



Independent Contractor Application

Name _____ Date _____

Independent Contractor (IC) Conditions of Contract Requirements

Please turn in copies of the following with application

Prior to Placement:

- Copy of Current Driver's License
- Proof of Professional Liability Insurance
- Proof of Auto Insurance (For all automobiles that transport person receiving services)
- Vehicle registration
- Vehicle Safety Inspection
- Proof of Homeowners or Renters Insurance
- Proof of Rabies vaccination for all dogs/cats in the home (If Applicable)
- Current QMAP/Medication Administration Certification
- Current CPR/First Aid Certification
- Proof of trade name
- Declaration of Independent Contractor Status Form (provided by Shiva)
- I9 Form (Provided by Shiva)



Independent Contractor Application

Date _____

First Name _____ Middle _____ Last _____

Street Address _____

City _____ State _____ ZIP _____

Home # _____ Cell# _____ Email Address _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Have you ever been convicted of a felony or a crime that had to do with violence, drugs, or forgery?
 Yes No

If yes, please describe conditions.

Are you willing to submit to a background check, and expect very few negative occurrences if any? _____

Are you presently employed or contracted? Yes No

Explanation: _____

| Which services are you able to support? | Yes | No | Unsure |
|--|-----|----|--------|
| Host home in your personal residence | | | |
| Respite in your personal residence | | | |
| Respite in Person Receiving Services' residence. | | | |
| 24 hours, Line of sight supervision | | | |



How many years of Host Home experience do you currently possess (if any)? _____

Have you ever worked with anyone that is considered intellectually and developmentally disabled? If so, please explain.

Do you currently have individuals in service residing in your home under contract or under the Family Care Act? If so, how many and what agencies are they with?

Has the agency or agencies that you are currently contracted with been notified that you are applying with other agencies. If applicable, please note all agencies. Please explain. _____

Do you have an adequately sized bedroom available for an individual to comfortably reside in?

Yes No

Education

School Name and Location

Year

Major

High School _____

College _____

Other Trainings _____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?



| Are you experienced in working with or managing the following medical conditions? | Yes | No | Unsure |
|--|------------|-----------|---------------|
| Seizure Disorders | | | |
| Celiac Disease | | | |
| Diabetes | | | |
| Hyper Tension/High Blood Pressure | | | |
| Wound Care | | | |
| Constipation | | | |
| Incontinence | | | |
| Cerebral Palsy | | | |

Are there any other medical conditions that you have experience working with that you would like to tell us about?

Out of the above medical conditions, list the ones you will **NOT** work with.

| Do you have experience working with individuals with the following mental health conditions, disabilities and behavioral traits? | Yes | No | Unsure |
|---|------------|-----------|---------------|
| Autism | | | |
| Schizophrenia | | | |
| Obsessive Compulsive Disorder | | | |
| Mood Disorders | | | |
| Pica | | | |
| Anxiety | | | |
| Violent or Destructive Behaviors | | | |
| Stealing Behaviors | | | |



Please describe your experience working with the mental health conditions, disabilities and behavioral traits you selected. Feel free to note methods of behavioral intervention as well, if it applies.

Out of the above mental health conditions, disabilities and behavioral traits, list the one's you will **NOT** work with.

Please describe how and why an individual in service would enjoy living in your home, and how you would help them develop and prosper.

Employment History (Start with most recent employer. If more space is needed, please attach a separate sheet. Please also list contracting positions you held.)

Company Name _____

Address _____ Telephone _____

Name of Supervisor _____

May we contact? Yes No Date of employment: To: _____ From _____

Position and Responsibilities



Reason for leaving:

Company Name _____

Address _____ Telephone _____

Name of Supervisor _____

May we contact? Yes No Date of employment: To: _____ From _____

Position and Responsibilities

Reason for leaving

Company Name _____

Address _____ Telephone _____

Name of Supervisor _____

May we contact? Yes No Date of employment: To: _____ From _____

Position and Responsibilities

Reason for leaving

References

List **3 professional** references, **not related to you**, and one personal who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____



Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Emergency Contact

In case of emergency, please notify:

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

Anyone who knowingly and willfully makes a false statement of any material fact or thing on this application or during the approval process is guilty of perjury in the second degree as defined in section 18-8-503, C.R.S., and upon conviction thereof shall be punished accordingly.

I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

