

INDEPENDENT CONTRACTOR APPLICATION

Class Act Personal Services™



For Official Use Only

Date Received: _____, 20 _____

Reviewed by: _____

Comments: _____

INDEPENDENT CONTRACTOR APPLICATION

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.

Position(s) Applying For: _____

Background Information

Name	Telephone Number _____
Street Address _____	Fax Number _____
(City, State, Zip Code) _____	Email Address _____
Type of Entity (e.g. individual, corporation, partnership, etc.): _____	
Description of Primary Business: _____	SIC (if business): _____
SSN (if individual): _____	EIN (if business): _____
Product/Services Offered (check all that apply)	
<input type="checkbox"/> Consulting <input type="checkbox"/> Professional <input type="checkbox"/> Other	

Additional Information

Are you legally eligible for work in the U.S.A.? Yes No *(if yes, verification will be required)*

Have you ever contracted with Class Act Personal Services before? Yes No
If yes, when?

If yes, please attach previous contract to application.

Do you have [liability][malpractice] insurance? Yes No

If yes, please attach proof of insurance to application.

Do you agree to obtain all licenses that may be required to do business as an independent contractor or self-employed person?
 Yes No

Do you understand that as an independent contractor, you would not be eligible for unemployment benefits at the end of the contract with Class Act Personal Services?
 Yes No

Contracting Request

Anticipated Rates: \$ _____	Hours available (/week): _____
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What is the earliest date you can begin work? _____

Previous Positions

****Please begin with most recent***

Company: _____ Address: _____ _____ Contact: _____ Telephone: _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: _____ Final: _____	Position: _____ Duties: _____ _____	Reason for Leaving: _____
Company: _____ Address: _____ _____ Contact: _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: _____ Final: _____	Position: _____ Duties: _____ _____	Reason for Leaving: _____

Telephone: _____	_____			
Company: _____	Dates of Employment:	Pay or salary	Position: _____	Reason for Leaving:
Address: _____	_____,	Start:	Duties:	_____
_____	_____	_____	_____	
Contact: _____	to	Final:		
Telephone: _____	_____	_____		

Professional References

Name		Title	Contact Info
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Existing Contractual Relationships

**Please list all current independent contractor relationships*

Company: _____	Obligations:	Industry Type:
Address: _____	_____	_____

Contact: _____	Effective Date: _____, _____	Monthly Hours Worked:
Telephone: _____	End of Term: _____, _____	_____
Company: _____	Obligations:	Industry Type:
Address: _____	_____	_____

Contact: _____		Monthly Hours Worked:
Telephone: _____		_____
Company: _____	Obligations:	Industry Type:
Address: _____	_____	_____

Contact: _____		Monthly Hours Worked:
Telephone: _____		_____

Signature / Certification

I certify that the facts set forth in this application are true, complete, and correct to the best of my best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for immediate termination of that contract. I authorize Class Act Personal Services to make any necessary inquiries and investigations into any education, references, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Class Act Personal Services by any of the schools, services, or employers listed on this application.

I also hereby release from liability Class Act Personal Services and its representatives for seeking, gathering, and using such information to make decisions concerning my status as an independent contractor for Class Act Personal Services and all other persons or organizations for providing such information.

THIS IS NOT AN APPLICATION FOR EMPLOYMENT. I understand and agree that if this application is accepted is accepted, my status will be that of an independent contractor and as such, I will be solely responsible for all tax liabilities pertaining to monies received in the course of services I perform.

If I am retained by Class Act Personal Services as an independent contractor I will:

- Not be entitled to workers compensation benefits.
- Not be entitled to unemployment insurance benefits unless unemployment coverage is provided by me or some other entity.
- Be obligated to pay federal and state income tax or any moneys paid pursuant to the Contract relationship.
- Be required to provide professional and liability insurance.

I hereby authorize Class Act Personal Services (CAPS), to have a criminal background check and a drug test performed.

I represent and warrant that I have read and fully understand the foregoing, and that I seek to become an independent contractor under these conditions.

Signature: _____

Date: _____

Class Act Personal Services
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