

Alvarez and Suarez Support, Inc

11900 Biscayne Blvd, Suite 503 – Miami, FL 33181

Phone: (305) 893-4510 – Fax: (305) 893-3191

www.waivercare.com

For Official Use Only

Date Received: _____ day of _____

Reviewed by: _____

Comments: _____

Independent Contractor Application

Applications are considered for all independent contractors, and contractors are treated during the agreement, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination as provided under applicable state and federal law.

Position(s) Applying For: _____

Background Information

Name:	SSN:	Date of Birth:
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Name of Entity: (Corporation, S Corporation, Partnership, etc.):	EIN:
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Street Address: _____

(City, State, Zip Code):	Telephone Number:
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E-mail Address: _____

Certifications (check all that apply):

- Home Health Aide Certified/Noncertified Nursing Asst Patient Care Technician
 High School Diploma or equivalent Other _____

Languages (check all that apply):

- English Spanish Kreyòl Other _____

Additional Information

Are you legally eligible for work in the U.S.A.? Yes No
 (if yes, verification will be required)

Have you ever contracted with Alvarez and Suarez Support, Inc before? Yes No
 If yes, when? _____ If yes, please attach previous contract to application.

Do you have [liability][malpractice] insurance? Yes No
 If yes, please attach proof of insurance to application

Do you agree to obtain any and all licenses that may be required to do business as an independent contractor or self-employed person?
 Yes No

Do you understand that as an independent contractor, you would not be eligible for unemployment benefits at the end of any contract with Alvarez and Suarez Support, Inc?
 Yes No

Do you understand that, as an independent contractor, you would be responsible for payment of any and all state and/or federal income, Social Security, self-employment taxes, sales and use taxes, unemployment taxes, and payroll taxes and you will receive a form 1099 for service provided to Alvarez and Suarez Support, Inc by you?
 Yes No

Contracting Request

Hours available (week):	What is the earliest date you can begin work?
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Previous Positions (*Please begin with most recent)

Company:	Address:	
Contact:	Telephone:	Dates of Employment:
Position:	Pay or salary	Reason for Leaving:
Company:	Address:	
Contact:	Telephone:	Dates of Employment:
Position:	Pay or salary	Reason for Leaving:
Company:	Address:	
Contact:	Telephone:	Dates of Employment:
Position:	Pay or salary	Reason for Leaving:

Professional References

Name	Title	Contact Information

Existing Contractual Relationships

**Please list all current independent contractor relationships*

Company:	Address:		
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Contact:	Telephone:	Industry Type:	
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Position:	From:	To:	Hours per Month worked
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Company:	Address:		
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Contact:	Telephone:	Industry Type:	
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Position:	From:	To:	Hours per Month worked
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Company:	Address:		
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Contact:	Telephone:	Industry Type:	
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Position:	From:	To:	Hours per Month worked
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Signature / Certification

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for immediate denial of my appointment or removal from consideration or, if I have entered into a contract with this company, for immediate termination of that contract. I authorize Alvarez and Suarez Support, Inc to make any necessary inquiries and investigations into my education, references, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Alvarez and Suarez Support, Inc by any of the schools, services, or employers listed on this application. I also hereby release from liability Alvarez and Suarez Support, Inc and its representatives for seeking, gathering, and using such information to make decisions concerning my status as an independent contractor for Alvarez and Suarez Support, Inc and all other persons or organizations for providing such information.

THIS IS NOT AN APPLICATION FOR EMPLOYMENT. I understand and agree that if this application is accepted, my status will be that of an independent contractor and as such, I will be solely responsible for all tax liabilities pertaining to monies received in the course of services I perform.

If I am retained by Alvarez and Suarez Support, Inc as an independent contractor I will:

- Not be entitled to workers compensation benefits.
- Not be entitled to unemployment insurance benefits unless unemployment coverage is provided by me or some other entity.
- Be obligated to pay federal and state income tax on any moneys paid pursuant to the contract relationship.
- Be required to provide professional and liability insurance.

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

Signature:	Date:
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