

INDEPENDENT CONTRACTOR INFORMATION**NAME**

(Last)	(First)	(Middle)
--------	---------	----------

COMPANY NAME _____  TAX ID _____

DBA _____

DATE OF BIRTH _____ / _____ / _____ TELEPHONE (_____) _____ - _____

ADDRESS

(Number)	(Street)
----------	----------

(City)	(State)	(Zip)
--------	---------	-------

SOCIAL SECURITY # _____ - _____ - _____

ARE YOU A CITIZEN OF THE U.S.A.? YES NO IF NO, NATIONAL OF _____**ATTACH COPIES OF YOUR DRIVER'S LICENSE, YOUR SOCIAL SECURITY CARD AND
A COMPLETED W9 FORM IF APPLICABLE**

THIS SECTION TO BE COMPLETED BY THE SITE MANAGER

POSITION**PAY RATE****SITE/LOCATION****ALLOCATION****START DATE****SITE MGR NAME****SITE MGR SIGNATURE****DATE**

THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES

DATE RECEIVED**INITIALS**

THIS SECTION TO BE COMPLETED BY TEMITAYO OBADINA

TEMITAYO OBADINA SIGNATURE OF APPROVAL**DATE**