



## 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><b>IF YOU ARE CURRENTLY A CITY OF ST GEORGE EMPLOYEE YOU <u>ARE NOT</u> ELIGIBLE TO WORK AS AN INDEPENDENT CONTRACTOR.</b></p> <p>I am a post retired employee; receiving a pension from the Utah Retirement System. YES      NO</p> <p>If yes, I was a member of the:</p> <p style="text-align: center;"> <input type="checkbox"/> Public Retirement System                <input type="checkbox"/> Public Safety Retirement System                <input type="checkbox"/> Firefighter Retirement System         </p> <p>I understand that my wages as an independent contractor will be reported to URS.</p> <p>_____ Initial      I understand that if I should become a post retired 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>_____ Initial</p> <p style="text-align: center;">           _____      _____            Independent Contractor Signature      Date         </p>			
PROCESSING INFORMATION			
Type of Work:		Start Date:	
Division: <i>(Name &amp; 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: _____	