



## **Independent Subcontractor Application and Agreement**

Celtic Consulting, LLC, and MDSRescue, 339 Main Street Torrington, CT 06790, is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

**Personal**

Last Name		First	Middle Initial	Social Security Number or EIN
Other Name(s) Used			Home Phone Number	
Address			Cell Phone Number	
Position Applying For		Referred By		Salary Desired/ Per Diem Rate
Birth Date		Email Address		

Have you ever applied with this Company or its affiliate before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s), and job title(s)
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Are you a Limited Liability Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date acquired company?
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Do you have any relatives employed by the company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name of the relative(s) and:
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Are you under any Employer restrictions, by a current or former employer that will limit your ability to accept assignments:  
 Yes  No

**if yes:** Please detail the restrictions such as geographic locations, specific clients, and expiry date of your restrictions:

*(The Company will require a copy of your Restrictions)*

**Education**

Circle highest grade completed:

High School	9	10	11	12
College,	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			

List any professional designations

Other special knowledge, skills or qualifications

Computer skills (Hardware/Software)

Employment History			
List all employment for the past 10 years, starting with the most recent position. All information <b>must</b> be completed. You may attach a resume, but not in place of completing the required information.			
Employed From: / /	Employer Name:	Supervisor Name:	
Employed Until: / /	Employer Address:	Supervisor Phone:	
Job title:		Reason for leaving:	
Duties and Responsibilities:			
Employed From: / /	Employer Name:	Supervisor Name:	
Employed Until: / /	Employer Address:	Supervisor Phone:	
Job title:		Reason for leaving:	
Duties and Responsibilities:			
Employed From: / /	Employer Name:	Supervisor Name:	
Employed Until: / /	Employer Address:	Supervisor Phone:	
Job title:		Reason for leaving:	
Duties and Responsibilities:			
Employed From: / /	Employer Name:	Supervisor Name:	
Employed Until: / /	Employer Address:	Supervisor Phone:	
Job title:		Reason for leaving:	
Duties and Responsibilities:			

General	
<input type="checkbox"/> Yes <input type="checkbox"/> No	You agree to act as an Independent Subcontractor, representing Celtic/MDSRescue and are responsible for your own employment taxes. Celtic/MDSRescue will not be withholding any payroll taxes from your check.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand that you will receive a form 1099 (not) a W2 at year end?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, do you agree to provide your own transportation and insurance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you fully understand that you are not an employee of Celtic/MDSRescue?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime? If yes, what were the charges: _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	You understand you will be responsible for keeping track of all hours worked and locations, if records do not match job assignments this will cause a delay in processing payment. You will be responsible for invoicing Celtic/MDSRescue for these hours worked via fax or email. Terms for payment will be discussed.

**Certification and Authorization**

The above information is true and correct. I understand that, in the event of any positions/job assignments that are subcontracted to me by the Company shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. I will represent Celtic/MDSRescue when arriving at a position/job assignment not myself.

I authorize the Company to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

Submission of this signed and dated document is to establish an Independent Subcontractor arrangement with the Company. Further, I understand that this independent subcontractor application does not guarantee project assignments of any length, duration, frequency, or regularity and will remain active unless either party takes action to terminate.

The Company reserves the right to modify or terminate an assignment at its sole discretion. Likewise, as an Independent Subcontractor, I retain complete decision autonomy on the type, or the number of projects accepted, am at liberty to provide services on concurrent project work from other Companies, and may terminate the provision of services at will, at any time and for any reason.

Termination of the contract by either party does not absolve the Independent Subcontractor from upholding all responsibilities associated with accepting client work from the Company, up to and including the termination date for all projects assigned.

I hereby acknowledge that I have read and agree to the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date