



APPLICATION FOR CONTRACTOR/ASSISTANT

House Form 1028 (08/22)

OFFICE OF THE SPEAKER

Pursuant to HCC § 7-1-4 (Pub. L. 222-01)

PURPOSE OF FORM: This form should be used if you have been nominated to the position of Contractor or an Assistant of the House. Pursuant to the Contractor Standards and Accountability Act (CSAA), this must be completed to ensure you meet all requirements for such position. All fields are required unless otherwise.

Full Name	
Address	
Phone Number	CONTRACTOR ONLY: Will you have an assistant to help you complete tasks? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered "Yes" to the question above, the assistant(s) must complete this form as well.</i>	

Are you insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a resident or primarily employed in the State of Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No

You must prove that you are not retired. Select ONE for verification. <input type="checkbox"/> Below the age of fifty-five and one-half (55 and ½) <input type="checkbox"/> Employee of a company (not limited to being with a construction company) <input type="checkbox"/> Owner of a company (not limited to being with a construction company) <input type="checkbox"/> Other/None → Complete House Form 1027
If an employee → proof on letterhead signed by a manager or supervisor or paystub If an owner of a company → active articles of incorporation by the S.O.S. whereas your name is listed in some capacity or Schedule C from your tax returns or DBA filing

You must prove that you do not receive any Social Security benefits (which includes not having applied for benefits, and not having SSI). Select ONE for verification. <input type="checkbox"/> Below the age of fifty-five and one-half (55 and ½) <input type="checkbox"/> Provide a Social Security Benefit Verification Letter
If providing a Social Security Benefit Verification Letter → A. Can be printed online at https://www.ssa.gov/myaccount/proof-of-benefits.html with the creation of a my Social Security account. B. Call SSA (800-772-1213) to request the Social Security Benefit Verification Letter via mail.

ASSISTANTS, SKIP You must submit two (2) references from within the last two (2) years from the date of nomination. These can be emailed, mailed, or handed in-person. References must include person who did the work, what work was done, contact information of the references, and satisfaction of the work.

You must submit a Limited Criminal History record by the Indiana State Police within thirty (30) days from the date of nomination under the reasoning for applied for employment with an individual.

This form may be accessed at <https://www.in.gov/ai/appfiles/isp-lch/>. The House will **not** reimburse any costs in this section.

ASSISTANTS, SKIP

You must present a contract for work to be done. The contract must meet all requirements under state and federal laws and provide complete details.

TERMS OF YOUR WORK WITH THE HOUSE

THESE TERMS SUPERSEED ANY CLAUSE IN THE CONTRACT OF WORK. BY SIGNING, YOU AFFIRM.

You must attest to understanding the following actions are unacceptable with your employment with the House:

- A. Failure to Comply – Failing to comply with a written or verbal order
- B. Damage to Property – Damage any personal or House property

The House reserves the right under CSAA to do the following as punishment should a violation occur:

- A. Suspension of Work – With or without pay, for up to thirty (30) days
- B. Financial Deduction – Deduct money granted up to one thousand dollars (\$1,000)
- C. The House may take legal action if specific owes are due for damages and/or repairs
- D. The House may terminate a Contractor if so warranted

The following are the payments procedures as guided by law:

- A. A Contractor may purchase on his own money resources needed for the House if they are under five hundred dollars (\$500) and may ask to be reimbursed. There is no guarantee that there will be reimbursement if deemed not necessary.
- B. All parties will be paid in check in an amount agreed upon. Money in CASH or DEBIT CARD is prohibited.
- C. All parties must report their earnings appropriately for tax purposes. Failure is subject to removal and referral to the IRS.
- D. All assistants will not be paid by the House and should talk to their Contractor for pay information.

I have read and agree to the terms of work listed above. I attest that this form is true, accurate, and complete. I understand completing this form does not guarantee I work with the House.

I understand that the House is not responsible for injuries and is considering this position for renovation or addition to the House only. I understand that the House has the right fire me at any time it sees fit.

Signature

Date

REMEMBER: To submit additional information as required above to this form.