

Empire Capitol International Inc.
Sub-contractor Application



Company or Business Name: _____

Address: _____

Street

City

Province/State

Postal/Zip Code

Contact Person: _____

Years in Business: _____

Phone: _____

Fax/Cell: _____

Date Available To Start: _____ Transportation: _____

Type of Sub-contract desired? Full Time Part-Time

Does your Business carry liability insurance? Yes No

Are you legally eligible to work in this Country? Yes No

Have you ever been sub-contracted by ECI before? If so when! Yes No

Have you ever been charged or convicted with a crime? Yes No

If so what & when were you charged with? _____

Do you have employees that will work with you? Yes No How many? _____

What are your preferred days & hours to work? _____

Please check if you have experience in these? Stripping Waxing Buffing
Scrubbing Window Cleaning General Cleaning

By signing below, you and your Company or Business agree that you shall under no circumstances argue or dispute anything with any of our clients, or customers. All matters must be reported to ECI representatives ASAP so the appropriate steps can be taken. You will not approach or discuss monies with any of our clients, employees or outsiders. All sub-contracts arranged with you and your Business or Company must be kept strictly confidential. You will not solicit or try to undermine ECI by going around us to initiate your own contracts or business. We will be notified of any such behavior and will proceed with legal action. Please respect our customers, there properties, and equipment while on the job.



Date:

Signature:

Email Address: