

# Independent Contractor/Employee Application

How did you hear of our agency? \_\_\_\_\_

You may attach your resume to this application if you have additional information.

Check which service(s) you are interested in providing:

Office     Provider     Dayhab     Waiver Home

Name \_\_\_\_\_

Maiden name, any previous married names, and any alias \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE NOTE:** Family Resource Center will request reference checks from employers and/or personal reference.

**EMPLOYMENT HISTORY. Start with present/most recent position.**

ORGANIZATION \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone# \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Your name at time of employment \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone# \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Your name at time of employment \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone# \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Your name at time of termination from this employment \_\_\_\_\_

**PERSONAL REFERENCE (other than a family member)**

Personal Reference Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone# \_\_\_\_\_

Your name at time of acquaintance with this individual \_\_\_\_\_

**PLEASE CHECK:**

I am a citizen or national of the United States.

I am a lawful Permanent Resident.

I am an alien authorized to work.

**PLEASE NOTE:** If you are offered a contract to provide services, we have the right to ask for proof of employment eligibility or citizenship.

Last Revised 3/2022

Family Resource Center, 502 W. 7<sup>th</sup> Street, Carroll, IA 51401

# Independent Contractor/Employee Application

**PLEASE COMPLETE:**

Do you have a current Iowa Driver's License?  Yes  No (if no, please explain)

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Do you have current Automobile Liability Insurance?  Yes  No (if no, please explain)

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Have you ever been arrested or convicted of a Criminal Offense?  Yes (if yes, please explain)  No

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Have you ever been arrested or convicted of an Abuse Offense?  Yes (if yes, please explain)  No

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Do you give permission to Family Resource Center to obtain your Criminal background check? This information will be sent to Family Resource Center and maintained in your provider file.  Yes  No

(If no, please explain) \_\_\_\_\_

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**EXPERIENCE** - Applicants must have at least one year experience with individuals who have mental and/or physical disabilities. Please describe your experience and include the dates of that experience.

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**SPECIAL TRAINING AND INTERESTS - Please check all that apply.**

- Interested in supporting individuals with cooking and kitchen safety skills.
- Interested in supporting individuals with their money and making purchases.
- Interested in supporting individuals with budgeting funds and balancing their checkbook.
- Interested in supporting individuals with housekeeping and home safety skills.
- Interested in supporting individuals with appropriate social skills in the community and with friends.
- Interested in supporting individuals with planning and participating in community activities.
- Interested in providing respite activities and care for consumers.

Sign language  Language other than English: \_\_\_\_\_  
 Communication devices  Lifting devices  
 CPR certification  First Aid certification  
 Child & Dependent Adult Abuse Reporting certification  
Other: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_