



Contractor Application

Dear Applicant:

Thank you for your interest in employment with Rightway Development.

Enclosed is the Rightway Development application for employment. Please fill out all portions completely. You may attach an updated resume and additional sheets for supplemental information.

Please note that the application (pages 2-4) must be completed in full. If questions are not applicable, please enter "NA". Do not leave questions blank. Incomplete applications will not be processed. The Affirmative Action form (page 5) is voluntary.

Please submit the completed Contractor Application Package to:
Human Resources
6805 Backlick Road, Suite D
Springfield, Virginia, 22151

To expedite your application, you may fax it to: (703) 813-1788 or you may email it to resumes@rightwaydevelopment.com.

If you have any questions, please contact Human Resources at (703) 644-1444.

Thank you,
Human Resources
Rightway Development

An Equal Opportunity Employer

Rightway Development does not discriminate based on race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Contactor Information

Position(s) Applying For:		Date: _____/_____/_____	
Last Name:	First Name:	Middle Initial:	
Address:			
City:	State:	Zip Code:	
SSN, ITIN or EIN:	Contractor License # & State Issued (If Applicable):		
Daytime Phone #: () -	Mobile Phone #: () -	Fax #: () -	
Email Address:			

Business Information

Business Name:	Principal/Owner Name:	Contact:	
Address:			
City:	State:	Zip Code:	
Daytime Phone #: () -	Mobile Phone #: () -	Fax #: () -	
Years in Business:	# of Employees:	# of Contractors	
Business Type: ___ Sole Proprietor ___ Corporation ___ Limited Partnership ___ Limited Liability Co.			

General Information

Have you ever filed an application with us before? ___ Yes ___ No If Yes, provide the date: _____/_____/_____	
Have you ever been employed with us before? ___ Yes ___ No If Yes, provide the date: _____/_____/_____	
Are you currently employed? ___ Yes ___ No	May we contact your present employer? ___ Yes ___ No
Can you lawfully be employed in this country? (Proof of citizenship/immigration status will be required upon employment.) ___ Yes ___ No	
Are you able to perform the essential job functions of the job which you are applying, with or without accommodation? ___ Yes ___ No	Have you ever had any job-related training in the United States military? ___ Yes ___ No If yes, please describe:
Are you currently on "lay-off" status and subject to recall? ___ Yes ___ No	Do you have general hand tools? ___ Yes ___ No Do you have a digital camera? ___ Yes ___ No
On what date would you be available to work? _____/_____/_____	Are you available to work: ___ Full Time ___ Part Time ___ Temporary
Are you able to come to our office to receive your assignments? ___ Yes ___ No	What shifts can you work? ___ Days ___ Evenings ___ Weekends
Languages you speak:	Do you have experience in any of the following? (Please check all that apply) ___ Winterizations ___ Maid Services ___ Lock Changes ___ Plumbing ___ Evictions ___ Grass Cuts ___ HVAC ___ Trash-Outs ___ Board-Ups
Can you travel throughout Northern Virginia, Southern Maryland, and DC if a job requires it? ___ Yes ___ No	

Education Background				
Type of School	Name and Location	Dates Attended	Diploma/Degree	Major
High School				
College/University				
Bus. Trade Sch.				
Other				

Insurance Information		
Do you have General Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is the carrier?	What is the coverage amount?
Do you have Automobile Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is the carrier?	What is the coverage amount?
Do you have E&O Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is the carrier?	What is the coverage amount?

Services Offered
Please select all services you or your company is capable of providing: <input type="checkbox"/> Inspections <input type="checkbox"/> Borrower Interviews <input type="checkbox"/> Preservation <input type="checkbox"/> Rehab <input type="checkbox"/> Bids <input type="checkbox"/> BPO <input type="checkbox"/> Hazard Claims
Coverage Area (Please list the counties in which you perform services):
Please list any trade associations or organizations and/or certifications, licenses and/or credentials with which you are affiliated:

Professional Experience	
Please list previous work experience:	
Company Name & Type of Work Performed	Dates Worked <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>
Company Name & Type of Work Performed	Dates Worked <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>
Company Name & Type of Work Performed	Dates Worked <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>
Company Name & Type of Work Performed	Dates Worked <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>
Company Name & Type of Work Performed	Dates Worked <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>

Background Information
If there any litigation pending in relations to work performed by you or your company? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Where allowable by law, Rightway Development performs background investigations on all independent contractors. Do you authorize Rightway Development to perform a background check on you and/or your company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Print Name: _____ Maiden/Other Name: _____
Birth date: _____ Driver's License #: _____ State: _____
Signature: _____ Date: _____

References

Please provide a minimum of three professional references:

Name/Relationship	Phone #: () -
Name/Relationship	Phone #: () -
Name/Relationship	Phone #: () -

Emergency Contacts

Please provide two individuals Rightway Development may contact in case of emergency:

Name/Relationship	Phone #: () -
Name/Relationship	Phone #: () -

Additional Information

Please use the following space to provide any further information you may think important for Rightway Development to consider you a part of its Independent Contractor Network. You may attach a resume, if applicable.

By signing below, I acknowledge and accept the terms and conditions of this application:

- * I am an independent contractor and am not an employee of Rightway Development
- * Rightway Development will accept this application but is not required to award me or my company with any work
- * My work as an independent contractor on behalf of Rightway Development may be terminated at any time
- * I am authorized to sign enforceable contracts as an independent contractor
- * I agree to perform all work in accordance with investor and/or insurer requirements. I further understand that failure to do so, I authorize Rightway Development to charge back to me any additional costs relating to completing the project.

I authorize Rightway Development and its designated agents to conduct a comprehensive review of my background. I understand that the scope of this investigation may include, but is not limited to, the following areas: verification of social security number, insurance and criminal history records. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have.

This authorization and consent shall be valid in original, fax, or copy form. I attest that the information provided on this contractor application is correct to the best of my knowledge. I understand that the information on this application and results of the background investigation will be maintained in confidence in accordance with company practices.

Signature:	Date:
-------------------	--------------

Affirmative Action - Voluntary Information

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application. We consider all applicants for positions without regard to race, color, religion, sex, origin, citizenship, age, mental or physical disabilities, veteran/national guard or any similarly protected status. We also comply with all applicable governing employment practices and do not discriminate on the basis of any unlawful criteria. To be completed by applicant on a voluntary basis. Not for interview purposes. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Full Name (Last, First, MI):		Date: ____/____/____	
Position Applied For:			
Referral Source:			
<input type="checkbox"/> Walk-In <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> School <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Other (Specify)			
Advertisement Source:		Other Source:	
Name of person who referred you, if applicable:			
Last Name:	First Name:	Middle Initial:	Daytime Phone #: () -
Address:	City:	State:	Zip Code:

Invitation to Veterans and Persons with a Disability to Identify Themselves

Rightway Development is a Government contractor subject to the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Act of 1974, as amended, which require Government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, qualified disabled veterans, veterans of the Vietnam era and other covered veterans. If you have a disability, is a disabled veteran, a veteran of the Vietnam era or other covered veteran and would like to be considered under the affirmative action program, please tell us. **Your cooperation in completing this section is completely voluntary. Any information gathered is strictly confidential, except that** (i) supervisors and managers may be informed regarding restrictions on the work or duties and of necessary accommodations, (ii) safety personnel may be informed, when appropriate, and (iii) Government officials engaged in enforcing relevant laws may be informed. **Your answers will in no way be used against you.** Thank you for your cooperation.

Full Name (Last, First, MI):		Date: ____/____/____	
<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Person with a Disability	
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other Protected Veteran		

Affirmative Action - Voluntary Applicant Data Record

Rightway Development is an Equal Opportunity Employer. We do not discriminate in hiring or employment because of race, color creed, national origin, sex, age, disability or veteran status. Various government agencies request statistical information regarding our hiring practices. **Your cooperation in completing this section is completely voluntary. Any information gathered is strictly confidential. Your answers will in no way be used against you.** Thank you for your cooperation.

Full Name (Last, First, MI):		Date: ____/____/____	
Please Specify Your Sex (Please check one):	Please Specify Your Ethnicity/Race (Check all that apply):		
<input type="checkbox"/> Male	<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Female	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> I choose not to disclose	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Two or More Races (not Hispanic or Latino)	
	<input type="checkbox"/> I choose note to disclose		