

NEW CONTRACTOR FORM

- 1. Start Date: _____ (must be after Executive Director signs)
- 2. Contractor’s Full Name: _____
- 3. Company Name: _____
- 4. Company Address: _____
- 5. Company Phone Number: _____
- 6. CPRA Supervisor’s Information:
 Name: _____ Title: _____
 Division: _____ Phone: _____
- 7. Gender: ___ Male ___ Female
- 8. DOB (mm/dd/yyyy): _____
- 9. Race:
 ___ White ___ American Indian/Alaskan Native
 ___ Native Hawaiian or other Pacific Islander ___ Asian
 ___ Black or African American ___ Other
- 10. Ethnic Origin: ___Hispanic or Latino ___Non-Hispanic or Non-Latino
- 11. Purpose of work to be performed by Contractor:

- 12. Duration Period Expected to Perform Work (the options are 1 month, 3 months, six months, or other):
 a. If “other,” please provide justification:

- 13. State email address/Computer access needed: ___ Yes ___ No
- 14. LaGov access needed: ___ Yes ___ No (Please email HR specific rights that Contractor will need)
- 15. Building access card needed: ___ Yes ___ No (Must complete additional paperwork with HR and be a full-time 40 hour per week contractor)
- 16. CPRA Parking Tag needed: ___ Yes ___ No (Must complete additional paperwork with HR)
- 17. Is the Contractor housed at CPRA? If so, what office/cube number? _____

Authorized by:

CPRA Supervisor Signature

Date

Executive Director

Date