termination:

- Contract Terminated Reduction in Contracted Services
 Gross Misconduct Mutual Agreement
 Extended Absence Unsatisfactory Performance

Dates of Independent Contract: From _____ Till _____

I attest that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to contract, or if contracted, dismissal.

I authorize the K16 Ready Society, Inc.-Texas Initiative Programs to contact persons or organizations referenced in this application for the purpose of providing any and all information concerning my previous employment, education or any other information they might have personal or otherwise regarding my suitability for an Independent Contract. I release all such parties from all liability for any damages that may result from furnishing such information.

In consideration for an Independent Contract and my being considered for an independent contract by the K16 Ready Society, Inc.-Texas Initiative Programs, I agree to conform to these rules and regulations of the corporation and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to at any time at the corporation's sole option and without any notice to me.

I further acknowledge that my contract may be terminated, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the K16 Ready Society, Inc.-Texas Initiative Programs or myself.

Independent Contractor's Signature

Date

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|--|------|
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to an Independent Contractor position, I understand that false or misleading information in my application or interview may result in my contract release. | |
| Signature | Date |

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR INDEPENDENT CONTRACTING PURPOSES**

Please Read Carefully Before Signing

DISCLOSURE

In considering you for a contract and, if you become an Independent Contractor, in considering you for subsequent assignment, reassignment, retention or discipline, **The K16 Ready Society, Inc.-Texas Initiative Programs** ("TIPS") may request and/or rely upon one or more consumer reports or investigative reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- A "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, or other personal characteristics which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records.
- An "investigative consumer report" is a consumer report in which information about your character, general reputation, or other personal characteristics is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before TIPS can obtain a consumer report or investigative consumer report about you for contracting purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize TIPS to obtain and rely upon consumer reports, or investigative consumer reports in considering me for a contract and, if I am contracted, in considering me for subsequent assignment, reassignment, and retention, or discipline.

By my signature below, I authorize TIPS to obtain any such reports and to share the information received with any person involved in the contracting decisions about me.

I **do** ___ **do not** ___ authorize you to contact my current employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisor or references in the Employment Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of TIPS.

Independent Contractor Signature

Date

The K16 Ready Society, Inc.-Texas Initiative Programs

PERSONAL DATA

| | | |
|--|---|----------------------------|
| _____ | _____ | _____ |
| Last Name | First Name | Middle Name |
| _____ | | _____ |
| Current Address | | Dates Lived Here |
| Addresses for the Past Seven Years: (Include Street, city, state, zip code) | | Dates of Residence: |
| _____ | | _____ |
| _____ | | _____ |
| _____ | | _____ |
| _____ | _____ | _____ |
| Date of Birth | Other Names Used (include Maiden Name) | Years Used |
| _____ | _____ | _____ |
| Social Security Number | Driver's License # | State |

Email Address (may be used for official correspondence)

I have the right to make a request to IntelliCorp Records, Inc., upon proper identification, to request the nature and substance of all information in its file on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc. has previously furnished within the two-year period preceding my request.

I certify that all the elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews, will be sufficient grounds for rejection of employment or my discharge after employment.

| | | |
|---------------------|---|-------------|
| _____ | _____ | _____ |
| Printed Name | Independent Contractor Signature | Date |

INFORMATION FOR INTELICORP CUSTOMERS ON ADDITIONAL STATE LAW REQUIREMENTS

DISCLAIMER: THE DISCLOSURE AND AUTHORIZATION FORM, AND THE DISCUSSION OF STATE REQUIREMENTS BELOW, ARE NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY IN CONNECTION WITH THE USE OF THESE FORMS OR THE DETERMINATION OF STATE LAW REQUIREMENTS THAT MAY BE APPLICABLE TO YOU. INTELICORP RECORDS, INC. MAKES NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN.

IN ADDITION TO THE FOREGOING DISCLOSURE AND AUTHORIZATION FORM NEEDED TO COMPLY WITH THE FEDERAL FAIR CREDIT REPORTING ACT, VARIOUS STATES IMPOSE ADDITIONAL DISCLOSURE OR OTHER OBLIGATIONS ON EMPLOYERS WHEN THEY OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS ON EMPLOYEES OR APPLICANTS.

THE FOLLOWING IS A SUMMARY OF POSSIBLE STATE REQUIREMENTS.

1. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA, you should add the following language to the end of the Authorization:

You may request a free copy of any consumer report or investigative consumer report we obtain on your by checking the box.

2. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA:

Under California Civil Code §§1786.16 (a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:

We will be obtaining a consumer report from [name, address, and telephone number of the consumer reporting agency]. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

3. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN NEW YORK:

Under Article 25 Section 380-g of the New York General Business Law, if an employer receives a consumer report containing criminal conviction information, the employer must provide the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

ADDITIONAL NOTES:

- A. If you intend to obtain a "credit report" to be used for employment purposes, you should be aware that a number of states have enacted laws to limit the use of such reports, and other states are considering such legislation. A "credit report" is a type of consumer report that contains information on a consumer's credit worthiness, credit standing, or credit capacity. A good source of information about state law restrictions on the use of credit reports for employment purposes is:

<http://www.ncsl.org/issues-research/banking/use-of-credit-information-in-employment-2011-legis.aspx>

- B. A number of states, through statutes or administrative regulations, also impose limitations on employers asking

applicants about arrests and/or convictions. You should review your state's law and regulations in this regard.

Employment Application Background Check (Continued)

With your consent, The K16 Ready Society, Inc.-Texas Initiative Programs may obtain criminal background checks on you from a consumer-reporting agency (CRA) at the time of your application and/or in the future. The Fair Credit Reporting Act (FCRA) requires that Organizations disclose a summary of your rights under the act in a separate document and obtain your authorization to conduct the background check. Enclosed with this application is a document entitled, "A Summary of Your Rights under the Fair Credit Reporting Act".

Did you receive a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act"? Yes No

Do you authorize The K16 Ready Society, Inc.-Texas Initiative Programs to obtain criminal background checks on you at the time of your application and/or in the future? Yes No

Independent Contractor's Signature

Date

*Please note that your signature does not imply consent unless you have checked the boxes marked "Yes" above.

Applicants please note that a conviction is an adjudication of guilt, including a determination before a district justice or a criminal court, resulting in a legal penalty such as a fine, a sentence, or probation. Omit any offense committed before your 18th birthday unless it was not adjudicated in a juvenile court or under a youthful offender law. Conviction(s) of a criminal offense is not a bar to employment in all cases. Each case is considered on its own merits and in relation to applicable state law, performance standards established by contracting authorities, and agency policies. These laws, standards or policies may change from time to time without prior notice.

**THE K16 READY SOCIETY, INC.-TEXAS INITIATIVE PROGRAMS
CONFIDENTIALITY STATEMENT**

I, _____, as an independent contractor of The K16 Ready Society, Inc.-Texas Initiative Programs (TIPS, Inc.) understand that certain information I have access to as part of my contract or other relationship, is confidential. I shall not disclose, or make use of, or knowingly permit the use of, any confidential information, either directly or indirectly. I understand that confidential information cannot be disclosed verbally, in a written document, or by electronic means such as a computer disk or network file.

Confidential information includes case records regarding a client and his or her family, and salary and personal information for TIPS, Inc. Independent Contractors, employees or leased employees. Information regarding TIPS, Inc. grants, contracts and financial records are also regarded as confidential unless the provision of such information is required by federal, state and/or local laws, by court order, by contract with a referring authority or third-party payor, and the provision of such information is defined as part of my services or assignments.

Confidential information may also be information or data so defined to me by a TIPS Director or other TIPS official. Confidential information may only be released upon the proper consent by a client or a person legally representing the client, or upon receipt of a court subpoena.

I further understand that any breach of confidentiality will subject me to appropriate disciplinary action, up to and including termination of the contract or relationship with TIPS, Inc. I also understand that a violation of confidential case records could potentially subject me to civil or criminal liability.

Additionally, where there is reason to suspect that child abuse has occurred, I agree to report it immediately via the appropriate state toll-free child line and to the TIPS Director or Supervisor. Generally, abused child is defined as one who is under 18 years of age; who exhibits evidence of serious physical or mental injury not explained by the available medical history as being accidental; sexual abuse; or serious physical neglect. Specifically, child abuse/neglect is defined by state law.

In reference to child abuse/neglect, the law provides criminal penalties for failure to report. It is the responsibility of each Program Director to have a copy of applicable laws on hand and each Independent Contractor, is responsible for reading and complying with the laws. Whenever a conflict exists between reporting requirements for child abuse/neglect and other confidential records, such as mental health records, the child abuse reporting shall prevail.

I understand that failure to report child abuse/neglect will be subject to appropriate disciplinary action, up to and including termination of my contract or relationship with TIPS, Inc.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____