

25602 I-45 N Ste. 105 \* Spring, TX 77386 \* 281.465.0899

## Application to Provide Services as an Independent Contractor

(Complete all sections completely thoroughly. A resume may be attached but may not substitute for completion of the application)

Date: \_\_\_\_\_

Print Name:( Last, First, Middle) \_\_\_\_\_

Address: \_\_\_\_\_  

Street
City
State
Zip

Social Security Number: \_\_\_\_\_ Driver License \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Telephone (Night) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Languages ability:**

- |                                  |                  |                       |                 |
|----------------------------------|------------------|-----------------------|-----------------|
| <input type="checkbox"/> English | _____ % Speaking | _____ % Understanding | _____ % Writing |
| <input type="checkbox"/> Spanish | _____ % Speaking | _____ % Understanding | _____ % Writing |
| <input type="checkbox"/> French  | _____ % Speaking | _____ % Understanding | _____ % Writing |
| <input type="checkbox"/> Chinese | _____ % Speaking | _____ % Understanding | _____ % Writing |
| <input type="checkbox"/> Italian | _____ % Speaking | _____ % Understanding | _____ % Writing |
| <input type="checkbox"/> German  | _____ % Speaking | _____ % Understanding | _____ % Writing |
| <input type="checkbox"/> _____   | _____ % Speaking | _____ % Understanding | _____ % Writing |
| <input type="checkbox"/> _____   | _____ % Speaking | _____ % Understanding | _____ % Writing |

Tell us about your translation and interpretation experience: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

**Engagement Applying for** 1) \_\_\_\_\_ 2) \_\_\_\_\_

What level? \_\_\_\_\_ Adults / Children / Both? \_\_\_\_\_

What has prompted you to apply for this engagement? \_\_\_\_\_

Minimum Compensation Required: \_\_\_\_\_

**Availability:** Please let us know what days of the week and time you are available to Crossing Borders.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Available to start \_\_\_\_\_ Specific Restrictions \_\_\_\_\_

Are you authorized to live and do business in the United States?  Yes  No

Have you ever been convicted of or fined and/or sentenced, including probation, for any criminal offence (misdemeanor or felony), or have you ever plead guilty or 'no contest' to any criminal offense (misdemeanor or felony)?  Yes  No

If yes please give dates and places of any convictions, please, fines/ and or sentences, and explain or describe them. (Attach a separate paper if necessary.) A conviction will not necessarily disqualify you from consideration. Factors such as the seriousness and nature of the offense, age at the time of the conduct, and rehabilitation will also be taken into effect.

Crossing Borders does mandate a National criminal background check on all applications please sign below to indicate your acceptance and approval of this procedure.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

List any additional skills, education or training related to the engagement applied for: \_\_\_\_\_

**Record of Education:** Please include name and address of school and name attended under if different than your current name

	Course of Study	Years Completed	Did you Graduate?	Diploma or Degree
High School				
College				
Other (specify)				

**Record of Employment:**

Present/Most Recent Employer	Telephone ( ) ext.
Address	Dates Employed (Month and Year) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we Contact Yes No Known by Another Name

Next Most Recent Employer	Telephone ( ) ext.
Address	Dates Employed (Month and Year) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving

	May we Contact      Yes      No Known by Another Name
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Previous Most Recent Employer	Telephone (    )      ext.
Address	Dates Employed (Month and Year) From      To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we Contact      Yes      No Known by Another Name

Tell us about your working experience: \_\_\_\_\_

Why would we use your services you? \_\_\_\_\_

What are the opportunities you seek by doing business with Crossing Borders? \_\_\_\_\_

Can you put your talents to work to make Crossing Borders offer better service or become better? \_\_\_\_\_

What are your talents? And what can you offer us? \_\_\_\_\_

Please provide us with two work references:

Name	Title	Years of knowing	Phone	Email

**Terms and Conditions of Independent Contractor's Engagement**

By my signature below, I certify that all information I have provided is true and accurate. I understand that any false statements, misrepresentations, or omissions made on this application will be considered sufficient cause for Crossing Borders to deny or terminate any engagement between us upon discovery. I understand that my engagement as a contractor with Crossing Borders is for an indefinite amount of time. I may terminate my engagement with Crossing Borders at any time and Crossing Borders may terminate or modify our business relationship at any time, with our without motive or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment. I will abide by Crossing Borders' rules, regulations, policies and procedures.

I hereby authorizes all individuals and organizations named or referred to on this form to answer all questions that may be asked and give all information that may be sought in connection with this form. This may certify that any individual or organization furnishing information concerning me shall not be held

accountable for giving this information; I hereby release said individuals and organizations from any and all liabilities that may be incurred as a result of furnishing such information.

Finally, I freely and voluntarily agree to undergo drug testing as part of the application process, or at any time during my engagement with Crossing Borders. I understand that either refusal to submit to testing or failure to pass per Crossing Borders policy will disqualify me from consideration or continuation of engagement.

Signature of Contractor \_\_\_\_\_ Date \_\_\_\_\_

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*"Intentionally left blank"*

