



To Be Filled in by Program

Program Reporting To: _____

Circuit (if applicable): _____

Contact Person at Program: _____

APPLICATION FOR INDEPENDENT CONTRACTOR

Eckerd Youth Alternatives, Inc. ("Eckerd Kids") considers all applicants for contractor services without regard to race, color, religion, sex, sexual orientation, national origin, age, handicap or disability, or status as a Vietnam-era or special-disabled veteran in accordance with federal law.

Contact Information			
First Name		Middle Initial	
Last Name		Suffix	
Address		Email	
Address 2		City	
Country		State/Province	
Zip/Postal Code		Primary Phone	
		Secondary Phone	
Emergency Contact			
First Name		Last Name	
Home Phone		Business Phone	
Address		City	
State		Zip	
General Information			
If you were offered a position, do you have the legal right to work for Eckerd Kids in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe work authorization status. (You will be required to provide a copy of your work permit upon execution of contract).			
Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Eckerd Kids?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, location?		From Date	To Date
Do you have relatives employed by Eckerd Kids?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give their name(s).			
Are you currently an Eckerd Kids Foster Family accepting children served within the Eckerd Kids Child Welfare System?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently perform any work for the Florida Department of Juvenile Justice?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Information			
Were you referred by a current employee?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list employee's name:			
Work Experience			
Most Recent Employer			
Provide your employment history for the past 10 years. Explain any employment gaps of 4 weeks or more that have occurred in the last 24 months.			
Current or Most Recent Employer		Type of Business	
Phone		Address	
Country		State	
City		Zip Code	
Employed From		Employed To	
Position/Title		Description of Duties	
Reason for leaving or considering leaving			
Starting Salary \$		Ending Salary \$	
Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime)			
Name of Supervisor		Title of Supervisor	

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APPLICATION FOR INDEPENDENT CONTRACTOR

Supervisor's Phone		Supervisor's e-mail	
Are you presently employed by this company? (If yes, please note we will be contacting employer)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for rehire?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Gap			
Gap From		Gap To	
Activity (seeking work, travel, etc.)			
Name of Reference to verify (Do not include relatives)		Reference Phone	
Previous Employer			
Employer			
Phone		Address	
Country		State	
City		Zip Code	
Employed From		Employed To	
Position/Title			
Description of Duties			
Reason for leaving or considering leaving			
Starting Salary \$		Ending Salary \$	
Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime)			
Name of Supervisor		Title of Supervisor	
Supervisor's Phone		Supervisor's e-mail	
Are you eligible for rehire?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Gap			
Gap From		Gap To	
Activity (seeking work, travel, etc.)			
Name of Reference to verify (Do not include relatives)		Reference Phone	
Previous Employer			
Employer			
Phone		Address	
Country		State	
City		Zip Code	
Employed From		Employed To	
Position/Title			
Description of Duties			
Reason for leaving or considering leaving			
Starting Salary \$		Ending Salary \$	
Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime)			
Name of Supervisor		Title of Supervisor	
Supervisor's Phone		Supervisor's e-mail	
Are you eligible for rehire?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Gap			
Gap From		Gap To	
Activity (seeking work, travel, etc.)			
Name of Reference to verify (Do not include relatives)		Reference Phone	
Previous Employer			
Employer			
Phone		Address	
Country		State	
City		Zip Code	
Employed From		Employed To	
Position/Title			
Description of Duties			

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APPLICATION FOR INDEPENDENT CONTRACTOR

Reason for leaving or considering leaving				
Starting Salary \$		Ending Salary \$		
Other compensation (Explain any additional compensation you received, such as bonuses, shift premium or overtime)				
Name of Supervisor		Title of Supervisor		
Supervisor's Phone		Supervisor's e-mail		
Are you eligible for rehire?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Education Eckerd Kids will require transcripts				
High School				
Name of School		Country		
State/Province		City		
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If GED, please provide district or agency.		
Colleges/Universities/Technical Schools				
Please provide details of your academic history starting with the most recent first.				
School Type		Name of School		
Country		State/Province		
City		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Level of Education Completed		Date Degree was Received		
Major		Second Major/Minor		
Date Attended From		Date Attended To		
Colleges/Universities/Technical Schools				
School Type		Name of School		
Country		State/Province		
City		Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Level of Education Completed		Date Degree was Received		
Major		Second Major/Minor		
Date Attended From		Date Attended To		
Achievements and Certifications				
Please list any other Academic Achievements, Certifications, or Licenses (e.g. vocational training, patents, publications, etc.)				
Licensure/Certifications				
License Type		License Number		
License Agency		License Expiration		
Country		State		
License Type		License Number		
License Agency		License Expiration		
Country		State		
Military Service				
Have you served in the military?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Discharge				
If Yes, did you receive a dishonorable discharge?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Branch				
Branch of Service				
Active Duty From		Active Duty To		
Date of Final Discharge				

REFERENCES

Please list a minimum of four (4) individuals who are qualified to give an opinion of your professional work ability and work experience. Please exclude members of your family and supervisors already listed in Work Experience section. Include phone numbers where references can be contacted during the day.

Reference

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Name		Relationship	
Employer		Daytime Phone	
Number of years known		Country	
State		City	
Zip Code		E-mail Address	
Reference			
Name		Relationship	
Employer		Daytime Phone	
Number of years known		Country	
State		City	
Zip Code		E-mail Address	
Reference			
Name		Relationship	
Employer		Daytime Phone	
Number of years known		Country	
State		City	
Zip Code		E-mail Address	
Reference			
Name		Relationship	
Employer		Daytime Phone	
Number of years known		Country	
State		City	
Zip Code		E-mail Address	

Required Identification Information

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

SSN		Date of Birth	
Do you have a valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Number	

I hereby release Eckerd Kids and it's agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Other Names Known By (Optional Section - Complete required fields if used)

If yes, please provide the Full Previous Name

Certification and Release Statement

I certify that I have read and understand the applicant instruction on page one of this application and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or termination of my contract.

I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information.

I also understand that the use of illegal drugs is prohibited during my contract with Eckerd Kids. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my contract with Eckerd Kids.

I affirm that I have not had any criminal convictions that would adversely affect my capacity and ability to provide care, safety and security for children; I have not abused or neglected a child or been a respondent in a juvenile court proceeding that resulted in the removal of a child or had child protective services involvement that resulted in the removal of a child; I have not abused, neglected or exploited a disabled adult; and I have not been a domestic violence perpetrator.

Release Authorization

1. In connection with my application to be an independent contractor, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing

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to detect the use of illegal drugs prior to and during my contract with Eckerd Kids.			
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if eligibility as a contractor is denied because of information obtained by Eckerd Kids from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.			
3. Minnesota, California, and Oklahoma applicants only. If you want a copy of the report(s) ordered, check the box below. The report(s) will be sent by the reporting agency to you at the address entered on the application.			
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by or its agent, to furnish the information described in Section 1.			
5. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Eckerd Kids. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.			
MN, CA and OK applicants only			
Do you want a copy of the report(s) ordered? The report(s) will be sent by the reporting agency to you at the address entered on the application.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature Section			
Your signature indicates that you accept the conditions for services as an independent contractor with Eckerd Kids and the terms and conditions in this application.			
Signature			
Print Name		Today's Date	