

DETERMINATION OF SERVICES

Print Name: _____

In order to initiate a professional expert personnel requisition or an Independent contractor agreement, the District requires the following information to be provided by the individual, firm providing services:

_____ Are you a sole proprietor?

_____ Will you be using your social security number as your tax payer identification #?

_____ Have you ever worked for a California public school district? If Yes: _____ (where)

_____ Have you ever worked for Vista Unified School District? If so When: (_____)

_____ Have you ever been a member of STRS or PERS? (Indicate which) _____

_____ Are you retired from STRS or PERS?
Yes _____ No _____

Signed: _____ Date: _____
Signature of Proposed Service Provider

*Note: Any sole proprietor who was a member of either STRS (State Teacher Retirement System) or PERS (Public Employee Retirement System) **will not be allowed** to an independent contractor. If the individual has worked for Vista Unified within the last three years of employment with the District, but has not retired from STRS/PERS they may still be classified as an independent contractor or a professional expert depending on IRS guidelines.*

APPLICATION FOR PROFESSIONAL EXPERT

(Please print or type)

(to be completed by applicant)

Name: _____

Address: _____

Telephone: _____ Social Security No.: _____

If hired, would you be able to provide documents establishing your legal right to work in the Unified States? _____ Yes _____ No (please explain) _____

Do you have a valid California Teaching Credential _____ Yes _____ No

Type of valid California Teaching Credential(s), if any: _____

Are these credentials registered with the San Diego County Office of Education? _____ Yes _____ No

Have you ever been a member of STRS _____ PERS _____? Date: _____

Are you a STRS or PERS retiree? _____ Yes _____ No If yes, do you have an I-30 on file with the San Diego County Office of Education? _____ Yes _____ No

Have you ever been employed by any California Public School: _____ Yes _____ No If yes, when and where? _____

California Driver's License Number : _____ Other State: _____ None _____

Have you ever been convicted of any misdemeanor or felony, including Driving Under the Influence? _____ Yes _____ No If yes, please give the date of each offense and sentence: _____

(The District reserves the right to finger print all applicants. Failure to disclose convictions may result in termination/disqualification.)

List area(s) of expertise: _____

Describe services which you would perform for the Vista Unified School District: _____

Proposed date(s) of service: Start _____ End: _____

Location: _____

What do you expect to charge for your services including all related expenses? _____

Professional references (include those who know of your ability and experience): Name

Complete Mailing Address

Telephone

Occupation

List any relatives employed by the Vista Unified School District and relationship: _____ I

hereby authorize the Vista Unified School District to obtain information concerning me from any source. I further understand that any false or misleading information given on this document or significant omission may disqualify me from further consideration and may be cause for ending my assignment if discovered at a later date. I understand that if my proposed services are Board approved, my compensation will be subject to applicable payroll taxes and that my hourly rate must include all related expenses. I further understand that services performed prior to Board approval may not be compensated. I understand upon conclusion of services and submission of a timesheet, I will be paid at the end of the following month.

It is expressly understood that as a PROFESSIONAL EXPERT you are not acting as an officer, agent, or employee of the District.

Signature: _____ Date: _____

PLEASE ATTACH RESUME