

Remodeling Dreams Construction

SUB CONTRACTOR Information/ Application

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Company

PLEASE PRINT

SSN or EIN # _____ - _____ - _____
Last _____ First _____ Middle _____
Address _____
Street _____ City _____ State _____ Zip Code _____
Business Phone _____ Cell _____ E-MailAddress _____
Referral Source (How did you hear about us)? _____
What Trade are you applying for? _____

WORK ELIGIBILITY

If you are a contractor, you must be licensed with the Department of Labor for IA & NE.

IA Dol# _____ NE Dol# _____ If not registered, you must be prior to employment for services

Do you have Contractor General Liability Insurance. Yes _____ No _____ Must be provided prior to employment of services

Do you speak fluent english Yes _____ No _____ If no, do you have a spokesperson on your crew at each job _____

Do you have a Lead License in Nebraska and/or Iowa? _____

Do you have a valid driver's license? _____ State _____ ID # _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____yes _____no

If yes, please provide date(s) and details

SUB-CONTRACTOR HISTORY Starting with your most recent employer, provide the following information:

Employer _____ Telephone # _____ Dates Employed: Mo. ____ Yr ____ to Mo. ____ Yr. _____

Street Address _____ City _____ State _____

May we contact for reference? _____yes _____no _____

Summarize the type of work performed and job responsibilities:

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Employer _____ Telephone # _____ Dates Employed: Mo. ____ Yr ____ to Mo. ____ Yr. ____

Street Address _____ City _____ State _____

May we contact for reference? ___yes ___no___

Why did you leave? _____

Summarize the type of work performed and job responsibilities:

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Street Address _____ City _____ State _____

May we contact for reference? ___yes ___no___

Summarize the type of work performed and job responsibilities:

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Street Address _____ City _____ State _____

May we contact for reference? ___yes ___no___

Summarize the type of work performed and job responsibilities:

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that my assist you in performing the work for which you are applying:

CONDITIONS OF SUB-CONTRACT WORK

(RDC) Remodeling Dreams Construction set high standards for its Sub-Contractors, and compliance with these RDC standards is a condition of Sub-Contractor work. If you are hired as an independent Contractor with RDC you need to carefully consider what we would require of you before you accept. As an Independent Sub-Contractor, you must do everything you can to provide excellent customer service and provide excellent craftsmanship.

- Following our standards of professionalism
- Report daily activity with clarity and accuracy
- Arriving on time to scheduled job
- Maintaining a positive, enthusiastic attitude
- Conduct business with the highest standards under every condition
- Being honest and dedicated in your work
- Using proper phone and professional etiquette
- Meeting standards of work quality
- Maintaining a professional appearance
- Maintaining proper licensing for your trade as required by the state.
- Maintaining applicable Workers Compensation for your Business and having proper Liability Insurance coverage.
- Complying with Company Drug Policy Testing

Are you willing to comply with the requirements listed? Yes _____ No _____

If your answer is no, or if you have concerns being able to comply with any of these requirements, please explain: _____

AGREEMENT TO THE TRANSFER OF INFORMATION

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of Sub-Contractor work. I authorize you to verify any and all information provided above. I acknowledge that Sub-contractor work may be conditional upon successful completion of a substance abuse screening test as part of the Company's pre-employment/sub-contractor work/sub-contractor policy. I acknowledge that if I become Employed/Sub-Contracted, I will be free to terminate my Employment/Sub-Contractor Work at any time for any reason, and that RDC retains the same rights.

Signature of Applicant _____ Date ____/____/____