



INDEPENDENT CONTRACTOR APPLICATION

Please complete this application to serve as a contractor for the Early Learning Coalition of Southwest Florida (Coalition). The Coalition is an equal opportunity organization. All contracting decisions are made without regard to race, color, religion, sex, national origin, citizenship, age, or disability and are made solely based on applicant qualifications.

Contract applying for: _____

BACKGROUND INFORMATION				
Full Name (First, Last, MI)			Maiden Name	
Street Address		City		State
Home		Mobile		Fax
Email Address			County of Residence	
What languages do you speak proficiently?				
What is your highest level of education?				
SIC (If Business)		SSN (If Individual)		EIN (If Business)
Products/Services Offered				
<input type="checkbox"/> Consulting <input type="checkbox"/> Professional <input type="checkbox"/> Other				
CONTRACTING REQUEST				
In which counties in Florida are you willing to travel from your home address to provide products/services?				
Anticipated Rate(s) \$\$		Hours Available Per Week		Earliest Date You Can Begin Work
CERTIFICATIONS				
Early Childhood			Professional	
Cert:	Age Level	Expiration	License/Cert.	Expiration/Renewal
CLASS				
MMCI				
Other: _____				
Other: _____				
Other: _____				
Experience (Years, systems used (WELs), coaching & observations, etc.):			Experience:	



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PROFESSIONAL REFERENCES			
Name:	Company:	Position:	Phone #:

EMPLOYMENT HISTORY - Be sure to demonstrate at least 3 years of related work history, even if that means including more than three years of overall work experience. If self-employed, please indicate your name or your business name (if applicable) for Name of employer.			
Name of Current Employer		Employed	
		From	To
Address of Employer			
Job Title:		Department	
Describe aspect of the job (if applicable)			
Name of Supervisor	Email Address	Phone Number	
Reason for leaving?		Starting Salary	Ending Salary

Name of Current Employer		Employed	
		From	To
Address of Employer			
Job Title:		Department	
Describe aspect of the job (if applicable)			
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Name of Current Employer		Employed	
		From	To
Address of Employer			
Job Title:		Department	
Describe aspect of the job (if applicable)			
Name of Supervisor	Email Address	Phone Number	
Reason for leaving?		Starting Salary	Ending Salary

EXISTING CONTRACTUAL RELATIONSHIPS *(Please list all current independent contract relationships)*

Company		Contact	
Address			
Obligations		Industry Type	
Phone	Effective Date	End of Term	Monthly Hours Worked

Company		Contact	
Address			
Obligations		Industry Type	
Phone	Effective Date	End of Term	Monthly Hours Worked

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ADDITIONAL INFORMATION	
Are you legally eligible to work in the U.S.A?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever contracted with the Coalition before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____	
Do you have liability/malpractice insurance <i>(if yes, attached proof to this application)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that as an independent contractor, you would not be eligible for benefits at the end of any contract with the Coalition?	<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 taxes, Social Security, self-employment taxes, unemployment taxes, and payroll taxes and you will receive a form 1099 for service provided to the Coalition by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note:
If you need to add more employer contractual relationships, please attach them on a separate sheet and submit it along with your application.



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SIGNATURE AND CERTIFICATION

I understand that, if I am contracted to provide products or services, any misrepresentation or material omission made on this application will be sufficient cause for cancellation of any contracting agreements with the Early Learning Coalition upon discovery.

Release of Information: I give full consent to the Early Learning Coalition to contact and obtain information from all references, employers, educational institutions and otherwise to verify the accuracy of the information contained in this application. I fully authorize my past employers, all designated references, and any other persons to answer all questions asked concerning my employment history and abilities. I release the Early Learning Coalition and its representatives from liability in obtaining and using such information.

Finally, I understand that I am required to abide by all rules and regulations of the Early Learning Coalition in the event that I am offered and accept a contract with the organization.

I represent and warrant that I have read and fully understand the foregoing, and that I seek to become and independent contractor under these conditions.

Signature: _____ Date: ____/____/____