

Cardinal Home, LLC
3415 W. Fletcher Ave. Tampa, Florida
33618 813-962-HOME (4663)
813-354-3664 (FAX)
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www.cardinalhome.com

INDEPENDENT CONTRACTOR REGISTRATION FORM

Cardinal Home, LLC d/b/a Cardinal Home Care (the "Company") is an equal opportunity/affirmative action contractor. All qualified registrants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Last Name	First	Initial	Social Security # or EIN
Business Name			Date of Birth
Address		Cell Phone #	Office Phone #
Your Hourly Rate	Email Address		
Types of client referrals you are seeking			
Referred By			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Circle Highest Grade Completed	High School	9	10	11	12
	College	1	2	3	4
	Graduate Studies	_____			
School	Address	Major Studies	Degree, Diploma, License or Certificate		
High School					
College/University					
Vocational Business, Other					
List Any Professional Designations or Licenses, including license numbers and expiration dates:					
Other Special Knowledge, Skills or Qualifications			Can you provide proof of completion of HIV/AIDS training?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		

WORK HISTORY

List all employed and/or contracted positions for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume in place of completing the required information.

Employed/Engaged From: / /	Employer / Client Name	Contact Person	Starting Salary / Rate: _____
Employed/Engaged Until: / /	Employer/Client Address	Contact Person's Phone #	Ending Salary / Rate: _____
Services Provided		Reason Engagement Ended	
Duties & Responsibilities			

Employed/Engaged From: / /	Employer / Client Name	Contact Person	Starting Salary / Rate: _____
Employed/Engaged Until: / /	Employer/Client Address	Contact Person's Phone #	Ending Salary / Rate: _____
Services Provided		Reason Engagement Ended	
Duties & Responsibilities			

Employed/Engaged From: / /	Employer / Client Name	Contact Person	Starting Salary / Rate: _____
Employed/Engaged Until: / /	Employer/Client Address	Contact Person's Phone #	Ending Salary / Rate: _____
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Employed/Engaged From: / /	Employer / Client Name	Contact Person	Starting Salary / Rate: _____
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Services Provided		Reason Engagement Ended	
Duties & Responsibilities			

GENERAL

YES NO

May we contact your current employer or client for references?

CERTIFICATION & AUTHORIZATION

I authorize the Company to inquire into my education, professional credentials and past professional work history references as needed to research my qualifications as an independent-contractor caregiver. I hereby give my consent to my current and former employer or client to provide information regarding our work relationship to the Company and will hold the Company and my former employer or client harmless from any claim made on the basis that such information about me was provided or that any contracting decision was made on the basis of such information.

I understand that nothing in this registration form, or the granting of an interview with the Company, is intended to create a contractual relationship between myself and the Company. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If I enter into a contractual agreement with the Company, I will provide original documents, which verify my ability and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date