**Freelance Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | | | | | | |
| Full Name | |  | | | | | | | | | |
| Address Line 1 | |  | | | | | | | | | |
| Address Line 2 | |  | | | | | | | | | |
| Zip Code | |  | | | D.O.B | | | | |  | |
| Email Address | |  | | | | | | | | | |
| Telephone No. | |  | | | | Alternative No. | | |  | | |
| Relevant Certificates/qualifications  (and expiry date) Please send in a scanned copy) | | | | | |  | | | | | |
| Clean Driving Licence | | Yes/No | | | | Willing to Drive CDL Trucks  (up to 3.5 ton) | | | Yes/No | | |
| **Please Tick Skill Base** | | | | | | | | | | | |
| Lighting |  | Sound |  | | | | Video |  | Rigging | |  |
| Set building |  | Driver |  | | | | All Rounder |  | Crew | |  |
| Expected Day Rate | |  | | | | | Expected Hour Rate | |  | | |
| Medical Issues that may affect your work | | | |  | | | | | | | |

**Academy Sounds Freelance Terms**

Pay and conditions of work is to be pre-agreed by Academy Sounds prior to booking of services.

Payment is made by Invoice, on 14 day payment terms (from date of Invoice). The Invoice needs to be received by finance ([finance@academysoundsllc.com](mailto:finance@academysoundsllc.com?subject=Job%20Invoice)) within 30 days of the work being completed.

Please ensure that a medical form is filled in and returned prior to the commencement of any work that you undertake.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Freelance Health Check Form**

**Personal Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: MM – DD – YYYY

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you suffer from any Allergies or Pre-Existing Medical Conditions?

Are you currently taking any medication, which we should be made aware of?

**Emergency Contacts Information**

Title: \_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

All information on this form is stored in accordance with the Data Protection Policy and is kept confidential. This information will only be shared with any medical authorities in the case of a medical emergency. By signing below, you confirm that all the information in this form is correct, at the time of asking. It is strongly advised that you inform us of any change that you wish to make. Information will not be copied off this hand-written form and will be stored in a sealed securely in the Academy Sounds offices. Academy Sounds (nor its staff) is not responsible for the storage or taking of any medication.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: DD – MM – YYYY

**Freelancer TIN & W-9 Form**

(If hand written please use block capitals)

In order to comply with IRS regulations regarding income tax payments please complete the details in the W-9 form. This will ensure that the correct tax information is applied to your invoice. Failure of completion can result in any tax due being deducted at time of payment.

Once completed and if there are any queries, please e-mail: [jobs@academysoundsllc.com](mailto:jobs@academysoundsllc.com?subject=Job%20Invoice)

I confirm that I am registered as self-employed (Independent Contractor) by the IRS and that I will account for any tax due on invoices paid by Academy Sounds LLC.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_