

Applications are considered for all Independent Contractors, and Contractors are treated equally during the agreement, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination as provided under applicable state and federal law.

To fill out this form and save your changes please open and fill out in Adobe. Click [here](#) for a free Adobe Reader download. Adobe will instruct you on how to e-sign the document. Please note: You cannot save or sign this form in any other browser or software.

When completed: Email this **completed application** and your **resume** as attachment files to careers@telereach.com

Remember to leave your verbal resume at **713-866-6226**.

PERSONAL INFORMATION		
First Name:	Last Name:	Home/Business Phone: (Numbers Only)
Business Name:		Cell Phone: (Numbers Only)
Street Address City, State Zip:		Email Address:
Type of Entity (e.g. individual, corporation, partnership, etc.):		Referred By:
ADDITIONAL INFORMATION		
Have you ever applied with TeleReach Corporate before? If yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that this is an Independent Contractor position and you will receive a form 1099 for service provided to TeleReach Corporate by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that, as an Independent Contractor, you would be responsible for payment of any and all state and/or federal income, Social Security, self-employment taxes, sales and use taxes, unemployment taxes, and payroll taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that as in Independent Contractor, you would not be eligible for unemployment benefits at the end of any contract with TeleReach Corporate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CONTRACT EXPECTATIONS		
Anticipated Rate: \$	Hours Available (days/weeks):	
What is the earliest date you can begin work?		

<div style="text-align: center;"> <input type="checkbox"/> PREVIOUS POSITIONS Check if your resume contains completed previous positions. </div>				
<p>If your resume contains all of the information, you do not need to complete the fields below. If your resume does not contain all of the information, please complete the previous positions fields below beginning with the most recent position. If you check the box and your resume is incomplete, your application will not be considered.</p>				
Company:		Dates Employed:	Position Title:	Reason for Leaving:
Address:		Start:	Duties:	
City, State Zip:		End:		
Contact:				
Phone:				
Company:		Dates Employed:	Position Title:	Reason for Leaving:
Address:		Start:	Duties:	
City, State Zip:		End:		
Contact:				
Phone:				
Company:		Dates Employed:	Position:	Reason for Leaving:
Address:		Start:	Duties:	
City, State Zip:		End:		
Contact:				
Phone:				
Company:		Dates Employed:	Position:	Reason for Leaving:
Address:		Start:	Duties:	
City, State Zip:		End:		
Contact:				
Phone:				
Company:		Dates Employed:	Position:	Reason for Leaving:
Address:		Start:	Duties:	
City, State Zip:		End:		
Contact:				
Phone:				

EXISTING CONTRACTUAL RELATIONSHIPS

***Please list all current independent contractor relationships**

Company:		Obligations:	Industry Type:
Address:		Effective Date:	
City, State Zip:			Monthly Hours Worked:
Contact:		End of Term:	
Phone:			
Company:		Obligations:	Industry Type:
Address:		Effective Date:	
City, State Zip:			Monthly Hours Worked:
Contact:		End of Term:	
Phone:			
Company:		Obligations:	Industry Type:
Address:		Effective Date:	
City, State Zip:			Monthly Hours Worked:
Contact:		End of Term:	
Phone:			

COLD CALLING EXPERIENCE

1. Describe your cold calling experience, type(s) of products or services, target audiences and target markets.

2. What challenges do you anticipate working from home and how will you deal with the challenges?

3. Tell us about a particularly difficult long-term project, work related or not, that required a large amount of discipline for you to accomplish.

4. Give an example of an open-ended question:

5. Give an example of a closed-ended question:

COLD CALLING EXPERIENCE (Continued)

6. You have been assigned to a TeleReach Corporate Client account, a provider of group health benefits and payroll services. Rank these potential decision maker titles in order of priority from best to worst 1 – 6 (1 being best and 6 being worst):

- | | |
|--|---|
| <input type="checkbox"/> Benefits Specialist | <input type="checkbox"/> HR Manager |
| <input type="checkbox"/> CFO | <input type="checkbox"/> Office Manager |
| <input type="checkbox"/> Controller | <input type="checkbox"/> Owner |

PROFESSIONAL REFERENCES

Name:	Title:	Contact info:
Name:	Title:	Contact info:
Name:	Title:	Contact info:

SIGNATURE/CERTIFICATION

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for immediate denial of my appointment or removal from consideration or, if I have entered into a contract with this company, for immediate termination of that contract. I authorize TeleReach Corporate to make any necessary inquiries and investigations into my education, references, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to TeleReach Corporate by any of the schools, services, or employers listed on this application.

I also hereby release from liability TeleReach Corporate and its representatives for seeking, gathering, and using such information to make decisions concerning my status as an independent contractor for TeleReach Corporate and all other persons or organizations for providing such information.

THIS IS NOT AN APPLICATION FOR EMPLOYMENT. I understand and agree that if this application is accepted, my status will be that of an independent contractor as such, I will be solely responsible for all tax liabilities pertaining to monies received in the course of services I perform.

If I am retained by TeleReach Corporate as an independent contractor I will:

- Not be entitled to workers compensation benefits.
- Not be entitled to unemployment insurance benefits unless unemployment coverage is provided by me or some other entity.
- Be obligated to pay federal and state income tax on any moneys paid pursuant to the contract relationship.

I represent and warrant that I have read and fully understand the foregoing, and that I seek to become an independent contractor under these conditions.

Please esign below.

Signature:	Date:
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