



vs 12/11/2018 LR

# CONTRACTOR APPLICATION

**PLEASE PRINT**

Today's date: \_\_\_\_\_

Business LEGAL Name \_\_\_\_\_

Business REGISTERED DBA \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

TITLE \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Main Phone

(\_\_\_\_) \_\_\_\_\_  
Alternate/Cell Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Federal ID #

OR

\_\_\_\_\_  
Social Security Number

**CHOOSE ONE:**    LLC    Incorporated    Sole Proprietor    Other: \_\_\_\_\_

## PLEASE CONFIRM AUTHORIZATION TO WORK IN THE UNITED STATES:

**Are you, and ALL crew members, authorized to work in the United States? YES or NO**

*Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, at any time, ALL persons on a jobsite must be able to prove they are legally authorized to work in the United States. By agreeing to Work, Contractor is stating all crew members are authorized – any fines, fees, delays, costs will be incurred by the Contractor and could result in termination of Work, and/or possible legal recourse.*

## PLEASE ANSWER BELOW QUESTIONS ABOUT YOUR EXPERIENCE:

**How long have you been in business under current name?** \_\_\_\_\_

- Please list any OLD business names below:

\_\_\_\_\_

**What services/trades do you offer? (Mark all that apply)**

Painting \_\_\_\_\_ Roofing \_\_\_\_\_ Siding \_\_\_\_\_ Carpentry \_\_\_\_\_ Other: \_\_\_\_\_

**How many crews do you have?** \_\_\_\_\_ **How many persons per crew?** \_\_\_\_\_

**Are you able to travel?** \_\_\_\_\_ **Are you willing to travel out of state?** \_\_\_\_\_

**Do you carry General Liability and Workers' Compensation Insurance? YES or NO**

*\*Workers' Compensation Waivers (vary by state laws) apply to Sole Proprietors and Individuals ONLY – waivers must be carried by EACH crew person on the jobsite. Failure to have proper coverage and/or waiver(s) is a breach of contract and could result in termination of Work and/or possible legal recourse. Any delays, costs, fees, fines, etc. will be incurred by the Contractor.*

*\*\*VMintegrated requires Certificate of Insurance (COI) meeting requirements to award ANY work – please submit generic COI with application to expedite. No Work will be awarded without proper documentation.*

**VMintegrated** is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, **VMintegrated** complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. **VMintegrated** also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

**PROFESSIONAL DESIGNATIONS (if applicable)**

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

**PROFESSIONAL LICENSES (if applicable)**

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

**PROFESSIONAL REFERENCES: Please list (3) professional references**

NAME	RELATIONSHIP	COMPANY	MAIN Contact Phone Number

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

My signature below attests to the fact that I am an authorized Company Representative and that the information that I have provided on my application, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, or any other materials, or during any discussions, can be justification for refusal of consideration.

References: I hereby authorize the VMintegrated and Its Agents to make such investigations and inquire into my professional references and other related matters as may be necessary. I hereby release listed professional references from all liability in responding to inquires connected with my application and I specifically authorize the release of information by businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

\_\_\_\_\_  
Signature of Applicant / Authorized Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
**PRINTED NAME**

Contractor Application \_\_\_\_\_  
 Contractor Requirements \_\_\_\_\_  
 W9 – Form & Sample A \_\_\_\_\_  
 Certificate of Insurance (COI) – Sample B and/or C \_\_\_\_\_  
 Annual Agreement & FAQ \_\_\_\_\_

\*\*\*VMintegrated Rep – Review ALL forms and CHECK to confirm they were received and signed\*\*\*

VMintegrated Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ (Submit to CFO to create Procore Directory)

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