

# APPLICATION FOR INDEPENDENT CONTRACTOR

Estella's Brilliant Bus, A Class Act Learning Center is a non-profit 501(c)(3) organization is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity or expression, marital or familial status, veteran status, genetic information or other protected status. This organization is committed to the fair and equal employment of individuals with disabilities. If you have a disability that may require a reasonable accommodation to participate in the application process, please contact the us at (561)985-1889 for more information.

**INSTRUCTIONS: ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY.**

*Print "N/A" in any space that does not apply to you.*

**INCOMPLETE APPLICATIONS ARE CONSIDERED WITHDRAWN**

I. PERSONAL INFORMATION			
Name: Last MI	First	Position Applied For:	Date:
Current Address:	Apt. No:	City:	State: Zip:
Previous Address:	Apt. No:	City:	State: Zip:
Home Number:	Cell Number:	Email Address:	
Can you, upon employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been employed <b>any</b> nonprofit organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when?			
Do you have relatives that work for this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes list their full name(s):			
Have you ever been bonded by a company for personal acts of dishonesty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of, or pleaded guilty, adjudication withheld, or <i>nolo contendere</i> to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently awaiting trial, sentencing or other disposition of a criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to any of the above three questions, please state date, type of crime, place of occurrence, disposition and penalty imposed:			
Note: Conviction of a crime will not necessarily disqualify you from employment. Each conviction will be reviewed based on its own merit with respect to time and job relatedness.			
II. EDUCATION			
School Level	Name and Location of School	Did you graduate	Degree/certification received
High School			
College			
Other			
III. WORK EXPERIENCE Please begin with the most recent – must include at least 5 years of employment			

Thank you for completing this application form and for your interest in employment with us. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you. Applications will not be considered active after 90 days from date of application unless renewed, in writing, by the applicant at this location. Incomplete applications will not be considered.

	Most recent employer	Previous Employer	Previous Employer	
Company Name:				
Company Phone Number:				
Company Address:				
Starting/Ending Rate of Pay:				
Start Date and End Date:				
May we contact your supervisor? If not, why?				
Supervisor Name and Title:				
Summarize job responsibilities:				
Reason(s) for leaving:				
If you were terminated or asked to resign, please explain:				
<b>IV. EMPLOYMENT GAPS:</b> Explain any gaps that you were unemployed during the past 10 years, other than due to personal illness, injury or disability.				
<b>V. REFERENCES List</b> name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors.				
Name	Title/Company	Relationship to you	Phone Number	Years known
1.				
2.				
3.				
<b>VI. JOB SKILLS AND QUALIFICATIONS Summarize</b> any special training, skills, licenses and/or certificates that you hold				
CDL: provide copy INSURANCE: provide copy				

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**PLEASE READ CAREFULLY – INDEPENDENT CONTRACTOR APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

I understand that the Estella's Brilliant Bus organization may attempt to verify statements made on my application and made during my employment interview. When contacted by the organization I give permission for my former employers and others to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of the organization's review of this application I agree to release, indemnify and hold harmless all persons and other entities (third parties) providing the information requested by the organization, their agents, officers or employees. I also agree to release, indemnify and hold harmless the organization and their agents, officers and employees from any and all liability in connection with its conducting such investigation as it deems appropriate and the use of the information received from Third Parties. I understand that my failure to sign this reference release so that the organization can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment. I further agree to hold harmless and indemnify the organization, and its agents, officers and employees from any and all liability that may be caused by the organization relying on inaccurate information.

I understand that the Estella's Brilliant Bus organization requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment form may be considered sufficient cause for dismissal, if and when discovered. The use of this application form does not indicate there are positions open and does not in any way obligate the organization.

I authorize personal references as well as developed references, other persons, companies, corporations, schools, and law enforcement agencies to furnish to the organization and/or its agents or representatives any information they have concerning me. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation. I understand that prior to obtaining any information from a credit reporting service, the organization must first obtain my written consent in a disclosure separate from this application. I understand that the organization shall treat all this information in a confidential manner.

I understand that if I am employed by the organization, I must conform to the rules of the organization. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that the Organization has a similar right. I understand my employment by the Organization does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when required by the Organization I understand that no one other than the Executive Director of the Organization has authority to make any other agreement.

I understand that I may be required to submit to drug testing now or at any time in the future and I agree to such testing. I also understand that I may be required to submit to a medical evaluation. Moreover, I understand that my failure or refusal to undergo such testing will result in the withdrawal of my employment application.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon the Organization's ability to verify this necessary information.

I understand that if I am hired, confidential information regarding the Organization, and/or its customers and employees, may be available to me and that this information must not be disseminated or used except for the Organization's benefit. If employed, I agree to keep all information about the Organization, including such information regarding its business methods, protocols, customers and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without the Organization.

Signature:

Date: