



Independent Contractor Application for Home Providers

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Length of time at current address: _____ Own Rent

Home Telephone Number: () _____ Mobile Phone Number: () _____

Does any household member smoke *inside* the residence? Yes No

Person to notify in case of emergency: _____

Relationship: _____ Telephone Number: () _____

How did you learn about Monadnock Worksource? _____

Members of Household

	Name	Relationship	Age
1			
2			
3			
4			
5			

Employment History *(please list current then most recent)*

EMPLOYER: _____ Dates employed: _____

Position title / description: _____

Supervisor: _____ Phone: () _____ Contact? Yes No Later

Reason for leaving: _____

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EMPLOYER: _____ Dates employed: _____

Position title / description: _____

Supervisor: _____ Phone: () _____ Contact? Yes No Later

Reason for leaving: _____

Education and Background Information

	Name	Address	Degree/Level
High School			
College			
Trade/Business			
Advanced Degree			
Other			

Interests (activities or hobbies): _____

Why are you interested in this position? _____

What experience have you had in supporting people? _____

How do you think *confidentiality* might apply to this position? _____

What personal characteristics would you prefer in a housemate (non-smoker; male/female; young/old; active/sedentary)?

Are you willing to commit to at least one year as a home provider? Yes No

If a home provider position doesn't work out, would you be interested in other positions at Monadnock Worksource? Yes No

What house rules (if any) would you want enforced? _____

Do you or any household members have firearms or other weapons in the home? Yes No

If yes, where are they stored, and how are they secured? _____

Have you or any household members ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain: _____

Have you or any household members who may transport our client had any motor vehicle violations in the past five (5) years? Yes No

If yes, please provide specific details: _____

Please list all vehicles that may be utilized to transport the individual who would be supported in your home:

Year, make and model: _____

Year, make and model: _____

Description of Home

Type of Dwelling: _____

Number of rooms: _____ Number of bedrooms: _____ Number of floors: _____

Number & type of bathrooms: _____

Number of exits: _____ Location of exits: _____

Does the home have hard-wired smoke detectors: Yes No

Location of smoke detectors? _____

Are there fire extinguishers in the home?: Yes No

Location of fire extinguishers: _____

Are there pools or other bodies of water near the home?: Yes No

Type of heating system in the home: _____

Type of water supply: _____

Type of sewage system: _____

Please provide detailed driving directions to your home: _____

Personal References

	Name	Address	Telephone	Relationship
1				
2				
3				

Declarations

I (We) declare that all of the statements contained in this application are true to the best of my (our) knowledge.

I (We) authorize Monadnock Worksource to investigate all the statements I have made in this application. I (We) further authorize Monadnock Worksource to conduct a background investigation including a Criminal Record Check, Driving Record Check, and Bureau of Elderly and Adult Services Report.

I (We) understand and agree that any false or misleading statements and/or omissions I (we) have made on this application may be grounds for denial of the application to provide services to Monadnock Worksource and its clients. My (Our) signature indicates that I (We) have read and thoroughly understand the above statements:

Signature

Date

Signature

Date