



Emerald Coast Companion Services, LLC

Phone: 850-530-6254 – Email: Admin@eccslccares.org
 Website: www.eccslccares.org

Application for Independent Contractor Position

Applicant Name:	Phone Number:
Date:	Email:
Address:	Emergency Contact: Phone Number:
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email	Date of Birth:
Social Security Number:	Driver's License
Personal Reference- Years Known _____ Name: Email: Phone:	Personal Reference- Years Known _____ Name: Email: Phone:
Personal Reference- Years Known _____ Name: Email: Phone:	Employment Reference: Dates Employed Contact Name: Email: Phone:
Employment Reference: Dates Employed Contact Name: Email: Phone:	Employment Reference: Dates Employed Contact Name: Email: Phone:
Please explain any gaps in employment:	
High School School: Address: <input type="checkbox"/> Graduated – Date: <input type="checkbox"/> GED <input type="checkbox"/> Other _____	College or University School: Address Graduated: <input type="checkbox"/> Yes Date: Degree: <input type="checkbox"/> No <input type="checkbox"/> Less than a year <input type="checkbox"/> 30 or more semester hours <input type="checkbox"/> 45 or more quarter hours <input type="checkbox"/> 720 or more classroom hours

Vocational or Technical School School: Graduated: <input type="checkbox"/> Yes Date: Degree: <input type="checkbox"/> No [] Less than a year <input type="checkbox"/> 30 or more semester hours <input type="checkbox"/> 45 or more quarter hours <input type="checkbox"/> 720 or more classroom hours	Additional Training:
Professional Licenses:	Special Skills:
Experience: Must be supervised and documented.	Developmentally Disabled <input type="checkbox"/> 1yr <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5 + yrs Medical <input type="checkbox"/> 1yr <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5 + yrs Social Service <input type="checkbox"/> 1yr <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5 + yrs Psychiatric <input type="checkbox"/> 1yr <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5 + yrs Education <input type="checkbox"/> 1yr <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5 + yrs Child Care <input type="checkbox"/> 1yr <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5 + yrs
Do you have a current level 2 background screening? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, have you had a break in employment over 90 days? [] yes []no	Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:	Do you own a car? <input type="checkbox"/> yes <input type="checkbox"/> no Are you willing to transport client's in your car? <input type="checkbox"/> yes <input type="checkbox"/> no
Automobile Insurance Company	Expires
Automobile Registration	Expires:

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Comments: