

Independent Contractor's Application

HR@ExpansionSupportServices.com 727-888-5358

Personal Information					
Name	Today's Date				
Company's Name and legal Status (LLC, Corp, etc.)	Date of Birth	Valid DL?	Own a Car?		
Current Street Address	City, State, Zip				
Mobile Number	Email				
Have you ever filed a lawsuit, complaint or claim against any employer or company you worked for? Yes ☐ No ☐	Have you ever been arrested for or charged with a crime? Yes ☐ No ☐				
Except for minor traffic tickets, please give a brief description of the situation(s) if answered yes to either of the above two boxes If contracted, what days of the week and times can you usually run pre-set appointments between 9-5, M-F?					
Please list all products and/or services you have sold and whether you sold in person, over the phone or retail.					
What do you enjoy and/or are you good at (music, sports, art, video games, public speaking, etc.)	What states have you live	ed in?			
What do we not know about you that we would ask about in the interview if known?					
What makes you valuable to Local Search Force/Expansion Support Services?					
What about the Local Search Force/Expansion Support Services opportunity is most interesting or important to you?					
Position(s) you want to be considered for					
Appointment Setting – Contact and interview business owners for a free, positive spotlight story on their business that will be posted at CountyAdvisoryBoard.com. Set up the appointment for the client to review the story.					
☐ Sales and Consulting – prospect, present and close prospects on becoming customer, then and into advanced services.					

Advanced Education – C	College	, Seminaı	rs, License	Programs	
School Name or Organization	Location	Certification or Degree Received?	Year	Topic? Major?	
References					
Name		Title Company		Phone	
Work History – Please li	st the r	nost rece	ent two?		
Employer or Company (1)		Job Title		Dates Employed	
Work Phone e City/S	tat	Pay Rate		Supervisor	
On average, how many days per month did you miss?		Reason for Leaving			
Employer or Company (2)		Job Title		Dates Employed	
Work Phone I City/State		Pay Rate		Supervisor	
On average, how many days per month did you miss?		Reason for Leaving			
Who should we contact in case of an emergency?					
Name and Relation?		Phone and Email			
Signature and Attestation	n				
I certify that my answers are true and complete to the best of my knowledge. If this application leads to a contract, I understand that false or misleading information in my application or interview may result in a withdrawal of offer or termination of Agreement. Any compensation advertised or discussed verbally will be memorialized in writing and only the written agreement will be constitute the Agreement. I authorize Local Search Force to conduct a complete background check on me for the sole purpose of making engagement decisions. Any information discovered will be held in confidence.					
Signature and Date		Name (Please Print), and company name & title if a legal business			