

DOOR COUNTY JAIL – SELF EMPLOYMENT FORM

Inmate Name: _____

Business Name: _____

Business Address: _____

Business Telephone: _____ Cell Phone: _____

Number of employees: _____

How long have you been in business? _____

Are you an independent contractor? Yes No

What are your normal working hours each week? _____

List three Professional References:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Attach copies of the following information:

- Tax ID number
- Last 2 years tax returns
- Business liability and major medical insurance policies

***** Jail Use *****

Copy of tax ID number received

Copies of the last 2 years tax returns received

Copy of business liability and major medical insurance policies received

Additional information requested by Huber Officer:

Inmate is approved for self employment status

Inmate is denied for self employment status

Reason for Denial: _____

Huber Officer: _____ Date: _____