



1099 Field Water Restoration Technician

Independent Contractor · Field-Based · Houston, TX Area · \$35+/hr

1. PERSONAL INFORMATION

Full Legal Name

Last, First, Middle _____

Date of Birth

MM/DD/YYYY _____

Phone Number

Primary contact _____

Alternate Phone

Optional _____

Email Address

City / State / ZIP

Current residence _____

Street Address

2. WORK ELIGIBILITY & STATUS

Are you legally authorized to work in the United States?

Yes No

Do you have a valid driver's license?

Yes No

Driver's License Number

Issuing State

Do you have a clean driving record (no major violations in past 3 years)?

Yes No

Do you own/operate a cargo van or full-size truck with covered bed?

Yes No

Vehicle Year / Make / Model

Vehicle Color

Do you carry an active General Liability insurance policy?

Yes No

Insurance Carrier

Policy Expiration Date

MM/DD/YYYY _____

Can you lift up to 50 lbs and work in confined or wet spaces?

Yes No

Languages spoken:

English

Spanish

Other: _____

3. IICRC CERTIFICATIONS (CHECK ALL HELD — ATTACH COPIES)

REQUIRED

Water Restoration Technician (WRT)

Cert #: _____

Exp: _____

Copy attached

Applied Structural Drying (ASD)

Cert #: _____

Exp: _____

Copy attached

PREFERRED / ADDITIONAL

Fire & Smoke Restoration Technician (FSRT)

Cert #: _____

Exp: _____

Copy attached

Applied Microbial Remediation Technician (AMRT)

Cert #: _____

Exp: _____

Copy attached

Other IICRC Certification ()

Cert #: _____

Exp: _____

Copy attached

Xactimate or estimating software experience?

Yes No

Which software: _____



4. WORK EXPERIENCE (WATER RESTORATION / MITIGATION)

Employer / Company 1

Company Name	Your Title / Role
<hr/>	<hr/>
Employment Dates <i>MM/YYYY – MM/YYYY</i>	Supervisor Name
<hr/>	<hr/>
Phone / Email <i>May we contact?</i>	City, State
<hr/>	<hr/>

Key responsibilities / equipment used:

Employer / Company 2

Company Name	Your Title / Role
<hr/>	<hr/>
Employment Dates <i>MM/YYYY – MM/YYYY</i>	Supervisor Name
<hr/>	<hr/>
Phone / Email <i>May we contact?</i>	City, State
<hr/>	<hr/>

Key responsibilities / equipment used:

5. AVAILABILITY & SCHEDULING

Available to start: _____ Preferred schedule: Weekdays Weekends Both On-Call

Are you available for emergency / after-hours calls? Yes No

Do you have a smartphone capable of running job management apps? Yes No

6. PROFESSIONAL REFERENCES (2 REQUIRED — RESTORATION INDUSTRY PREFERRED)

Reference 1

Full Name	Relationship to You
<hr/>	<hr/>
Company / Employer	Phone
<hr/>	<hr/>
Email	Years Known
<hr/>	<hr/>

Reference 2

Full Name	Relationship to You
<hr/>	<hr/>
Company / Employer	Phone
<hr/>	<hr/>
Email	Years Known
<hr/>	<hr/>

7. ADDITIONAL INFORMATION