



Enlightened Review, LLC

LifeLearnU

Independent Contractor Application

17420 Walden Way
 Colorado Springs, CO 80908
 support@lifelearnu.com
 LifeLearnU.com
 (719) 660-7382

Name									
Address		First	MI				Last		
Address		Street					Apt		
		City			State		Zip		
Phone					FAX				
Mobile		Text? YES NO			Email				
SSN					Date of Birth _{mm/dd/yyyy}				
Are you a U.S. Citizen?		YES NO		If not a U.S. Citizen, do you have eligible work status?			YES NO NA		
Education and Licensure									
Highest Level of Education Completed		Associates		Masters		School			
		Bachelor's		Doctorate		State			
Licenses Held (Check all that Apply)		CNA LPN		RN PA		MD DO		Pharmacist Other	
License									
		Type	State		License Number		Year Issued _{mm/yy}	Expiration _{mm/yy}	
License									
		Type	State		License Number		Year Issued _{mm/yy}	Expiration _{mm/yy}	
Have there been any complaints against any of your licenses? YES NO		If Yes, Explain (Include which license is involved, the nature of the complaint, date, if the issue has been resolved)							
		Did this complaint involve medication or drugs?						YES NO	
Professional Insurance		Company							
		Policy No.				Valid Through			
Additional Policy If applicable		Company							
		Policy No.				Valid Through			



Experience & References					
Current or previous Employer	Company				
	Position/Responsibilities				
	TO				
	Dates worked (mm/yy to mm/yy)				
Current or previous Employer	Company				
	Position/Responsibilities				
	TO				
	Dates worked (mm/yy to mm/yy)				
Teaching Experience	Topic	Years experience	Self employed?		Company
			YES NO		
			YES NO		
			YES NO		
			YES NO		
Other:					
Please Provide At Least Two References					
Professional Reference					
	Name	Relationship	Contact Number		
Email:		Best Time To Contact:			
Professional Reference					
	Name	Relationship	Contact Number		
Email:		Best Time To Contact:			

I, _____, understand that I am submitting an application as an Independent Contractor with Enlightened Review, LLC (DBA LifeLearnU) (“The Company”). Completion of this application does not constitute a contracted agreement. I further understand that Independent Contractors are not employees of The Company. As an Independent Contractor, I understand I am not entitled to unemployment insurance benefits and that I am responsible and obligated to pay all applicable federal and state taxes on any moneys paid pursuant to the contract relationship. The Company requires Independent Contractors carry their own professional speaker insurance.

The information in this application is true to the best of my knowledge. I attest that I will provide, upon request, necessary documents to verify identification and eligible work status and any applicable Certificates of Insurance.

 Signature of Applicant _____
 Date mm/dd/yy

Digital Signature or Print Application and hand-sign