

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