



BENZIE
SENIOR RESOURCES

Be connected. Be supported. Be home.

BENZIE SENIOR RESOURCES INDEPENDENT CONTRACTOR APPLICATION

10542 Main Street, Honor MI 49640
Phone: 231-525-0600 Fax: 231-325-4855

INSTRUCTIONS

If you wish to submit a resume, you may attach it to this application, but in addition, you must complete this application and answer all questions, even those which relate to information on your resume. Please be sure that all your answers on this application are complete, correct, and truthful. You should understand that any omission of relevant information, any false or misleading statement, or any failure to disclose facts which, if known, might reflect unfavorably on this application, or otherwise, may result in dismissal. Please answer every question. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you.

As required by law, the Benzie Senior Resources does not discriminate in hiring or employment on the basis of race, color, religion, national origin, citizenship, disability, sex, pregnancy, age, height, weight, genetic information, veteran status, marital status or any other protected class status under applicable law.

Please Print Clearly

Name & Contact Information (Information as it appears on your Social Security Card)

Today's Date: _____

Name: _____
First Middle Last

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Are you legally authorized to work in the U.S.?

Yes No

Are you 18 years or older? Yes No

In case of emergency, notify: _____ (____) _____
Name Phone

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

Snow Plowing

House Keeping

Other

How did you learn of our position opening? _____ Date available to start: _____

Have you applied with us previously? Yes No If yes, specify: _____

List anyone you know who works for us: _____

Employment Experience

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? Yes No If yes, may we contact? Yes No

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____
Job Title Supervisor's Name

Hourly Rate/Salary Start: _____ Hourly Rate/Salary Final: _____

Duties

Reason for Leaving

SECOND MOST RECENT EMPLOYER

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____
Job Title Supervisor's Name

Hourly Rate/Salary Start: _____ Hourly Rate/Salary Final: _____

Duties

Reason for Leaving

THIRD MOST RECENT EMPLOYER

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____
Job Title Supervisor's Name

Hourly Rate/Salary Start: _____ Hourly Rate/Salary Final: _____

Duties

Reason for Leaving

Background Information/Personal Information

Have you ever been convicted of any crime other than a routine traffic offense? (Includes a "no contest" or "guilty" plea)
Yes No

If yes, explain: _____

Are you currently under indictment or charged with a felony? Yes No

If yes, explain in detail: _____

Have you had any moving traffic violations? Yes No If yes, please describe: _____

Has your privilege to operate a motor vehicle ever been denied, suspended or revoked? Yes No

If yes, explain in detail: _____

Have you ever had an application or surety bond refused? Yes No

Have you ever been denied a license or certification? Yes No

If yes, explain in detail: _____

Have you ever had any license or certification placed under investigation, suspended, revoked, or have you otherwise been disciplined or put under probation related to licensing or certification? Yes No

If yes, explain in detail: _____

REFERENCES (Do not include relatives or current employees of Benzie Senior Resources)

Please complete all three references. Your application will not be considered unless three references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H () W ()	AM / PM AM / PM		
2)	H () W ()	AM / PM AM / PM		
3)	H () W ()	AM / PM AM / PM		

Worker Confidentiality Acknowledgment

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

My signature below indicates that I have read the above and my answers are true and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE



Benzie Senior Resources Contact for Background Check

I, _____ HEREBY AUTHORIZE **Benzie Senior Resources** to perform a check of background including:

- Any driving records
- Any educational and/or employment/work history
- Personal references
- ICHAT State of Michigan Police background check (This information will include but not be limited to allegations and convictions for crimes committed upon minors)
- Any other police and/or agency records to the extent permitted by state and federal law
- Michigan Public Sex Offender Registry (PSOR) AND National Sex Offender Registry

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from certain contractor considerations. I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use of the **Benzie Senior Resources**. I further hereby hold harmless agency and/or its representatives from any actions which may be taken upon receipt of this information.

Print Name _____ Date _____

Signature _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(Please Print Legibly)

Last Name _____

First Name _____ Middle Name _____

Maiden Name/Alias _____

Address _____

City/State/Zip _____

Date of Birth _____

Email Address (required) _____

Driver's License Number # _____ Expiration Date _____ or

Michigan ID # _____ Expiration Date _____

Race _____ Gender _____

Social Security Number # (required) _____

Please check here if you would like a copy of your background results emailed to you