

CONTRACTOR'S INFORMATION FORM

PLEASE COMPLETE ALL SECTIONS

Today's Date is: Day _____ Month _____ Year _____

NAME:

First _____ Last _____ Middle _____

Other name(s)(Alias) _____

PRESENT ADDRESS:

Street _____

City _____ State _____ Zip _____

Time at this address _____ Years _____ Months

Age: _____ SSN: _____

DOB: Day _____ Month _____ Year _____.

PREVIOUS EMPLOYMENT

COMPANY/PLACE	FROM - TO	Job description

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A TRAFFIC OFFENCE?

YES NO

PRIVACY ACT:

All information provided on this form is private and confidential and is solely for the use of the management of Wilcorp Consultants LLC. There will be no dissemination or release to any other party for any reason other than that of an offence committed while you are still a contractor with or representing Wilcorp.

IF YES, PLEASE STATE OFFENCE, FINE PAID (IF ANY) OR PENALTY (GIVE DETAILS)

I solemnly affirm that the information I provided on this form is true and correct to the best of my knowledge and belief. I made it knowing that if it is found to be false or incorrect, I am liable to be discharged of my contractual duties from Wilcorp Consultants.

Signature: _____

Disclaimer

Contractors are required to keep their vehicle insurance active and up to date. Failure to do so will amount to a breach of Contractor/Employer agreement and a subsequent cessation of contractor's service until contractor's insurance is made valid. If a contractor allows his/her vehicle insurance to lapse and gets in a collision while carry out the services of the Company, the full responsibility of the claims and damages arising from same collision will ultimately become the sole responsibility of the contractor. The Company will not be held liable for any claims amounting from damages caused by the recklessness, negligence, or improprieties of a contractor.

Did you read and understand the above disclaimer? y/n _____

Please submit a copy of your driver's license with this information sheet.

Print name: _____

Signature: _____

Date: _____

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LAST THREE ADDRESSES

Please list the address of the last three places you have lived

<i>Address</i>	<i>Dates lived here</i>
1.	
2.	
3.	

REFERENCES

List the name, address, and phone number of three persons that can speak of your character

<i>Name</i>	<i>Address</i>	<i>Phone</i>
1.		
2.		
3.		

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