



CONFIDENTIAL INDEPENDENT CONTRACTOR

INDEPENDENT CONTRACTOR INFORMATION <i>(Please Print)</i>			
SSN:		Date of Birth:	
Last Name:		First Name:	MI:
Preferred Name:	Phone:	Cell/Alt. Phone:	
Email Address:			
Mailing Address:			
City:		State:	Zip:
EMERGENCY CONTACT INFORMATION <i>(Please Print)</i>			
Name:		Relationship:	
Home Address (Including Apt #):			
City:		State:	Zip:
Phone:		Cell/Alternate Phone:	
URS NOTIFICATION			
<p><input type="checkbox"/> YES <input type="checkbox"/> NO I am currently employed by the City of St. George.</p> <p>If yes, this must be approved by HR. _____ <div style="text-align: right; margin-left: 300px;">HR Representative/Date</div></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO I am currently, or have been previously, a member of the Utah Retirement System (URS).</p> <p>If yes to either or both of the above, please check the boxes below to indicate your understanding.</p> <p><input type="checkbox"/> I understand that my wages as an independent contractor will be reported to URS.</p> <p><input type="checkbox"/> I understand that if I should become a member of the Utah Retirement System I have a responsibility to notify the City of St. George so my wages can be reported to URS.</p> <p>_____</p> <div style="display: flex; justify-content: space-between; width: 100%;"> Independent Contractor Signature Date </div>			
PROCESSING INFORMATION			
Type of Work:		Start Date:	
Division: <i>(Name & Number)</i>		Approver:	
<input type="checkbox"/> Background Check Result	<input type="checkbox"/> OK	Date: _____	
<input type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> OK	Date: _____	
<input type="checkbox"/> W-9 Form Received	<input type="checkbox"/> OK	Date: _____	
<input type="checkbox"/> Workers Compensation Insurance	<input type="checkbox"/> OK	Date: _____	
<input type="checkbox"/> Contract/Agreement	<input type="checkbox"/> OK	Date: _____	
<input type="checkbox"/> URS Certification	<input type="checkbox"/> OK	Date: _____	