

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.

APPLYING FOR:

Clinician Student (Intern, Practicum) Instructor Other:

Name:

DOB:

Email:

Mailing Address (City, State, and Zip Code):

Fax Number:

Phone:

Type of Entity (e.g., individual, corporation, partnership, etc):

SIC (if business)

SSN (If individual)

EIN (If business)

Products/Services Offered

(check all that apply):

Consulting

Professional

Other

Anticipated Rates:

Hours Available Per Week:

Earliest Date to Start:

\$

PROFESSIONAL REFERENCES

Name:

Company:

Position:

Contact Info:

PREVIOUS POSITIONS/CONTRACTS

Company:

Phone:

Start Date:

End Date:

Address (Please include City, State, and Zip Code)

Starting Salary:

Final Salary:

Position & Duties

Last Job Title

Reasons for Leaving:

Company:

Phone:

Start Date:

End Date:

Address (Please include City, State, and Zip Code)

Starting Salary:

Final Salary:

Position & Duties

Last Job Title

Reasons for Leaving:

Company:

Obligations:

Industry Type:

Phone:

Address (Please include City, State, and Zip Code)

Starting Salary:

Final Salary:

Position & Duties

Reasons for Leaving:

Company:

Obligations:

Industry Type:

Phone:

Address (Please include City, State, and Zip Code)

Starting Salary:

Final Salary:

Position & Duties

Reasons for Leaving:

EXISTING CONTRACTUAL RELATIONSHIPS

Please list all current independent contractor relationships)

Company:

Obligations:

Industry Type:

Phone:

Address (Please include City, State, and Zip Code)

Monthly Hours Worked:

Effective Date:

End of Term:

Position & Duties

Company:

Obligations:

Industry Type:

Phone:

Address (Please include City, State, and Zip Code)

Monthly Hours Worked:

Effective Date:

End of Term:

Position & Duties

ADDITIONAL INFORMATION

Are you legally eligible for work in the U.S.A.?

Yes

No

Have you ever contracted with Elated before? If yes, when?

Yes

No

Do you have liability and/or malpractice insurance? If yes please attach proof of insurance to application.

Yes

No

Do you agree to obtain any and 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 any contract with Elated?

Yes

No

Do you understand that as an independent contractor, you would be responsible for payment of any and all state and/or federal income taxes, Social Security, self-employment taxes, unemployment taxes, and payroll taxes and you will receive a form 1099 for service provided to Elated you?

Yes No

SIGNATURE/CERTIFICATION

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for immediate denial of my appointment or removal from consideration or, if I have entered into a contract with this company, for immediate termination of that contract. I authorize Elated to make any necessary inquiries and investigations into my education, references, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Elated by any of the schools, services, or employers listed on this application.

I also hereby release from liability Elated and its representatives for seeking, gathering, and using such information to make decisions concerning status as an independent contractor for Elated 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, 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.

I am retained by Elated as an independent contractor I will:

- Not be entitled to worker's compensation benefits.
- Not be entitled to unemployment insurance benefits unless unemployment coverage is provided by me or some other entities.
- Be obligated to pay federal and state income tax on any money paid pursuant to the contract.
- Be required to provide professional and liability insurance.

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