

Name \_\_\_\_\_



**INDEPENDENT CONTRACTOR APPLICATION**

This application must be completed in full. Mail to:  
Improvement Zone, 699 Bestgate Rd., Annapolis, MD 21401

Today's Date: \_\_\_\_\_ Work Hours Desired:  Full time  Part Time Date Available: \_\_\_\_\_

Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_ SS# \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager or other: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If not listed above, list all counties lived in during the last 7 years: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vehicle:  Truck  Van  SUV  Car Year: \_\_\_\_\_ Make, Model: \_\_\_\_\_

Type of insurance coverage: \_\_\_\_\_ Provider: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you have any physical or mental limitations that would prevent you from performing your trade skills at a customer's home or office?  Yes  No If yes, please explain: \_\_\_\_\_

Do you currently use illegal drugs/controlled substances or misuse medication(s)?  Yes  No

Do you abuse alcohol?  Yes  No Are you willing to take a drug/alcohol test?  Yes  No

If no, please explain: \_\_\_\_\_

Since the age of 18 have you been convicted of a misdemeanor or felony crime?  Yes  No

If yes, please explain: \_\_\_\_\_

In the last seven (7) years have you plead or been adjudicated of a criminal offense in a court of law?

Yes  No If yes, please explain: \_\_\_\_\_

High School: \_\_\_\_\_ City: \_\_\_\_\_ Graduate?  Yes  No  GED

Trade School: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Years attended: \_\_\_\_\_ Graduate?  Yes  No Certificate/Degree: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_ Major: \_\_\_\_\_

Years attended: \_\_\_\_\_ Graduate?  Yes  No Degree: \_\_\_\_\_

Other training: \_\_\_\_\_ Certificate: \_\_\_\_\_

Name

Do you have a Trade License?	Electrical: <input type="checkbox"/> Journeyman <input type="checkbox"/> Master	License #: _____
	Plumbing: <input type="checkbox"/> Journeyman <input type="checkbox"/> Master	License #: _____
	Other: _____	License #: _____
Liability Insurance Provider: _____	Coverage Amt.: _____	#Claims last 5 years _____
Have you served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Service: _____	
Branch of Military: _____	Type of Discharge: _____	
Military Duties: _____		
<b>Work History - (List the last three (3) places of employment, beginning with the most recent)</b>		
Name & Address of Employer		Type of Employment:
		Telephone Number:
Dates of Employment:	Starting Title:	Present or Last Title:
From To		
Name of Supervisor:	May we contact:	Starting pay: Present /Last Pay:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ per \$ per
Describe Duties:		
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Dismissed <input type="checkbox"/> Laid off Other <input type="checkbox"/>		
<b>Work History - (List the last three (3) places of employment, beginning with the most recent)</b>		
Name & Address of Employer		Type of Employment:
		Telephone Number:
Dates of Employment:	Starting Title:	Last Title:
From To		
Name of Supervisor:	May we contact:	Starting Pay: Last pay:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ per \$ per
Describe Duties:		
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Dismissed <input type="checkbox"/> Laid off Other <input type="checkbox"/>		
<b>Work History - (List the last three (3) places of employment, beginning with the most recent)</b>		
Name & Address of Employer		Type of Employment:
		Telephone Number:
Dates of Employment:	Starting Title:	Last title:
From To		
Name of Supervisor:	May we contact:	Starting Pay: Last pay:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ per \$ per
Describe duties:		
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Dismissed <input type="checkbox"/> Laid off Other <input type="checkbox"/>		

IMPROVEMENT ZONE, LLC 699 BESTGATE ROAD ANNAPOLIS, MD 21401

[www.improvement-zone.com](http://www.improvement-zone.com)

[info@improvement-zone.com](mailto:info@improvement-zone.com)

877-EZ-IMPROVE

877-394-6776

443-221-4663 (LOCAL)

443-597-0097 (fax)

Name \_\_\_\_\_

How many years have you worked in customer's homes? \_\_\_\_\_

Have you ever worked alone?  Yes  No If yes, when? \_\_\_\_\_

Are you available to work: Nights?  Yes  No Saturdays?  Yes  No Sundays?  Yes  No

TRADE AREA	EXPERIENCE List # of years in each trade area	Rate Your Skill Level (1-10) In Each Trade Area 1= low skill 10=high skill	Comments/Details
Carpentry – Rough			
Carpentry – Finish			
Carpet			
Ceramic Tile			
Drywall – Hang			
Drywall – Finish			
Drywall – Patch			
Electric			
Masonry			
Paint – Interior			
Paint – Exterior			
Plumbing			
Remodeling			
Sheet Vinyl			
Wallpaper			
Other			
Other			
Other			

Do you have the tools required to work the trade areas listed above?  Yes  No  Some

I need the following tools to work the trade areas listed above: \_\_\_\_\_

Rate your ability to accurately estimate the time and materials needed to complete a job:

Poor  Fair  Good  Excellent

Have you ever NOT been paid for work you have done?  Yes  No If yes, explain: \_\_\_\_\_

Name \_\_\_\_\_

What part of the job do you like the most?
What part of the job do you like the least?
<b>REFERENCES – List three (3) customers you have worked for in the past two (2) years:</b>
Name: _____ Phone: _____
Address: _____
Type of work: _____
Name: _____ Phone: _____
Address: _____
Type of work: _____
Name: _____ Phone: _____
Address: _____
Type of work: _____

I hereby certify that the information in this application is true and complete to the best of my knowledge. I understand that providing false or incomplete information on this form is sufficient cause for disqualification from further consideration or, if I am engaged as an independent contractor, subsequent termination of that relationship.

I authorize Improvement Zone, LLC (the "Company") to make a reasonable investigation of my personal and employment history and authorize any former employer, customer, person, firm, corporation, credit agency, or government agency to give the Company any relevant information they may have regarding me. I understand that it is normal practice of Improvement Zone to conduct criminal background checks on all independent contractors. In consideration of Improvement Zone's review of this application, I release the Company and all providers of information from any liability as a result of furnishing or receiving this information.

I further agree that if I perform work for Improvement Zone as an independent contractor and for the duration of my independent contractor relationship, I will comply with the Company's operating procedures and practices that pertain to my independent contractor's relationship with the Company.

**READ THE ABOVE CAREFULLY, SIGN AND DATE THE APPLICATION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Improvement Zone, LLC is an EOE.