

**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.

**Potential Contractor Questionnaire**

Name:	
Telephone Number:	Fax Number:
Street Address:	
City, State, Zip Code:	
Email Address:	
Are you 21 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Entity (e.g., trade name, individual, corporation, partnership, etc.):	
Description of Primary Business:	
SSN (if individual): EIN (if business):	
Products/Services Offered:	
Have you ever contracted with Pueblo Diversified Industries before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach previous contract to application	
Do you have liability insurance currently? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach proof of insurance to application	
Do you have a reliable vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach proof of vehicle insurance.	
Do you agree to obtain any and all licenses that may be required to do business as an independent contractor or self-employed person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you understand that as an independent contractor, you would not be eligible for unemployment benefits at the end of any contract with Pueblo Diversified Industries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you understand that, as an independent contractor, you would be responsible for payment of any and all state and/or federal income, Social Security, self-employment taxes, sales and use taxes, unemployment taxes, and payroll taxes and you will receive a form 1099 for service provided to Pueblo Diversified Industries by you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contracting Request Anticipated Rates: \$ Hours available (/week):	
What is the earliest date you can begin work?	
Current on First Aid and CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes please attached copies of the certification.	
Current on QMAP? <input type="checkbox"/> Yes <input type="checkbox"/> No If, Yes please attached copies of the certification.	
Did you graduate high school / receive GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach copy.	

**Previous Positions**

Company:	
Address:	
Contact Person:	Contact Number:
Dates of Employment:	
Pay or Salary:	
Start Date:	End Date:
Position:	
Duties:	
Reason for Leaving:	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company:	
Address:	
Contact Person:	Contact Number:
Dates of Employment:	
Pay or Salary:	
Start Date:	End Date:
Position:	
Duties:	
Reason for Leaving:	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company:	
Address:	
Contact Person:	Contact Number:
Dates of Employment:	
Pay or Salary:	
Start Date:	End Date:
Position:	
Duties:	
Reason for Leaving:	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	