Independent Contractor Application

Please be advised that the information requested below will be kept confidential. **This application is not a guarantee that you will receive a contract.**All payments received in a twelve (12) month period that total \$600.00 or more will be reported to IRS as MISCELLANEOUS INCOME (Form 1099).

Name:	Social Security#
Address:	·
(Street) (Apt. No.) (City) (S Telephone:	itate) (Zip)
(Residence) (Business) Ma	ay we call you? () yes () no
	/11/12 1234 Graduate Hrs ge Graduate Degree (s)
LIST CURRENT PROFES	SIONAL LICENSES OR CERTIFICATES:
LIST SKILLS YOU CAN PI	ROVIDE:
WORK EXPERIENCE (Res	sume can be attached)
Type the WORK ASSIGNM	MENT YOU WILL ACCEPT:
() permanent full-time () p	permanent part-time () temporary () project by project
WORD PROCESSING: ()) Math, () English, () Science, Grade Levels, straight; ()creative; () general; () correspondence only IT: () research; () phone calls; () drafting; () Other ON:
Signature	 Date