



Human Resources

P.O. Box 2040,

Los Lunas, NM 87031

Ph: 505-565-1614 Fax:505-865-5331

Independent Contractor Application

La Vida selects the best qualified candidate for the position regardless of race, color, age, sex, gender, religion, citizenship, national origin, disability, marital status, veteran status or any other status protected by applicable law.

Affirmative Action

Equal Opportunity Employer



POSITION APPLIED FOR

Adult Services Department

Early Childhood Services Department

- DOH DD or SGF Respite Provider

- DOH Family Living Sub-Care Provider

- DOH Family Living Provider

- Early Intervention Physical Therapist

- Early Intervention Speech Language Pathologist

- Early Intervention Occupational Therapist

- Social Worker

DATE OF APPLICATION

APPLICANT PERSONAL/CONTACT DATA

TODAYS DATE

YOUR AVAILABILITY

Full Time	Part Time	On Call	Available Start Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30 to 40 Hours Per Week	Less than 30 Hours Per Week	No Guaranteed Hours	

FIRST NAME

M.I.

LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHONE #

EMAIL ADDRESS

EDUCATION & SKILLS

Do you have a High School Diploma or GED or above? Yes No

Do you have any Specialized Skills or Training? Yes No

Do you have any Friends or Relatives currently serving on the La Vida Felicidad Board of Directors? Yes No
If Yes, Who?

EMPLOYMENT HISTORY

Current or Most Recent Employer

Employment Dates		1 - Company Name 2 - Company Address (City & State Only) 3 - Company Phone #	JOB TITLE & SUPERVISOR	FINAL SALARY	REASON FOR LEAVING
From (Month/Year)	To (Month/Year)				
		1			
		2			
		3			

2nd Most Recent Employer

Employment Dates		Employment Dates	JOB TITLE & SUPERVISOR	FINAL SALARY	REASON FOR LEAVING
From (Month/Year)	From (Month/Year)				
		1			
		2			
		3			

3rd Most Recent Employer

Employment Dates		Employment Dates	JOB TITLE & SUPERVISOR	FINAL SALARY	REASON FOR LEAVING
From (Month/Year)	From (Month/Year)				
		1			
		2			
		3			

Independent Contractor Application – Page 2 of 2

PROFESSIONAL REFERENCES

PLEASE LIST 3 PROFESSIONAL REFERENCES BELOW THAT WE MAY CONTACT WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE.
PLEASE DO NOT LIST PERSONAL REFERENCES.

Supervisor or Co-Worker <small>(Please Select One)</small>	1 – Name and 2 – Job Title	1 – Phone # and 2 – Email Address
<input type="checkbox"/> - Supervisor <input type="checkbox"/> - Co-Worker	1	1
	2	2
<input type="checkbox"/> - Supervisor <input type="checkbox"/> - Co-Worker	1	1
	2	2
<input type="checkbox"/> - Supervisor <input type="checkbox"/> - Co-Worker	1	1
	2	2

APPLICANT ACKNOWLEDGEMENT

1. I authorize La Vida Felicidad, its Representatives, and Affiliates to investigate my past employment; education; experience; references; criminal and civil conviction history; records and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment. Further, I understand that employment will be contingent upon successfully passing all required background checks and investigations. I release and indemnify La Vida Felicidad, its Representatives, and Affiliates from all liabilities which might result from making such investigations and background checks. I agree that the information obtained by La Vida Felicidad during the investigation of my background in connection with this application is the sole property of La Vida Felicidad. I agree that La Vida Felicidad is under no obligation to inform me of the results of the information obtained during the investigation except when required by law.
2. I understand and agree that if I am hired, my status will be that of an **Independent Contractor** and as such, I will be solely responsible for all tax liabilities pertaining to monies received for services rendered.
3. I understand and agree that if I am hired, I will be required to provide documentation of both my identity and employment eligibility in the United States in accordance with the Immigration Reform and Control Act of 1986.
4. I understand and agree that if I am hired as an **Independent Contractor** I will:
 - Not be eligible for employee well-being benefits
 - Not be entitled to worker's compensation or unemployment benefits
 - Be responsible for obtaining and maintaining all required training and certifications.
5. By signing this application for employment, I certify that I have read and understand all parts of this application and the Scope of Work for which I am applying. I certify that I have truthfully and completely answered all requested information on this application and that all information on this application, my resume, and any supporting documentation is complete and accurate to the best of my knowledge. I understand that any falsification, omission, misstatements, or misrepresentations of material information given herein or in any other employment-related form or context may be grounds for: 1) rejection as a candidate for employment; 2) rescinding any offer of employment; or 3) termination of employment, regardless of when such falsification, omission, or misrepresentation may be discovered

**Incomplete or Unsigned Applications will not be accepted or processed.
La Vida Felicidad does not accept unsolicited applications**

Signature of Applicant: _____ Date: _____

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