



Independent Contractor CLASS Observer Application

PERSONAL INFORMATION			
Last Name _____	First Name _____	Middle _____	
Address _____	City _____	State _____	Zip _____
Home Phone: _____	Cell Phone: _____	Email address: _____	
Tax ID Number: _____			
Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Teachstone CLASS certification Dates: _____

RELEVANT EXPERIENCE		
Company	Time Period	Description

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

REFERENCES			
Name	Title	Company	Phone

Documentation Required

- CLASS Certification Attached to this Application
- Completed W9 Attached to this Application
- Resume Attached to this Application

Acknowledgement and Authorization

I certify that all answers given herein are true and complete to the best of my knowledge.

Printed Name of Applicant

Signature of Applicant

Date