



GRAIN DESIGN FLOORING

SUB-CONTRACTOR APPLICATION

PLEASE PRINT		Today's date: _____	
Company Name _____		DBA _____	
First Name _____	Middle Initial _____	Last Name _____	
Business Address _____		City _____	State _____ Zip Code _____
Main Phone _____	Alternate/Cell Phone _____		E-Mail Address _____
Federal ID # _____	OR	Social Security _____	
CHOOSE ONE: LLC Incorporated Sole Proprietor Other: _____			

PLEASE ANSWER BELOW QUESTIONS ABOUT YOUR EXPERIENCE	
How long have you been in business: _____	
What services/trades do you offer? (Mark all that apply)	
Painting _____	Roofing _____ Siding _____ Carpentry _____ Other: _____
How many crews do you have? _____	How many persons per crew? _____
Are you able to travel? _____	
Do you carry General Liability and Worker's Compensation Insurance? YES or NO	
*For Individuals ONLY – if you do NOT carry Worker's Compensation, do you have a Worker's Compensation Waiver with the state? YES or NO	
*****You must include a current Certificate of Insurance per the limits listed to submit an application for review. Any applications submitted WITHOUT a Certificate of Insurance and/or a copy of your state wavier will NOT be considered.*****	

Have you ever been convicted of a crime? (including misdemeanors) Yes ____ No ____

Do you have any unresolved criminal charges? Yes ____ No ____

(That is, criminal charges that have not yet been resolved through a plea, court verdict, deferred adjudication or dismissal of the charge).

If yes, describe fully.

Describe Incident:

What year did the criminal charge/conviction occur:

What county, state did the criminal charge/conviction occur:

What name did you go by at the time of the criminal charge/conviction?

*** PLEASE NOTE:** OTHER FACTORS WILL BE TAKEN INTO ACCOUNT SUCH AS THE NATURE OF THE OFFENSE, THE TIME THAT HAS PASSED SINCE THE CONVICTION AND THE TYPE OF JOB BEING SOUGHT. FURTHER, THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes ____ No ____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, **VMintegrated** will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

PROFESSIONAL DESIGNATIONS (if applicable)

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
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PROFESSIONAL LICENSES (if applicable)

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

My signature below attests to the fact that the information that I have provided on my application, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, or any other materials, or during any interviews, can be justification for refusal of consideration.

References: I hereby authorize the company and its agents to make such investigations and inquire into my professional references and other related matters as may be necessary. I hereby release listed professional references from all liability in responding to inquires connected with my application and I specifically authorize the release of information by businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

SIGNED: _____

DATE: _____

_____ Signature
of Applicant Date: