**Independent Contractor Application**

PLEASE NOTE: It is important that you complete all parts of the application.  If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted.  If you have no information to enter in a section, please write N/A

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and Address | | | | | | | | | | | | |
| Name (First, MI, Last) | | | | | | | SSN: | | | | | |
| Mailing Address | | | | | | | | | | | | |
| City, State, and Zip Code | | | | | | | | | | | | |
| Telephone | | | | | | | Alternate Telephone | | | | | |
| Email | | | | | | | | | | | | |
| Position Applying For: | | | | | | | | | | | | |
| Do you have a current CNA certification or Nursing license ? | | | | | | | | | | | | |
| Days/hours available to work | | | | | | | | | | | | |
| □ No preference | □ Mon. | | □ Tues. | | □ Wed. | | □ Thurs. | □ Fri. | | | □ Sat | □ Sun. |
| I am seeking a | | □ full time job | | | | □ part time job | | | | □ full or part time job | | |
| How many hours can you work weekly? | | | | Can you work nights? | | | | | Date available to begin? | | | |
| Work Experience: Please list ALL licensed work experience beginning with your most recent job | | | | | | | | | | | | |
| Company: | | | | Supervisor: | | | | | Hrs/week: | | | |
| Start Date: | | | | End date: | | | | | Hourly rate: | | | |
| Reason for leaving (be specific): | | | | | | | | | | | | |
| May we contact this employer? □ Yes □ No | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Company: | | | | Supervisor: | | | | | Hrs/week: | | | |
| Start Date: | | | | End date: | | | | | Hourly rate: | | | |
| Reason for leaving (be specific): | | | | | | | | | | | | |
| May we contact this employer? □ Yes □ No | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Company: | | | | Supervisor: | | | | | Hrs/week: | | | |
| Start Date: | | | | End date: | | | | | Hourly rate: | | | |
| Reason for leaving (be specific): | | | | | | | | | | | | |
| May we contact this employer? □ Yes □ No | | | | | | | | | | | | |
| Do you hold any certifications? (ACLS, PALS, etc) □ Yes □ No | | | | | | | | | | | | |
| Have you ever been investigated by the board of nursing? □ Yes □ No | | | | | | | | | | | | |
| References | | | | | | | | | | | | |
| Please include name, phone number, and circumstances of your acquaintance.  Exclude relatives. | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| I certify that all answers and statements on this application are true and complete to the best of my knowledge.  I understand that, should this application contain any false or misleading information, my application may be rejected. | | | | | | | | | | | | |
| Signature: | | | | | | Date: | | | | | | |