



SUB CONTRACTOR APPLICATION

Do not provide any false or misleading information in the Sun Contractor Application. All information provided is subject to verification. If any information in your Sub Contractor Application changes after completion and submittal of this Sub Contractor Application to the Company, you must notify the Company immediately.

PERSONAL INFORMATION

(Please Print)

Name _____
(as stated on your identity card / passport)

Date Completed _____

Are you at least 18 years of age? Yes No

Address _____

Phone Number () _____ Alternate Phone Number () _____

Email address: _____

OTHER RELATED INFORMATION

Referral Source: Friend Relative Walk-in Ad Other _____

REFERENCES

Please list any applicable industry references that you might have.

Company Name	Telephone ()
Address	
Name of Supervisor	
Job Title and Work Description	
Company Name	Telephone ()
Address	
Name of Supervisor	
Job Title and Work Description	
Company Name	Telephone ()
Address	
Name of Supervisor	
Job Title and Work Description	

JOB RELATED SKILLS

If needed, please tell us what job(s) you can, and are willing to preform as a sub-contractor _____

Please list any education, training, special skills, licenses or certificates that are job-related _____

* Please attach any relevant certifications that you possess along with your resume

WORKERS COMPENSATION INSURANCE

Insurance Company _____
Policy No. _____ Expiration Date _____

GENERAL LIABILITY INSURANCE

Insurance Company _____
Policy No. _____ Expiration Date _____

* Upon selection for a job we will need a current Certificate of Insurance (COI) for each of these with the certificate holder listed as below:

Chapman Services LLC
1650 Redi Road Suite 100
Cumming, GA 30040

Signature of Applicant	Date
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For Company use only

Qualified _____

1st interview _____

Resume on file _____

2nd interview (if required) _____

Notes: _____

