

Independent Subcontractor Application and **Agreement**

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		dle 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 Dien	n Rate
Birth Date	Email Address			
Have you ever applied with this Company or its affiliate before? ☐ Yes ☐ No			If yes, list date(s),	and job title(s)
Are you a Limited Liability Company? ☐ Yes ☐ No			If yes, date acquired company?	
Do you have any relatives employed by the company or its affiliates? ☐ Yes ☐ No			If yes, list name of the relative(s) and:	
☐Yes ☐ No if yes: Please detail the restryour restrictions: (The Company will require of			s, specific clients, a	and expiry date of
Education				
Circle highest grade comple	eted: High School College, Graduate Studies		9 10 11 12 1 2 3 4	
School	Address	ľ	Major Studies	Degree, Diploma, License or Certificate
High School				
College/University				
List any professional design	nations			
Other special knowledge, s	kills or qualifications			
Computer skills (Hardwa	re/Software)			

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Employment His					
List all employment for the past 10 years, starting with the most recent position. All information must					
be completed. You	may attach a resume, but no	t in place of completing the required information.			
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Employed From:	Employer Name:	Supervisor Name:			
/ /					
Employed Until:	Employer Address:	Supervisor Phone:			
/ /					
Job title:		Reason for leaving:			
Job title.		Reason for leaving.			
Duties and Respons	sibilities:				
Employed From:	Employer Name:	Supervisor Name:			
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Employed Until:	Employer Address:	Supervisor Phone:			
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Job title:					
Duties and Respons	sibilities:				
Employed From:	Employer Name:	Supervisor Name:			
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Employed Until:	Employer Address:	Supervisor Phone:			
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Job title:		Reason for leaving:	Reason for leaving:		
Duties and Respons	zibilities:				
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Employed From:	Employer Name:	Supervisor Name:			
/ /					
Employed Until:	Employer Address:	Supervisor Phone:			
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Job title:		Reason for leaving:			
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D. C. I.D.	19 1917				
Duties and Responsibilities:					
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General				
□ Yes □ No	You agree to act as an Independent Subcontractor, representing MDSRescue and are responsible for your own employment taxes. MDSRescue will not be withholding any payroll taxes from your check.			
□ Yes □ No	Do you understand that you will receive a form 1099 (not) a W2 at year end?			
□ Yes □ No	If hired, do you agree to provide your own transportation and insurance?			
□ Yes □ No	Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?			
□ Yes □ No	Do you fully understand that you are not an employee of MDSRescue?			
	Have you ever been convicted of a crime? If yes, what were the charges:			
□ Yes □ No				
□ Yes □ 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 MDSRescue for these hours worked via fax or email. Terms for payment will be discussed.			
Certification a	nd 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 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			