



## Contractor Application

The following information is necessary to complete your application.  
Read carefully and complete ALL sections that apply to you.

Please scan/email completed forms to [workfor@mandrells.com](mailto:workfor@mandrells.com)

Personal Information					
Name		Most recent hourly wage		Min. hourly wage seeking	Desired hourly wage
Social Security Number	Date of Birth	Driver's License #	Driver's License Exp	Health Insurance Provider	Policy # / Expiration
Address (House Number, Street and Apt #)		City, State Zip		Mobile (Cell) Number	Home Tel. Number
Email Address		Have access at home to: <b>Computer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Printer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>Internet</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Have a personal credit card to purchase necessities as needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Availability					
<b>Weekdays:</b> Monday - Friday <input type="checkbox"/> Yes <input type="checkbox"/> No <b>a.m. - p.m.</b> <span style="float: right;"><b>Specific Days/Times:</b></span>					
<b>Weekends:</b> Saturday <input type="checkbox"/> Yes <input type="checkbox"/> No <b>a.m. - p.m.</b> Sunday <input type="checkbox"/> Yes <input type="checkbox"/> No <b>a.m. - p.m.</b>					
<b>Are you willing to work Late Nights on occasion:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Experience level performing pressure washing activities					
Performed pressure washing activities in a <u>commercial</u> setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">How long?</span>					
Performed pressure washing activities in a <u>residential/personal</u> setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">How long?</span>					
Experience cleaning: <input type="checkbox"/> Roofs (chemically) <input type="checkbox"/> Homes <input type="checkbox"/> Buildings <input type="checkbox"/> Screen Enclosures <input type="checkbox"/> Driveways/Walkways					
Experience using: <input type="checkbox"/> Pressure Washers <input type="checkbox"/> Surface Cleaners (Hover Craft) <input type="checkbox"/> Chemical Injectors <input type="checkbox"/> Turbo Nozzles					
Vehicle & Miscellaneous Information					
Own a <b>truck</b> (having hitch) able to pull trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____ Make: _____ Model: _____					
Vehicle insurance company: _____ Coverage: _____ Issued: _____ Expiration: _____					
Experienced pulling a trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No Experienced backing a trailer or boat? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If do not have a truck, do you <b>own</b> reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Make: _____ Model: _____					
Driving Record / Criminal History					
Is your driver's license active and in good standing (i.e. not suspended)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____					
Are there any restrictions on your driving ability or driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____					
Have you ever been convicted of a DUI/DWI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____					
Have you ever been convicted of stealing or fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____					
Physical Limitation(s)					
Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, or learning? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Education Information (indicate highest level completed)					
<input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Vocational or Business School <input type="checkbox"/> Some College (two quarters or more)/AA Degree <input type="checkbox"/> College Graduate (BA or BS Degree) 4 Year College		Current Schooling Start: _____ End: _____		Education Major	
Additional Information: _____					

## Prior Employment/Contract/Project Experience

Name of Company/Business	Reason for leaving	Start Date	End Date

## Agreement and Special Instructions

### CONTRACTED CLARIFICATION:

I am requesting to be a contracted worker and NOT an employee of Mandrell's Pressure Cleaning, LLC. I understand that NO taxes will be taken out of any payment I receive, but a MISC-1099 will be provided to me annually during tax time. Therefore, it is my responsibility to pay the appropriate taxes on my earnings.  Yes, I understand  No, I do not understand

I understand that it is my responsibility to carry health, liability, worker's compensation insurance(s) if I so choose unless otherwise arranged or agreed to by Mandrell's Pressure Cleaning, LLC.  Yes, I understand  No, I do not understand

### DAMAGE:

I understand that if I cause ANY damage to ANY property, due to my negligence, that I may be required to pay for such damage(s). The assessed damage could be in the form of actual repair costs, written estimates or reduced service amount to satisfy customer for any inconvenience the damage(s) caused. If the total cost for such damage(s) violates FDLA, then the total cost may span over multiple weeks and/or pay cycles to abide by the FDLA.  Yes, I understand  No, I do not understand

### PROJECT EXPECTATIONS:

I will perform services in a professional manner and with the utmost integrity as I represent Mandrell's Pressure Cleaning, LLC. and thoroughly clean each structure/item as outlined on each work order.  Yes, I understand  No, I do not understand

### PROJECT COMPLETENESS:

I understand that I am responsible for cleaning each property thoroughly and completely as outlined in each work order provided to me and if I have to return to the commercial or residential site to correct or finish incomplete work, it will be on my own time and at my own expense.  Yes, I understand  No, I do not understand

### PROJECT COMMUNICATION(S):

I understand that it is important that I email project completion information (i.e. customer name, any difficulties or problems, start time, finish time & lunch duration), as indicated on each work order, at the end of each work day.  Yes, I understand  No, I do not understand

### EQUIPMENT CARE:

I will keep equipment and trailer(s) locked and covered (if applicable) at ALL times to avoid damage or being stolen. Failure to do so, demonstrates negligence on my part, and if equipment or accessories are damaged or stolen I understand that I may be required to pay for repair or replacement.  Yes, I understand  No, I do not understand

### EQUIPMENT USE:

I will use ALL equipment for contracted projects specifically provided by Mandrell's Pressure Cleaning, LLC ONLY and will not use for ANY other purpose (e.g. personal use or gain) unless authorized in writing by an owner of Mandrell's Pressure Cleaning, LLC. I understand that if I choose to use equipment for ANY other purpose that I may have to pay for use of equipment and could cause termination of contractor relations.  Yes, I understand  No, I do not understand

### CREDIT CARD USE:

I understand that IF a company/business credit card is provided to me, I will use it for business purposes ONLY (e.g. refill gas cans for equipment use, chemical supplies, equipment rental etc.) as approved by an owner of Mandrell's Pressure Cleaning, LLC. I understand that I could be held accountable for any misuse or abuse (e.g. using for personal use). If this credit card becomes lost or stolen, I will notify an owner of Mandrell's Pressure Cleaning, LLC. immediately.  Yes, I understand  No, I do not understand

### NOTICE OF RESIGNATION:

I will provide, at least, two (2) weeks notice if I choose to no longer provide contracted services? Otherwise I understand that I may be paid equivalent to a minimum wage allowed by state law.  Yes  No

I certify that all the above information is true and complete.

*By marking the box above, you are stating that all statements and answers you provided are true and complete to the best of your knowledge. In addition, you understand that we may verify information and that untruthful or misleading answers are cause for termination of contractor relation(s) and agreement(s).*

Date Signed	Contractor's Signature
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The Public Records Act, RCW 42.17.250, et. seq., requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department of Personnel will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.