

CONTRACTOR WORK HISTORY (please begin with your most recent position)

Employer _____ Job title _____

Employer Address _____
Street, City, state, zip

Date of Employment: From _____ To _____ Salary: Start _____ End _____

Phone#: _____ Immediate supervisor's Name & Title _____

Reason for leaving? _____

Description of duties & responsibilities: _____

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Employer Address _____
Street, City, state, zip

Date of Employment: From _____ To _____ Salary: Start _____ End _____

Phone#: _____ Immediate supervisor's Name & Title _____

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Phone#: _____ Immediate supervisor's Name & Title _____

Reason for leaving? _____

Description of duties & responsibilities: _____

(PLEASE READ CAREFULLY BEFORE SIGNING)

All of the information that I have given to PSL in considering me to be a contractor is correct. I authorize the investigation of all matters concerning my consideration to be a contractor. This investigation may include a criminal background search. I waive any right to prior written notice and authorize my former employers, references, and acquaintances to give any such information they have regarding me. I release and indemnify this contractor, as well as any parties from whom information is obtained, from liability whatsoever resulting from the investigation and release of this information. If any information I have given to PSL is un-true or if I have concealed any information I understand that this may result in denial of my contract and or termination of my contract with Parishes Supportive Living, Inc.

Contractor's Signature _____ Date _____