

# Canova & Castillo Design Group, Inc.

www.canovacastillo.com  
www.fts.canovacastillo.com  
www.outerscopemedia.com

residential, commercial & conceptual design

## Principals

Frank C. Canova, CEO  
Maribel R. Castillo, CFO

5224 West State Rd 46  
Suite #146  
Sanford, FL 32771

P: 407-710-1951  
F: 321-283-4477

## CONTRACTOR APPLICATION

**ALL POTENTIAL CONTRACTORS ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.**

Position Sought: \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Desired Wage/Salary \$ \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?

Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, please describe circumstances:

\_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of **contract/employment**?

Yes  No

If yes, please describe circumstances:

\_\_\_\_\_

\_\_\_\_\_

If selected for a **contract**, are you willing to submit to a pre-contract drug screening test?

Yes  No

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

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List other information pertinent to the **contract** you are seeking:

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**PREVIOUS EMPLOYMENT**

*(Most Recent First.)*

1. Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Prior Position Held within Firm (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_  
Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_

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Reason for Leaving

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2. Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Prior Position Held within Firm (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_  
Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_

---

Reason for Leaving

---

3. Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_  
Prior Position Held within Firm (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_  
Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_

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Reason for Leaving

---

**ACKNOWLEDGMENT AND AUTHORIZATION**

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

I authorize investigation of all statements contained in this application for **contract** as may be necessary in arriving at a **contract** decision.

This application for **contract** shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for **contract** beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any **contract** relationship with this organization is of an “at will” nature, which means that the **Contractor** may resign at any time and the **FIRM** may discharge the contractor at any time with or without cause. It is further understood that this “at will” **contract** relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of **contract**, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the **FIRM**.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

NOTES:

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## PERSONNEL EMERGENCY RECORD

Your Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_ Dr. Lic. No. \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Medication Currently Taking \_\_\_\_\_

Insurance \_\_\_\_\_ # \_\_\_\_\_

This form has been completed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_

Signature

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## NON-DISCLOSURE AGREEMENT

FOR GOOD CONSIDERATION, and in consideration of being **contracted** by: **Canova & Castillo Design Group, Inc. (Firm)**, the undersigned Consultant hereby agrees and acknowledges:

1. That during the course of my **contract** there may be disclosed to me certain trade secrets of the **Firm**; said trade secrets consisting but not necessarily limited to:

(a) Technical information: Methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs and research projects.

(b) Business information: Customer lists, pricing data, sources of supply, financial data and marketing, production, or merchandising systems or plans.

2. I agree that I shall not during, or at any time after the termination of my **contract** with the **Firm**, use for myself or others, or disclose or divulge to others including future Consultants, any trade secrets, confidential information, or any other proprietary data of the **Firm** in violation of this agreement.

3. That upon the termination of my **contract** from the **Firm**:

(a) I shall return to the **Firm** all documents and property of the **Firm**, including but not necessarily limited to: drawings, blueprints, reports, manuals, correspondence, customer lists, computer programs, and all other materials and all copies thereof relating in any way to the **Firm's** business, or in any way obtained by me during the course of my **contract**. I further agree that I shall not retain copies, notes or abstracts of the foregoing.

(b) The **Firm** may notify any future or prospective **contractor/employer** or third party of the existence of this agreement, and shall be entitled to full injunctive relief for any breach.

(c) This agreement shall be binding upon me and my personal representatives and successors in interest, and shall inure to the benefit of the **Firm**, its successors and assigns.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Canova & Castillo Design Group, Inc.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print Full Legal Name)

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## CONSULTANT/CONTRACTOR INVENTION & INTELLECTUAL PROPERTY AGREEMENT

FOR GOOD CONSIDERATION and in consideration of the undersigned being contracted by **Canova & Castillo Design Group, Inc.**; the undersigned hereby agrees, acknowledges and represents:

1. The undersigned, during the course of my **contract**, shall promptly disclose in writing to the Firm all inventions, discoveries, improvements, developments and innovations whether patentable or not, conceived in whole or in part by the undersigned or through assistance of the undersigned, and whether conceived or developed during working hours or not, which:

a) Result from any work performed on behalf of Firm, or pursuant to a suggested research project by the Firm, or

b) Relate in any manner to the existing or contemplated business of the Firm, or

c) Result from the use of the Firm's time, material, staff or facilities.

2. The undersigned hereby assigns to the Firm, its successors and assigns, all rights, title and interest to said inventions and intellectual properties set forth.   Int.

3. The undersigned shall, at the Firm's request, execute specific assignments to any such invention and execute, acknowledge, and deliver any additional documents required to obtain letters patent in any jurisdiction and shall, at the Firm's request and expense, assist in the defense and prosecution of said letters patent as may be required by Firm. This provision shall survive termination of **contract** with the Firm.

Signed this   day of   20 .

Signature

Print Full Name

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## INFORMATION RELEASE

I hereby authorize any person, educational institution, or Firm I have listed as a reference on my **contract** application to disclose in good faith any information they may have regarding my qualifications and fitness for **contract**. I will hold **Canova & Castillo Design Group, Inc.** any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the **contract** process.

Signature:

\_\_\_\_\_

Print Full Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

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## PHOTO RELEASE

In consideration of my contracting with **Canova & Castillo Design Group, Inc.** ("Firm") and as part of the services being furnished by me to said Firm, I hereby give my consent to the photographing of my work, myself and to the recording of my voice.

The Firm is hereby authorized to use or cause to be used said still photographs or motion picture footage, recordings of my work, voice and my name for advertising, publicity, commercial or other business purposes. Said photographs and/or recordings may be used singularly or in conjunction with other photographs and/or recordings.

The Firm has my authorization to reproduce, or cause to be reproduced and used such photographs and voice recordings. The same may be exhibited in all domestic and foreign markets. I understand that others may use and/or reproduce said photographs and/or recordings with or without the Firm's consent.

I hereby release the Firm, any of its associated or affiliated companies, their directors, officers, agents, staff, customers and the Firm's appointed advertising agencies, officers, directors, agents and employees, from all claims of any kind on account of such use.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Full Name

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## INDEMNITY AGREEMENT

FOR VALUE RECEIVED, the undersigned jointly and severally agree to indemnify and save harmless **Canova & Castillo Design Group, Inc.** ("Indemnities") and their successors and assigns, from any claim, action, liability, loss, damage or suit, arising from the following:

Any and all requirements and/or expectations directly or indirectly required to fulfill the job at hand on or off location or physical address of said Firm know herein as the Indemnities.

In the event of any asserted claim, the Indemnities shall provide the undersigned reasonably timely written notice of same, and thereafter the undersigned shall at its own expense defend, protect and save harmless Indemnities against said claim or any loss or liability thereunder.

In the further event the undersigned shall fail to so defend and/or indemnify and save harmless, then in such instance the Indemnities shall have full rights to defend, pay or settle said claim on their behalf without notice to the undersigned and with full rights to recourse against the undersigned for all fees, costs, expenses and payments made or agreed to be paid to discharge said claim.

Upon default, the undersigned further agree to pay all reasonable attorneys' fees necessary to enforce this agreement.

This agreement shall be unlimited as to amount or duration.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

Signed this [redacted] day of [redacted], 20[redacted].

Witnessed:

\_\_\_\_\_  
**Canova & Castillo Design Group, Inc.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print "FULL" Name

# IMPORTANT

- 1) Please print all documentation.
- 2) Read everything carefully.
- 3) Print and Sign your name where requested.
- 4) **\*\*\*USE ONLY – BLUE- PEN !!!!\*\*\***
- 5) We will witness any and all documentation!! Leave those areas Blank!!! Will Verify with I.D.
- 6) Bring or Provide Copy of Valid Drivers License and Social Security Card!!
- 7) Bring the **ORIGINAL** documentation with you to your interview!! *If out of State, You must Mail or FedEx to address listed in Header.*
- 8) The Documentation is **Non-Negotiable!!** You must fill it all out or you will not be considered!!!

>>> **If you have any Questions use this “Live-Help” link:** <<<  
<http://www.canovacastillo.com/office-hours-u-s-a/>

**FAX: 321.283.4477**