

Contractor Application

Company Name: _____
Primary Contact: _____
Telephone Number: _____
Fax Number: _____
Mobile: _____
E-Mail Address: _____
Licensed State #: _____
Trade License #: _____
Address: _____

Please Answer the Following Questions (select one)

1. Do you drug screen all employees? Yes No

2. Do you hire only employees that are eligible to work in the United States? Yes No

3. Do you obtain a background check on each of your employees? Yes No

4. Has your business had any judgments entered or lawsuits filed against it in the last three years?
Yes No

(If yes, please explain)

Signature

Print Name and Title

Date