

Ladder Assist Team LLC

Please provide a company phone number and list your immediate supervisor at each job, your salary, duties performed and reason for leaving.

REFERENCES:

Name: _____ Years known: ____

Relationship to you: _____ Phone: _____

Name: _____ Years known: ____

Relationship to you: _____ Phone: _____

Name: _____ Years known: ____

Relationship to you: _____ Phone: _____

Do you carry a General Liability Policy, if so please attach a copy: ___Y ___N

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for independent contractor consideration as may be necessary in arriving at a decision.

This application for independent contractor consideration shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for independent contractor consideration beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any independent contractor relationship with Ladder Assist Team LLC is of an "at will" nature, which means that the Independent Contractor may reject assignments at any time and Ladder Assist Team LLC may discharge Independent Contractor at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Ladder Assist Team LLC.

In the event of being accepted for approved Independent Contractor status, I understand that false or misleading information given in my application or interview(s) may result in removal of approved status on Ladder Assist Team's roster or termination if on assignment.

Signature of Applicant

Date



Ladder Assist Team

Ladder Assist Team, LLC
2520 K Ave. Suite 700-762
Plano, TX 75074
877-LA-LADDER
Fax - 877-525-8228

APPLICATION FOR INDEPENDENT CONTRACTOR

(PLEASE PRINT BELOW)

How did you learn about us: _____ Referred by: _____

Full Name _____

Address _____ Date _____ Gender ___ M ___ F

City _____ State _____ Zip _____ **SHIRT SIZE** ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL

Home Phone _____ Cell Phone _____ Email Address: _____

Emergency Contact: _____ Phone: _____ Relation: _____

On what date would you be available for work? _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

If selected for possible assignments, are you willing to submit to a drug screening test? [] Yes [] No

If selected for possible assignments,, are you willing to submit to background, social security verification and motor vehicle report checks? [] Yes [] No

EDUCATION:

School Name: _____ Location: _____ Years Attended _____ Degree Rcvd ___Y ___N

School Name: _____ Location: _____ Years Attended _____ Degree Rcvd ___Y ___N

School Name: _____ Location: _____ Years Attended _____ Degree Rcvd ___Y ___N

Other training, certifications, or licenses held: (please list Ladder Safety and/or Rope & Harness Certifications here also) _____

List other information that may be pertinent to the duties you would be performing as an independent contractor for Ladder Assist Team _____

PRIOR EMPLOYMENT: PLEASE ATTACH RESUME- WITH MOST RECENT JOB LISTED FIRST