



TAMAH, LLC

INDEPENDENT CONTRACTOR APPLICATION

GENERAL INFORMATION

LAST NAME: _____ FIRST: _____ M.I. _____ DATE: _____

STREET ADDRESS: _____ APARTMENT/UNIT # _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____

DATE AVAILABLE TO START: _____ SOCIAL SECURITY NO. _____

POSITION APPLIED FOR: _____ DESIRED SALARY: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S. YES
No

HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO IF SO, WHEN? _____

ARE YOU RELATED TO ANYONE WHO WORKS FOR THIS COMPANY? YES NO IF SO, WHO? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN

(PLEASE CHECK ALL THAT APPLY) RELIABLE METHOD OF TRANSPORT FULL TIME PART TIME TEMP TO PERM

EDUCATION

HIGH SCHOOL _____ ADDRESS _____

FROM _____ TO _____ DID YOU GRADUATE? YES NO DEGREE _____

COLLEGE _____ ADDRESS _____

FROM _____ TO _____ DID YOU GRADUATE? YES NO DEGREE _____

OTHER _____ ADDRESS _____

FROM _____ TO _____ DID YOU GRADUATE? YES NO DEGREE _____

CERTIFICATIONS/LICENSES

CERTIFICATION/LICENSE TYPE:	STATE
BACKGROUND/CHILD ABUSE CHECK	STATE
BACKGROUND CHECK YES/NO	
CHILD ABUSE CHECK YES/NO	
OTHER:	

PROFESSIONAL REFERENCES (LIST BELOW YOUR WORK HISTORY, STARTING WITH THE MOST RECENT EMPLOYER FIRST)

START DATE	END DATE	NAME AND ADDRESS OF EMPLOYER	START SALARY	END SALARY	POSITION	REASON FOR LEAVING

PROFESSIONAL REFERENCES (REQUIRES AT LEAST 3)

PLEASE HELP US TO DEVELOP YOUR PROFILE BY SUPPLYING REFERENCES FROM THE FACILITIES YOU LISTED ABOVE AND/OR ON YOUR RESUME.

FACILITY NAME	DIRECT SUPERVISOR AND TITLE	PHONE NUMBER

*SUPPLY, AT LEAST ONE NAME WHO CAN PROVIDE TAMAH, LLC WITH A PROFESSIONAL REFERENCE ON YOU.

CONTRACTING HISTORY (LIST BELOW OTHER CONTRACTING OR TEMPORARY AGENCY YOU HAVE DONE)

DATE MONTH AND YEAR	NAME AND ADDRESS OF AGENCY	LOCATION OF WORK	RATE	POSITION

MILITARY SERVICE

BRANCH _____ FROM _____ To _____

RANK AT DISCHARGE _____ TYPE OF DISCHARGE _____

IF OTHER THAN HONORABLE, EXPLAIN _____

GENERAL PHYSICAL/VISUAL REQUIREMENTS

PHYSICAL REQUIREMENTS MAY VARY DEPENDING ON PARTICULAR ASSIGNMENTS. THE PHYSICAL REQUIREMENTS DESCRIBED ARE REPRESENTATIVE OF THOSE THAT MUST BE MET BY THE CONTRACTOR TO SUCCESSFULLY PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB. REASONABLE ACCOMODATIONS MAY BE MADE TO ENABLE INDIVIDUALS WITH DISABILITIES TO PERFORM THE ESSENTIAL FUNCTIONS.

PLEASE CHECK ALL PHYSICAL ACTIVITIES YOU ARE ABLE TO PERFORM.

- BALANCING CRAWLING LIFTING
- CLIMBING REACHING GRASPING
- STOOPING STANDING TALKING
- KNEELING WALKING HEARING
- LIFTING PUSHING REPETITIVE MOTIONS
- CROUCHING PULLING VISUAL ACUITY

I CERTIFY THAT I HAVE READ THE PHYSICAL REQUIREMENTS AS SET FORTH BELOW AND AM PHYSICALLY ABLE TO PERFORM THE NECESSARY DUTIES AS INDICATED HEREIN.

CONTRACTOR SIGNATURE: _____ DATE: _____

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

SIGNATURE: _____ DATE: _____

