



Dear Applicant,

Thank-you for considering **1st On Call, Inc.** as a resource for work. We take pride in offering our services to you as Service Provider (handyman) and to the commercial and residential needs of your community as clients. We hope to build a strong relationship for our future Service Providers with our ever growing client base. The integrity, trust and professionalism we share equally will bond a long term relationship that will provide a continuation of a long service relationship. Our promise is to respect you for the professional you reflect to be, in the condition you show honesty and trust in our service to you.

Please fill out the following documents and submit then by way of fax, email, or mail to the following:

Fax 813-402-0559

e-mail: manager@1stoncall.com

or mail to:

1st On Call, Inc.
Corporate Office
3704 N Marguerite St
Tampa, FL 33603

Sincerely,

Donald Chase
President

Dave Stetzel
Vice President



Before we can complete the application process of any service provider (handyman), we must have a W-9 and a Sub-Contractor Application completed. In addition we need a copy of the three following documents.

1. A copy of your valid driver's license.
 2. A copy of your auto insurance must be current and have you listed as insured.
 3. A copy of your Social Security Card or EIN#.
- the first 2 documents are mandatory to complete the application process and so is the 3rd if you don't have an EIN#.

Copies of other documents can also be submitted with this application package to validate your qualifications to us and our clients.

Documents such as:

- Contractor certificates (any state but local preferred)
- Business License
- Liability Policy and coverages
- Bonding
- Workman's Compensation Certificate or Exemption
- Better Business Bureau Certificate

or any other document that credits you, qualifies you, or certifies you. Also, a letter of recommendation is beneficial.

Remember: the more legitimate, certified, and qualified you are the better your earning percentage will be.

A return package will be sent to you, after review and receipt of these documents. This package will include a confirmation letter to your earning percentage qualification, invoices and business cards with company logo, and instructions to policy and procedure and how to complete invoices, process payment, and get paid.

If you have any questions regarding this process or the document requirements please feel free to contact:

Donald Chase 1-800-476-9914

APPLICATION FOR SUB-CONTRACTOR



1 (800) 476-9914

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER OR EIN NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.		REFERRED BY	

PLEASE CHECK THE FOLLOWING:	TIME & DAYS AVAILABLE	HOURLY RATE DESIRED
DO YOU HAVE A <input type="checkbox"/> Checking Acct. <input type="checkbox"/> Credit card		
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER WORKED WITH THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

Please Check if you have: <input type="checkbox"/> Occupational License # _____ <input type="checkbox"/> Contractor License # _____ <input type="checkbox"/> General Contractor License # _____ <input type="checkbox"/> none	Please Check if you have: <input type="checkbox"/> Liability Coverage \$ _____ mil coverage <input type="checkbox"/> Bonded <input type="checkbox"/> Member Better Business Bureau <input type="checkbox"/> none	Please Check one: <input type="checkbox"/> I am a individual/sole proprietor <input type="checkbox"/> I am Incorporated <input type="checkbox"/> I am one of a partnership
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SKILLS

FLOORING <input type="checkbox"/> Tile <input type="checkbox"/> Hard wood <input type="checkbox"/> Laminate <input type="checkbox"/> Vinyl (roll) <input type="checkbox"/> Vinyl (foot sqrs) <input type="checkbox"/> Carpet <input type="checkbox"/> Terrazzo CARPENTRY <input type="checkbox"/> Framing <input type="checkbox"/> Doors <input type="checkbox"/> Windows <input type="checkbox"/> Finish (trim & mouldings) <input type="checkbox"/> Mill Work	MASONRY <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Pavers <input type="checkbox"/> Slabs, Foundations <input type="checkbox"/> Walls, Concrete <input type="checkbox"/> Big Jobs (commercial) <input type="checkbox"/> Small Jobs (i.e. Mailbox) <input type="checkbox"/> Asphalt ELECTRICAL <input type="checkbox"/> Wiring <input type="checkbox"/> Change fixtures	PLUMBING <input type="checkbox"/> Mechanical <input type="checkbox"/> Sceptics <input type="checkbox"/> Wells <input type="checkbox"/> Water Treatments <input type="checkbox"/> Fixture (sinks and toilets) <input type="checkbox"/> Tubs and Showers OTHER <input type="checkbox"/> Painting <input type="checkbox"/> Sheet Rock <input type="checkbox"/> Paneling <input type="checkbox"/> Window Treatments <input type="checkbox"/> Caulking <input type="checkbox"/> Wood Damage Repair	<input type="checkbox"/> Refridge Waterline <input type="checkbox"/> Remodel Kitch/Bths <input type="checkbox"/> Sheet Rock <input type="checkbox"/> Paneling <input type="checkbox"/> Window Treatments <input type="checkbox"/> Caulking <input type="checkbox"/> Wood Damage Repair <input type="checkbox"/> Decking <input type="checkbox"/> Metal Shed Assmby. <input type="checkbox"/> Pet Burial <input type="checkbox"/> Trenching <input type="checkbox"/> Mulch Install <input type="checkbox"/> Floor Waxing/Coating <input type="checkbox"/> Concrete Coatings	<input type="checkbox"/> Playground Assembly <input type="checkbox"/> Landscaping <input type="checkbox"/> Lawn Maintenance <input type="checkbox"/> Interior Cleaning <input type="checkbox"/> Gutter Cleaning <input type="checkbox"/> Pressure Washing <input type="checkbox"/> Wood Refinishing <input type="checkbox"/> Holiday Lighting <input type="checkbox"/> Irrigation Repair/Install <input type="checkbox"/> Pool Cleaning <input type="checkbox"/> Chimney Sweeping <input type="checkbox"/> Appliance Repair <input type="checkbox"/> Appliance Installation <input type="checkbox"/> Moving Furniture	<input type="checkbox"/> Hauling Debris <input type="checkbox"/> Hand Harvesting Crop <input type="checkbox"/> Gutter Install <input type="checkbox"/> Siding Install <input type="checkbox"/> Exterior Panel Install <input type="checkbox"/> Roofing <input type="checkbox"/> Roofing Repair <input type="checkbox"/> Install Flat Screen TV's <input type="checkbox"/> Install phone/cable <input type="checkbox"/> Home Theater Systems <input type="checkbox"/> Shelving <input type="checkbox"/> Garage Doors <input type="checkbox"/> Garage Door Openers <input type="checkbox"/> Cabinet install/repair
Other Skills _____ _____ _____					

TOOLS

VEHICLE INFORMATION <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Borrow <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> SUV <input type="checkbox"/> Other <input type="checkbox"/> Class III Hitch <input type="checkbox"/> Hitch other than CLASS III <input type="checkbox"/> No Hitch <input type="checkbox"/> Ladder Rack <input type="checkbox"/> No Ladder Rack	Level I Tools <input type="checkbox"/> Screw Driver Set <input type="checkbox"/> Basic Hammer <input type="checkbox"/> Wrench Set <input type="checkbox"/> Hand Saw <input type="checkbox"/> Hack Saw <input type="checkbox"/> Miter Box <input type="checkbox"/> Scribe tile cutter <input type="checkbox"/> Electric Drill	Level II Tools <input type="checkbox"/> Impact Driver Set <input type="checkbox"/> Sledge Hammer <input type="checkbox"/> Compressor <input type="checkbox"/> Skill Saw <input type="checkbox"/> Saws All <input type="checkbox"/> Compound Saw <input type="checkbox"/> Cutting Wheel <input type="checkbox"/> Paint Sprayer <input type="checkbox"/> Ladder less than 20' <input type="checkbox"/> Air Hammer <input type="checkbox"/> Caulk Gun <input type="checkbox"/> Saw Horse Set <input type="checkbox"/> Zip Saw	Level III Tools <input type="checkbox"/> Plane <input type="checkbox"/> Hammer Drill <input type="checkbox"/> Roofing Nailer <input type="checkbox"/> Framing Nailer <input type="checkbox"/> Staple Nailer <input type="checkbox"/> Finish Nailer <input type="checkbox"/> Deck Screw Drill <input type="checkbox"/> Air Chisel <input type="checkbox"/> Sheet metal Break <input type="checkbox"/> Portable Work Bench <input type="checkbox"/> Power Washer <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Wood Chipper	<input type="checkbox"/> Auger <input type="checkbox"/> Scaffolding <input type="checkbox"/> more than 6 ladders <input type="checkbox"/> Ladder 20' - 30' <input type="checkbox"/> Ladder 30'-40' <input type="checkbox"/> Ladder over 40' <input type="checkbox"/> Boom Lift <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Floor Sander <input type="checkbox"/> Chain Saw <input type="checkbox"/> Belt Sander <input type="checkbox"/> Rotary Sander <input type="checkbox"/> Occilating Sander <input type="checkbox"/> Jig Saw	<input type="checkbox"/> Belt Saw <input type="checkbox"/> Table Saw <input type="checkbox"/> Open Trailer less 12' <input type="checkbox"/> Open Trailer 12' Over <input type="checkbox"/> Enclosed Trailer less 16' <input type="checkbox"/> Enclosed Trailer 16' Over <input type="checkbox"/> Ditch Witch <input type="checkbox"/> Mini Loader <input type="checkbox"/> Back Hoe <input type="checkbox"/> Dozer <input type="checkbox"/> Semi <input type="checkbox"/> Grader <input type="checkbox"/> Crane
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Applicants Initials _____

APPLICATION Page 1...Continued Other Side

REFERENCES

NAME	ADDRESS	BUSINESS	YEARS KNOWN

ACKNOWLEDGMENT OF SUB CONTRACTOR TERMS: The applicant acknowledges their services for hire is assigned as a Sub Contractor and they are not entitled to benefits of employment or unemployment, or worker compensation through 1st On Call, Inc. The Sub Contractor also agrees to carry any insurance to protect themselves from Liability and bodily injury and cannot hold 1st On Call, Inc. or Owners liable.

WARRANTY: The Sub Contractor warrants that they will repair, without charge to 1st On Call, Inc. or the Owners, any defects in materials (supplied by the Sub Contractor) or workmanship which occur within 90 days after acceptance of the Work. The Sub Contractor shall at all times indemnify and save 1st On Call, Inc., and Owners harmless from all loss, liability, expense, claims, suits and actions incurred (including but not limited to actions or claims for bodily injuries) by the Owners, 1st On Call, Inc. or either of them or brought against any of their employees or agents, by others arising from the work performed by the Sub Contractor.

OTHER CONDITIONS: 1st On Call, Inc. offers this Authorization For Services only as the Owner's agent. It is not personally obligated to the Contractor, except to account for monies deposited in trust by the Owner, and in accordance with that trust. This Authorization for Services constitutes an offer to the Contractor on behalf of the Owner(s). The offer may be accepted only in strict accordance with its terms by signing below as provided and returning the Authorization For Services, so executed, to 1st On Call, Inc. Legible facsimile transmission if actually received by 1st On Call, Inc., is an acceptable means to return the signed acceptance. 1st On Call, Inc. reserves the right to revoke this offer at any time before it is duly accepted, by oral notification (including phone mail) or any other reasonable means. Performance of the Work at the time scheduled as indicated on the Authorization For Services is of the essence of this agreement. Accordingly, 1st On Call, Inc. reserves the right to cancel this Authorization without recourse by the Contractor if for any reason the Work is not performed at the scheduled times.

ACCEPTANCE OF TERMS, WARRANTY, AND CONDITIONS and validation of information provided to be truthful and accurate: Please sign and date this agreement.

 Sub Contractors Signature

 Date

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).
However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			+			+		
or								
Employer identification number								
			+					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

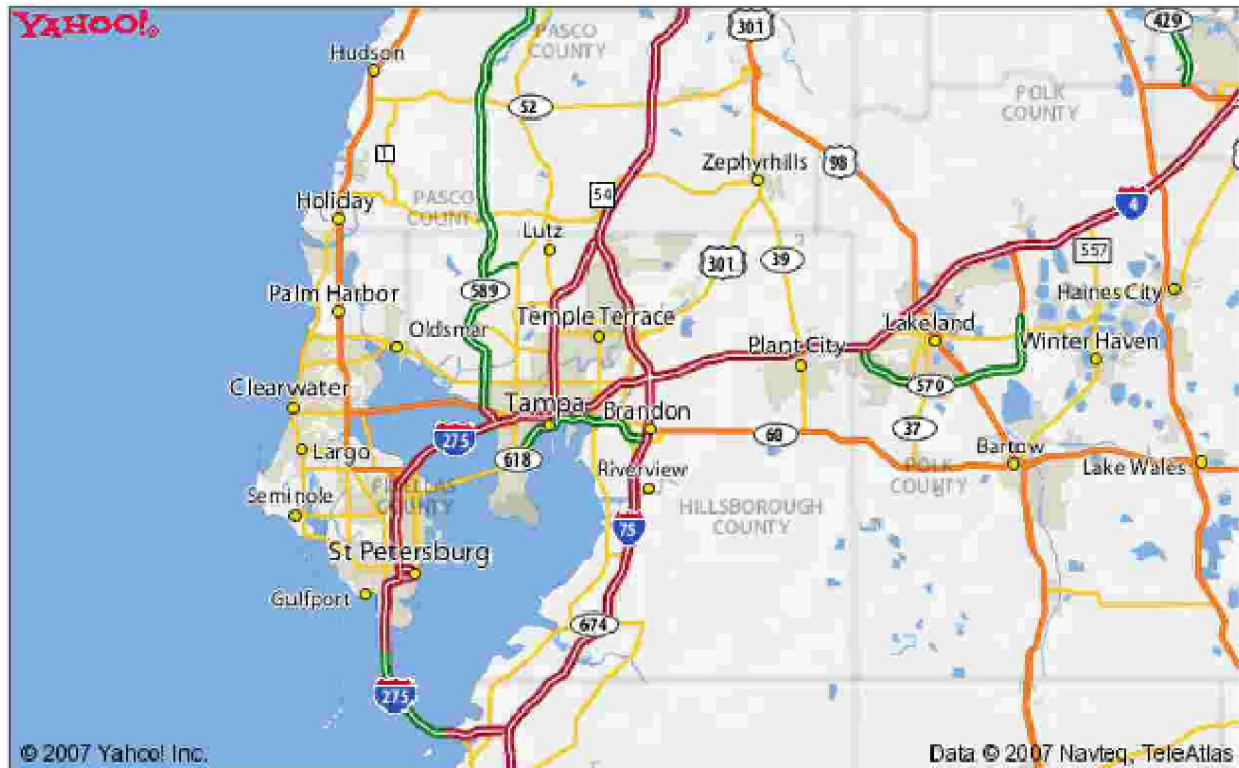
If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

DEMOGRAPHICS OF WORK AREA DESIRED

Tampa Area (Pinellas, Hillsboro, Pasco Counties)

Pinellas County	Hillsboro County	Pasco County
<input type="checkbox"/> Bay Pines	<input type="checkbox"/> Appollo Beach	<input type="checkbox"/> Aripeka
<input type="checkbox"/> Belleair	<input type="checkbox"/> Balm	<input type="checkbox"/> Bayonet Point
<input type="checkbox"/> Belleair Beach	<input type="checkbox"/> Bearss Plaza	<input type="checkbox"/> Crystal Springs
<input type="checkbox"/> Belleair Bluffs	<input type="checkbox"/> Brandon	<input type="checkbox"/> Dade City
<input type="checkbox"/> Clearwater	<input type="checkbox"/> Carrollwood	<input type="checkbox"/> Elfers
<input type="checkbox"/> Clearwater Beach	<input type="checkbox"/> Dover	<input type="checkbox"/> Holiday
<input type="checkbox"/> Crystal Beach	<input type="checkbox"/> Durant	<input type="checkbox"/> Hudson
<input type="checkbox"/> Duniden	<input type="checkbox"/> Gibsonton	<input type="checkbox"/> Lacoochee
<input type="checkbox"/> Gulfport	<input type="checkbox"/> Lithia	<input type="checkbox"/> Land O Lakes
<input type="checkbox"/> Indian Rocks	<input type="checkbox"/> Lutz	<input type="checkbox"/> New Port Richey
<input type="checkbox"/> Indian Shore	<input type="checkbox"/> Mango	<input type="checkbox"/> Port Richey
<input type="checkbox"/> Kenneth City	<input type="checkbox"/> Northdale	<input type="checkbox"/> Ridge Manor
<input type="checkbox"/> Largo	<input type="checkbox"/> Odessa	<input type="checkbox"/> Saint Leo
<input type="checkbox"/> Madeira Beach	<input type="checkbox"/> Plant City	<input type="checkbox"/> San Antonio
<input type="checkbox"/> North Redington Bch	<input type="checkbox"/> Riverview	<input type="checkbox"/> Shady Hills
<input type="checkbox"/> Oldsmar	<input type="checkbox"/> Ruskin	<input type="checkbox"/> Trilby
<input type="checkbox"/> Ozone	<input type="checkbox"/> Seffner	<input type="checkbox"/> Wesley Chapel
<input type="checkbox"/> Palm Harbor	<input type="checkbox"/> Sun City	<input type="checkbox"/> Zephyrhills
<input type="checkbox"/> Pinellas Park	<input type="checkbox"/> Sun City Center	
<input type="checkbox"/> Redington	<input type="checkbox"/> Sydney	
<input type="checkbox"/> Safty Harbor	<input type="checkbox"/> Tampa	
<input type="checkbox"/> St Pete Beach	<input type="checkbox"/> Temple Terrace	
<input type="checkbox"/> Saint Petersburg	<input type="checkbox"/> Thonotosassa	
<input type="checkbox"/> Seminole	<input type="checkbox"/> Valrico	
<input type="checkbox"/> South Pasadena	<input type="checkbox"/> Wimauma	
<input type="checkbox"/> Sunset Point	<input type="checkbox"/> Ybor City	
<input type="checkbox"/> Tarpon Springs		
<input type="checkbox"/> Tierra Verde		
<input type="checkbox"/> Treasure Island		





1 (800) 476-9914

Agreement of Non-Disclosure and Confidentiality

This simple agreement of nondisclosure states that you agree to keep in confidence any job and name related to that job in confidence (meaning you don't give this information to family and friends or other that could solicit this job). That any job presented to you is a job from **1st On Call, Inc.** and that you cannot solicit this job without presenting yourself as a representative of **1st On Call, Inc.** Soliciting any job given by **1st On Call, Inc.** even after job is completed is prohibited without the consent of **1st On Call, Inc.** In the event that you were contacted by one of our leads prior to our issuance of this lead. It is your responsibility to contact **1st On Call, Inc.** informing **us** of this so we can issue a release of this account before you visit the client. This giving you rights to this account so it is not bound to this agreement. Violation of this agreement is a considered to be theft and can be prosecuted accordingly. Found Guilty of "breach of this contract" you agree by signing this contract to be liable for a fine of \$1000 for each violation or 100% of the collected labor from each violation, whichever is greater.

I certify that I am who I say I am and agree to the terms of this Agreement of Non-Disclosure and Confidentiality.

Applicant Signature

Date