

All Saints Lutheran Church
15649 N 7th Street, Phoenix, AZ 85022
602 866-9191 Fax: 602-866-2179
aslc@allsaintsphoenix.org

Today's
Date:

APPLICATION TO PROVIDE INDEPENDENT CONTRACTOR SERVICES

CONTRACTOR INFORMATION

Business Name: _____

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip code:** _____

Business Phone: _____ **Email address:** _____

Cell Phone: _____ **Home Phone:** _____

POSITION

Applying to Provide the following services: _____

EDUCATION

Name And Address of School	Dates	Degree	Major Area of Study
High School _____			
College/University _____			
College/University _____			
Graduate School _____			
Other Schools _____			

EXPERIENCE

(Begin with current or most recent experience.)

1

Employer Name

Supervisor's Name & Title

Business Address

City, State Zip

Employer Phone Number

Description of Services/Worked Performed (*attach separate sheet if necessary*)

Period of Time when Services Performed

2

Employer Name

Supervisor's Name & Title

Business Address

City, State Zip

Employer Phone Number

Description of Services/Worked Performed (*attach separate sheet if necessary*)

Period of Time when Services Performed

REFERENCES

(Please provide at least two business references.)

Employer Name

Business Address

City, State Zip

Employer Phone Number

Employer Name

Business Address

City, State Zip

Employer Phone Number

Please Read Carefully Before Signing Below.

1. All information provided on this Application form is complete and accurate to the best of my knowledge.
2. All Saints Lutheran Church has my permission to investigate, at its discretion, my past employment history, references, and any other information contained in this application. I agree to sign an "Authorization to Release" to allow All Saints Lutheran Church or its representative to obtain my employment and background check information in accordance with the applicable law.

Applicant's Signature

Date