

Benzie County Council on Aging, Inc.
Independent Contractor Application

Name: _____ Telephone Number: _____

Business Name: _____ Date of Birth _____

Driver's License # _____ Expiration Date: _____ (Please attach a copy)

Address: _____

Email Address: _____

References: (Please list two that are NOT relatives or BCCOA employees)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

I, _____, hereby authorize the Benzie County Council on Aging, Inc. to make a request for my criminal history, for the purpose of evaluating the appropriateness of my position as an Independent Contractor.

Signature: _____ Date: _____

Witness Signature: _____

(A copy of this authorization holds the same force as the original.)

Contractor Skills and/or Interests (Please check all that apply.)

Snow Plowing ☐ Lawn Care/Summer Chore ☐ House Keeping ☐ Other ☐ _____

Worker Confidentiality Acknowledgement

I _____ as an Independent Contractor of the Benzie County Council on Aging, Inc., hereby agree to protect the confidentiality of all clients served by the BCCOA. I will make every effort to abide by the confidentiality policies of the BCCOA. I understand that any breach or violation of this agreement will be considered grounds for reprimand and/or dismissal.

Signature: _____ Date: _____