



Supporting the Needs of Friends With Intellectual and Developmental Disabilities Through Services and Support
11851 Saulsbury Street Broomfield, Colorado 80020
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Phone: 303-404-0123 Fax: 303-404-0132

Independent Contractor Application (HILLS TRAVEL)

DATE _____

Name (last) _____ (first) _____ (middle) _____

Present Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____

Email _____

What motivates you to be an independent contractor and to support people while they travel?

What skills or qualities do you have that would make you a good travel companion? _____

Please list any relevant trainings you have taken that would correlate to your responsibilities as a Host Home Provider.



Have you provided services to HILLS previously? _____

Do you have any other obligations that would preven you from travelling?

When would you be available to begin providing services? _____

Is there anything else you want us to know? _____



Have you or any members of your family ever been convicted of a crime that resulted in plea of guilty, no contests deferred prosecution or conviction of any law violation (except minor traffic violations)? Yes ___ No ___.

If yes, list for each conviction (1) Date of offense; (2) Charge; (3) Jurisdiction; (4) Court name and (5) Disposition.

Have you or any members of your family ever been involved in an incident involving child/elder/person with disabilities abuse, or child/elder/person with disabilities neglect? Yes ___ No ___

If yes, please explain:

A background check will be conducted on applicants selected as Host Home Providers as well as on all members of your household over the age of 18.

Do you have a Drivers License? Yes ___ No ___

State of issue _____ ___ Operator ___ Commercial (CDL) Expiration: _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

Education

Name of school Location Number of years completed Major/Degree

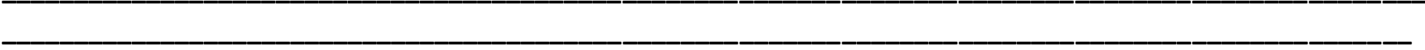
High school _____

College _____

Trade School _____

List any professional designation _____

Other special knowledge, skills or qualifications





References – we need to have at least 3 references total between employers and personal.

Please list two references other than relatives or previous employers.

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Employment History – or attach resume with all information

Employer Name (1) _____

Employer Address _____

Employed From: _____ **Until:** _____

Supervisor's Name: _____ **Supervisor's Phone #** _____

Supervisor/Employer's Email: _____

Reason for leaving: _____

Job Title: _____

Duties: _____

Employer Name (2) _____

Employer Address _____

Employed From: _____ **Until:** _____



Supervisor's Name: _____ Supervisor's Phone # _____

Supervisor/Employer's Email: _____

Reason for leaving: _____

Job Title: _____

Duties: _____

May we contact your current employer for references? ____Yes ____No

CERTIFICATION & AUTHORIZATION

I certify that the information in this application is true and complete. I understand that in the event of my contracting with FRIENDS, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the contracting process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize FRIENDS to inquire into my educational, professional and past employment history referenced as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to FRIENDS and will hold FRIENDS and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize FRIENDS to obtain any credit and consumer check. I understand that FRIENDS will provide a separate Disclosure and Release required by law that will permit FRIENDS to make such inquires through the services of a third party.

If contracted, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986.

I hereby acknowledge that I have read and agree to the above statements.

Signature _____ Date _____

