



Independent Contractor Application

Background Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_
Last First M.I.

Address: \_\_\_\_\_
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ SSN (if individual): \_\_\_\_\_ EIN (if business): \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Type of Entity (e.g., individual, corporation, partnership, etc.): \_\_\_\_\_

Products/Services Offered (check all that apply):

- Consulting
Professional
Other

Are you legally eligible for work in the U.S.? YES NO

Have you ever contracted with Mounted-UP before? YES NO If yes, when?

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 will not be eligible for unemployment benefits at the end of any contract with Mounted-UP?

YES NO

Do you understand that, as an independent contractor, you would be responsible for payment of all state/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 Mounted-UP by you?

YES NO

Have you ever been convicted of a felony?    YES    NO  
       

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

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES    NO  
            Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES    NO  
            Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    YES    NO  
            Degree: \_\_\_\_\_

**Professional References**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Previous Positions**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
     

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
     

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
     

**Disclaimer and Signature**

*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 Mounted-UP 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 Mounted-UP by any of the schools, services, or employers listed on this application. I also hereby release from liability Mounted-UP and its representatives for seeking, gathering, and using such information to make decisions concerning my status as an independent contractor for Mounted-UP 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 during services I perform. If I am retained by Mounted-UP 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: \_\_\_\_\_