



Independent Contractor Application Form

The Nelrod Company dba Fox Energy Specialists requests this information in order to evaluate the appropriate service provider classification under IRS guidelines (i.e., employee vs. independent contractor).

PART I: Service Provider Information

Owner/Officer Name: _____ Title: _____

Company Name: _____ DBA: _____

Current Street Address: _____

City, ST, Zip: _____, Phone: _____

Mailing Address (if different): _____

City, ST, Zip: _____, Phone: _____

Employer Identification Number (EIN): _____ or Social Security Number: _____

Previous address: _____

City, ST, Zip: _____, Phone: _____

What Type of Business are you?

Sole Proprietorship Corporation Partnership Limited Liability Company (LLC) Limited Partnership

Other _____

What type of Professional Business Licenses do you currently operate under, if any?

What Types of liability insurances do you carry? (check all that apply)

General Liability Workers Comp Bonds Commercial Auto Basics of Business (BOP) Other (List below)

Will your employees be working under the Fox Energy Specialists Sub-Contractor Agreement? YES NO

NOTE: If Yes, Employee's may be subject to a Criminal background check from Fox Energy Specialists. Is that Agreeable? YES NO

Owners/Officers/Top Management/Drivers. Please Answer:

Are you under 18 yrs. of age? YES NO Have you ever been convicted of a Felony? YES NO

Have you ever been convicted of driving under the influence of alcohol? YES NO

If YES, please explain fully below. Conviction of a crime is not an automatic bar to entering into an Independent Contractor Agreement. By company policy any person convicted of driving under the influence of alcohol will not be considered for an Independent Contractor Position involving operating a vehicle owned or leased by Fox Energy Specialists:

Have you ever tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied and was not hired during the past three (3) years? YES NO

Describe Your Company Services:

Where do you advertise your services? (check all that apply)

- Word of mouth Yellow pages Publications Web List publication names and web URL, if applicable (below):

Provide names and contact number of your three (3) major customers (or employers if new you are a new business) other than Fox Energy Specialists:

1. _____ Customer issued a 1099 last year
 YES NO
2. _____ Customer issued a 1099 last year
 YES NO
3. _____ Customer issued a 1099 last year
 YES NO

Residential Certifications: (Check Any That Apply To You.)

- | | |
|---|--|
| <input type="checkbox"/> HERS Rater | <input type="checkbox"/> LEED AP-Homes |
| <input type="checkbox"/> RESNET Quality Assurance Designee (QAD) | <input type="checkbox"/> LEED Green Rater |
| <input type="checkbox"/> NGBS Green Verifier | <input type="checkbox"/> BPI- Building Analyst Professional |
| <input type="checkbox"/> IECC Residential Energy Inspector/Plans Examiner | <input type="checkbox"/> BPI- Multi-Family Building Analyst Professional |
| <input type="checkbox"/> Other (list below) | |

Commercial Certifications: (Check Any That Apply To You.)

- | | |
|---|--|
| <input type="checkbox"/> Certified Energy Manager (CEM) | <input type="checkbox"/> LEED AP-BD+C |
| <input type="checkbox"/> IECC Commercial Energy Plans Examiner | <input type="checkbox"/> LEED Green Associate (GA) |
| <input type="checkbox"/> IECC Commercial Energy Inspector | <input type="checkbox"/> IgCC Certified Inspector |
| <input type="checkbox"/> Certified Water Efficiency Professional (CWEP) | <input type="checkbox"/> OSHA Certified |
| <input type="checkbox"/> Other (list below) | |

Other Certifications (please list):

PART II

Service Provider Attestation and Certification

I am the owner, managing member, or other company official with contracting authority for above mentioned business entity. I am a citizen of the U.S. or a permanent resident (green card). I am not a Fox Energy Specialists employee. If Fox Energy Specialists approves me as an independent contractor, I am responsible for taxes, insurance coverage, and business expenses, and that I am not eligible for any Nelrod Company employer-provided benefits.

Signature: _____ **Date:** ____/____/____

Name: _____ **Title:** _____

Phone:(_____) _____ **Email:** _____

Please send Independent Contractor application and/or other attachments to the following:

Stella Shain-Goodwin, Executive Assistant
 Fox Energy Specialists
 3109 Lubbock Avenue, Fort Worth, TX 76109
 Phone: 866-448-0961 x 135 / Fax: (817) 546-0161 / Email: sshain@foxenergyspecialists.com

Consent for Background Check – Independent Contractor

This is to inform you that The Nelrod Company dba Fox Energy Specialists (herein after referred to as Nelrod) may request a consumer report from a consumer reporting agency in connection with your application for joining Nelrod Independent Contractor Service Agreement. Any information contained in these reports may be taken into consideration in evaluating your application.

For Nelrod purposes, a consumer report consists of credit check, criminal history records, motor vehicle records, education and independent contract employment verification.

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you to creditors, employers, landlords, and other businesses. As part of the FCRA, a CRA may not provide information about you to a prospective Company without your written consent.

If it appears likely an adverse decision regarding your association with Nelrod may be made based entirely or in part on information contained in these reports, you may be notified of this possibility before a final decision is made. At that time, you will be provided with a copy of any consumer reports Nelrod has requested on you, as well as a summary of your rights under the FCRA.

Your consent is required by law for the release of this information. Your signature on this form indicates you have carefully read and understand this notice and authorizes the release of a consumer report to Nelrod for the purpose described above.

Signature of Applicant: _____ Date: ____/____/____
Owner or Authorized Officials Signature

Typed or Printed Full Name: _____

Please provide a copy of your current driver’s license and Social Security Card for Owner or Authorized Official with this authorization.

FOR THE NELROD COMPANY USE ONLY:	
Authorization to Proceed:	
_____	_____
President/CEO (Signature)	Date
_____	_____
Background Check Completed by Designated Official (Official Sign Above)	Date