

INDEPENDENT CONTRACTOR APPLICATION

Brookview Property Management
(319) 721-6294

JOB DESCRIPTION

Brookview Property Management has a need for an Independent Contractor to help with certain repair/maintenance activities that come up from time to time.

The Independent Contractor will be issued a Work Order by Brookview Property Management, when work is to be completed. The Independent Contractor will only complete work requested as part of the Work Order. The Independent Contractor will be paid at the completion of the Work Order.

The Independent Contractor will be responsible for paying all taxes (local, state, FICA, and federal). The Independent Contractor will be expected complete a Form W-9 Request for Taxpayer Identification Number and Certification.

Brookview Property Management will not be responsible for providing the Independent Contractor with worker's compensation insurance.

Mission Builder Property Management will make no state or federal unemployment compensation payments on behalf the Independent Contractor.

This application needs to be mailed to Brookview Property Management **Post Office Box 524 Marion, IA** for consideration.

DECLARATIONS

I declare that the foregoing information is true and correct to the best of my knowledge. I understand the information on this application will be checked for accuracy. I authorize the Management to verify the information I have given, such as criminal checks, employment and/or student status, county courthouse records for Small Claims field, County Courthouse records for Money Judgments, law enforcement with jurisdiction over previous addresses, and others as deemed pertinent from the application.

I understand no criminal activity or disturbances of any kind are allowed on rental premises. I agree that the Management may terminate any agreement entered into in reliance on any misstatement made in the application.

Applicant: _____ Date: _____

APPLICANT INFORMATION

Name: _____

Phone Number: _____

Social Security Number: _____

Driver's License Number: _____ Exp. Date: _____

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Personal References

	Personal Reference	Personal Reference
Name		
Phone		
Address		
City, State		
Relationship		
How many years have you been known by this person?		

Why should consideration be made for you in this Independent Contractor Position?

What is your expected compensation for this position?

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Address

	Present	Previous
Address		
City, State		
Dates Lived at Address		

Employment

Occupation: _____

	Current Employer	Previous Employer
Position Held		
Dates of Employment		
Employer		
Employer Address		
Supervisor Name		
Supervisor Phone Number		

Contact Information

	Closest Relative	Emergency Contact
Name		
Phone		
Address		
City, State		
Relationship		
Years of Acquaintance		

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Floors

What cleaning, inspection and/or repairs are you capable of performing?

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Squeak Removal | <input type="checkbox"/> Baseboard | <input type="checkbox"/> Vacuuming |
| <input type="checkbox"/> Sub Floor Replacement | <input type="checkbox"/> Removal/Installation | <input type="checkbox"/> Sweeping |
| <input type="checkbox"/> Vinyl Replacement | <input type="checkbox"/> Carpet Removal | |
| | <input type="checkbox"/> Vinyl Removal | |

Plumbing

What cleaning, inspection and/or repairs are you capable of performing?

- | | | |
|--|--|---|
| <input type="checkbox"/> Leaking Faucet | <input type="checkbox"/> Tub and Shower Drains | <input type="checkbox"/> Caulking |
| <input type="checkbox"/> Sink Sprayer | <input type="checkbox"/> Plugged Drains | <input type="checkbox"/> Gas Pipe Installation |
| <input type="checkbox"/> Tub Faucet | <input type="checkbox"/> Toilet | <input type="checkbox"/> Copper Pipe Installation |
| <input type="checkbox"/> Show Head | <input type="checkbox"/> Toilet Installation | <input type="checkbox"/> PVC Pipe Installation |
| <input type="checkbox"/> Pop-Up Stoppers | <input type="checkbox"/> Noisy Pipes | |
| <input type="checkbox"/> Sink Drains | <input type="checkbox"/> Frozen Pipes | |
| <input type="checkbox"/> Sink Traps | | |

Major Appliances

What cleaning, inspection, installation, and/or repairs are you capable of performing?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> Clothes Dryer | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Clothes Washer | <input type="checkbox"/> Dehumidifier |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Electric Range | |

Electrical Systems

What inspection and/or repairs are you capable of performing?

- | | | |
|--|---|--|
| <input type="checkbox"/> Single-Pole Switch | <input type="checkbox"/> Light Fixtures | <input type="checkbox"/> Ground Fault Circuit Test |
| <input type="checkbox"/> Dimmer Switch | <input type="checkbox"/> Fluorescent Light Fixtures | <input type="checkbox"/> Smoke Detectors |
| <input type="checkbox"/> Three-Way Switch | <input type="checkbox"/> Circuit Breaker | <input type="checkbox"/> Fire Extinguishers |
| <input type="checkbox"/> Four-Way Switch | <input type="checkbox"/> Fuse Panel | |
| <input type="checkbox"/> Duplex Receptacle | <input type="checkbox"/> Electrical Cords | |
| <input type="checkbox"/> Appliance Receptacles | <input type="checkbox"/> Label Circuits | |

Heating and Cooling Systems

What cleaning, inspection, and/or repairs are you capable of performing?

- | | | |
|--|---|---|
| <input type="checkbox"/> Central Air | <input type="checkbox"/> Hot Water Heat | <input type="checkbox"/> Exhaust Vents |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Gas Burners | <input type="checkbox"/> Filter Replacement |
| <input type="checkbox"/> Forced Air Gas Heat | <input type="checkbox"/> Thermostats | |

Yard Maintenance

What tasks are you capable of performing?

- | | | |
|---|--|---|
| <input type="checkbox"/> Trim Bushes | <input type="checkbox"/> Apply Insecticide | <input type="checkbox"/> Fix Chain Link Fence |
| <input type="checkbox"/> Mow Grass | <input type="checkbox"/> Seal Asphalt | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Apply Fertilizer | | |

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QUESTIONS

Check all that apply to you.

- I have been convicted of a felony or aggravated misdemeanor.
- I have experience as an Independent Contractor.

Tools

What tools do you own?

- | | | |
|--|--|---|
| <input type="checkbox"/> Tape Measure | <input type="checkbox"/> Sanding Block | <input type="checkbox"/> Spud Wrench |
| <input type="checkbox"/> Square | <input type="checkbox"/> Putty knife | <input type="checkbox"/> Basin Wrench |
| <input type="checkbox"/> Nail set | <input type="checkbox"/> Pry bar | <input type="checkbox"/> Snake |
| <input type="checkbox"/> Screw Drivers | <input type="checkbox"/> Flash light | <input type="checkbox"/> Wire Stripper |
| <input type="checkbox"/> Saw | <input type="checkbox"/> Machine Oil | <input type="checkbox"/> Volt-Ohm Meter |
| <input type="checkbox"/> Pliers | <input type="checkbox"/> Level | <input type="checkbox"/> Paint Brush |
| <input type="checkbox"/> Hammer | <input type="checkbox"/> Stud Finder | <input type="checkbox"/> Paint Roller |
| <input type="checkbox"/> Adjustable Wrench | <input type="checkbox"/> Drill | <input type="checkbox"/> Vacuum Cleaner |
| <input type="checkbox"/> Allen-wrench set | <input type="checkbox"/> Propane Torch | <input type="checkbox"/> Broom |
| <input type="checkbox"/> Utility knife | <input type="checkbox"/> Tin Snips | <input type="checkbox"/> Zipper |
| <input type="checkbox"/> Caulking gun | <input type="checkbox"/> Pipe Wrench | |

Roofing

What cleaning, inspections and/or repairs are you capable of performing?

- | | |
|---|--|
| <input type="checkbox"/> Asphalt Shingle | <input type="checkbox"/> Gutter and
Downspout |
| <input type="checkbox"/> Vent-Pipe Flashing | <input type="checkbox"/> Water damage |
| <input type="checkbox"/> Drip Edge | |

Siding

What inspections and/or repairs are you capable of performing?

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Steel Siding | <input type="checkbox"/> Caulking | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Painting | |
| <input type="checkbox"/> Composite Siding | <input type="checkbox"/> Mildew | |

Windows

What inspection and/or repairs are you capable of performing?

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Casement Windows | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Weather Stripping |
| <input type="checkbox"/> Sliding Windows | <input type="checkbox"/> Installation | |
| <input type="checkbox"/> Caulking | <input type="checkbox"/> Screens | |

Doors

What inspection and/or repairs are you capable of performing?

- | | | |
|--|--|--|
| <input type="checkbox"/> Binding Doors | <input type="checkbox"/> Deadbolts | <input type="checkbox"/> Hydraulic Closer |
| <input type="checkbox"/> Installation | <input type="checkbox"/> Thresholds | <input type="checkbox"/> Weather Stripping |
| <input type="checkbox"/> Locks | <input type="checkbox"/> Sliding Doors | |

Walls

What inspection and/or repairs are you capable of performing?

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Sanding | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Nail Hole/Dent
Repair | <input type="checkbox"/> Corners | <input type="checkbox"/> Caulking |
| <input type="checkbox"/> Hole Repair | <input type="checkbox"/> Wall Paper removal | |
| | <input type="checkbox"/> Texturing | |