

**INDEPENDENT CONTRACTOR INFORMATION
(ENTITY)**

COMPANY NAME _____

TYPE OF COMPANY _____

PRINCIPAL OFFICER _____

TITLE _____

ADDRESS _____

TELEPHONE NUMBER _____

ALTERNATE
TELEPHONE NUMBER _____

FEDERAL EMPLOYER
IDENTIFICATION NO. _____

BRIEF DESCRIPTION OF YOUR WORK EXPERIENCE

HAS THE PRINCIPAL OFFICER EVER BEEN CONVICTED OF A FELONY?

YES / NO

(IF YES, EXPLAIN ON THE BACK OF THE SHEET)

YOU UNDERSTAND AND AGREE THAT WE MAY PERFORM A BACKGROUND CHECK, INCLUDING A CRIMINAL BACKGROUND CHECK, ON THE PRINCIPAL OFFICER OF THE COMPANY. BY SIGNING BELOW, YOU AGREE TO SUCH A CHECK.

Signature

Date