



Neighborhood Home Health Services, Inc. Independent Contractor's Application

Name (Nombre):

Last(Apellido)

First(Primer)

Middle(Segundo)

Social Security#

Address(Direccion):

City(Ciudad)

State(Estado)

Zip code

Email

Telephone ()

Cell Phone ()

Are you over 18?

Tiene Mas de 18 Años YES ☐ NO ☐

English(Ingles) YES/SI ☐ NO ☐

HHA YES/SI ☐ NO ☐

CNA YES/SI ☐ NO ☐

Days/hours available to provide services:

Horario Disponible:

SUN/DOM

MON/LUN

TUE/MAR

WED/MIE

THRS/JUE

FRI/VIE

SAT/SAB

Are you available nights?

Puede trabajar noches? YES ☐ NO ☐

From

Are you available Weekends?

Puede trabajar Fin de Semana? YES ☐ NO ☐

To

EDUCATION/ESCUELA

Vocational

Name(Nombre de la Escuela)

Address (Direccion)

Tel:

☐ Degree ☐ Diploma ☐ Cert.

Course of Study/Curso de Studio

**College /
University**

Name(Nombre de la Escuela)

Address (Direccion)

Tel:

☐ Degree ☐ Diploma ☐ Cert.

Course of Study/Curso de Studio

Prof. License/Licencia Prof.:

State:

Lic #:

Exp. Date/Expira:

Has any health-related licensing, certification or disciplinary authority taken adverse actions against (revoked, suspended, etc.) Against you?/ ¿Alguna autoridad disciplinaria, certificadora o relacionada con la salud ha tomado medidas adversas (revocadas, suspendidas, etc.) contra usted? YES/SI ☐ NO ☐ If yes, explain the nature of offense/por favor explique.

Have you ever been convicted of a crime?/ ¿Alguna vez ha sido condenado por un delito? Yes/SI ☐ No ☐ If yes, explain number of conviction(s), nature of offense(s) leading to conviction (s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation/ Si por favor explique

Possess a valid state of Florida Driver's license?

YES ☐ NO ☐

State/Estado

#

EXP / /

Tiene Licencia de conducir?

Have you had any driving violations during the past 3 years? How Many?/Ha tenido violaciones de transito los ultimos 3 años? Cuantas?

OFFICE ONLY - Microsoft Office Level of Proficiency and Skills

Word	Rating: 1-Beginner	2-Intermediate	3-Expert	PBX Experience	Rating: 1-Beginner	2-Intermediate	3-Expert
Excel	Rating: 1-Beginner	2-Intermediate	3-Expert	Faxing Experience	Rating: 1-Beginner	2-Intermediate	3-Expert
PowerPoint	Rating: 1-Beginner	2-Intermediate	3-Expert	Typing Proficiency	WPM		

Please list two references other than relatives or previous employers

Name _____
Position _____
Company _____
Address _____
Telephone _____

Name _____
Position _____
Company _____
Address _____
Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the Independent Contractor services that you wish to provide/Avecos es dificultoso que pueda adecuadamente resumir sus antecedentes en este formulario. Utilice el espacio a continuación para resumir cualquier información adicional necesaria para describir sus calificaciones completas para los servicios de contratista independiente que desea brindar.

MILITARY SERVICE:

Military Service/Servicio Militar YES ☐ NO ☐

Branch/Donde

Dates from to

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. / Enumere su experiencia laboral durante los últimos cinco años, comenzando con su trabajo más reciente. Si trabajaba por cuenta propia, indique el nombre de la empresa. Adjunte hojas adicionales si es necesario.

Employer/Empleador:	Tel:	May we contact this employer? Se puede Llamarse? YES <input type="checkbox"/> NO <input type="checkbox"/>	Salary/Salario \$
Address/Dirección:		Job Title	Supervisor
Reason for leaving/Por que termino	Employment Dates/Fecha de trabajo From/Desde:	To/Hasta:	

List all knowledge, special skills and ability that were required to perform the job successfully/Tipo de Trabajo:

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. / Enumere su experiencia laboral durante los últimos cinco años, comenzando con su trabajo más reciente. Si trabajaba por cuenta propia, indique el nombre de la empresa. Adjunte hojas adicionales si es necesario.

Employer/Empleador:	Tel:	May we contact this employer? Se puede Llamarse? YES <input type="checkbox"/> NO <input type="checkbox"/>	Salary/Salario \$
Address/Dirección:		Job Title	Supervisor
Reason for leaving/Por que termino	Employment Dates/Fecha de trabajo From/Desde:	To/Hasta:	

List all knowledge, special skills and ability that were required to perform the job successfully/Tipo de Trabajo:

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. / Enumere su experiencia laboral durante los últimos cinco años, comenzando con su trabajo más reciente. Si trabajaba por cuenta propia, indique el nombre de la empresa. Adjunte hojas adicionales si es necesario.

Employer/Empleador:	Tel:	May we contact this employer? Se puede Llamarse? YES <input type="checkbox"/> NO <input type="checkbox"/>	Salary/Salario \$
Address/Dirección:		Job Title	Supervisor
Reason for leaving/Por que termino	Employment Dates/Fecha de trabajo From/Desde:	To/Hasta:	

List all knowledge, special skills and ability that were required to perform the job successfully/Tipo de Trabajo:

CERTIFICATIONS CERTIFICACIONES

- I certify that all the Information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my Independent Contractor relationship.
- **Certifico que toda la Información en esta solicitud es precisa y completa a mi saber, entender y entiendo que las declaraciones engañosas o falsas constituirán causa suficiente para rechazar la contratación o la terminación de mi relación de Contratista Independiente.**
- I understand that neither the acceptance of this application nor the subsequent entry into any type of provision of services relationship with Neighborhood Home Health Services, Inc., creates an actual or implied contract of employment I understand that, if I provide services for Neighborhood Home Health Services, Inc., it will as an Independent Contractor.
- **Certifico que entiendo que la aceptación de esta solicitud y relacion profesional con Neighborhood Home Health Services, Inc., en ningún momento por la prestación de mi servicios crea un contrato de empleo real o implícito. Entiendo que, si presto mi servicios para Neighborhood Home Health Services, Inc., lo hare como CONTRATISTA INDEPENDIENTE.**
- I agree to submit to drug and alcohol testing, if requested by Neighborhood Home Health Services, Inc. I release Neighborhood Home Health Services, Inc., and its employees, plus other persons or companies, from any and all liability arising out of or related In any way to such testing.
- **Certifico que acepto someterme a pruebas de drogas y alcohol, si lo solicita Neighborhood Home Health Services, Inc. Libero a Neighborhood Home Health Services, Inc. y a sus empleados, además de otras personas o empresas, de toda responsabilidad que surja de o relacionada De ninguna manera a tales pruebas.**
- I authorize Neighborhood Home Health Services, Inc. to investigate Information concerning my education, employment experiences and all other aspects of my background relevant to my proposed contract for services. I release Neighborhood Home Health Services, Inc., and its employees from all liability arising from such investigation.
- **Certifico que autorizo a Neighborhood Home Health Services, Inc. a investigar la información relacionada con mi educación, experiencias laborales y todos los demás aspectos de mis antecedentes relevantes para proveer mis servicios. Libero a Neighborhood Home Health Services, Inc., y sus empleados de toda responsabilidad derivada de dicha investigación.**
- I understand that I need to provide by Electronic Visit Verification system completed service confirmation within two (2) months of services provision for Neighborhood Home Health Services, Inc., to bill on my behalf for services provided to clients.
- **Certifico que entiendo que necesito proporcionar por medio del sistema de Verificación Electrónica de Visita la confirmación de servicio completa dentro de los dos (2) meses de la prestación de servicios para Neighborhood Home Health Services, Inc., para facturar en mi nombre los servicios prestados a los clientes.**

Signature/Firma: _____

Date/Fecha: _____



Delivering Home Health Solutions
neighborhoodhomehealth.com

Neighborhood Home Health Services, Inc.

9110 Sunset Drive

Miami, FL 33173

Ph. (786) 693-9600 Fax. (305) 910-0191

MATCHING INFORMATION SHEET

NAME/NOMBRE: _____

EMAIL: _____

MARQUE “SI” O “NO”

<u>ABILIDADES</u>	<u>SI/YES</u>	<u>NO</u>
SE USAR GRUA - LYFT		
PUEDO HACER MANDADOS / ERRANDS		
PUEDO TRABAJAR TODOS LOS DIAS / SEVEN DAYS A WEEK		
SOLO TRABAJO DE LUNES- VIERNES / M-F ONLY		
SOLO PUEDO TRABAJAR MAÑANAS / AM ONLY		
PUEDO HACER PESO/ LIFTING RESTRICTIONS		
SOLO PUEDO TRABAJAR TARDES / PM ONLY		
PUEDO TRABAJAR CON PERROS- GATOS /ANIMAL RESTRICTIONS		
SOLO PUEDO TRABAJAR SABADOS/SATURDAY ONLY		
SOLO PUEDO TRABAJAR DOMINGOS/SUNDAYS ONLY		
TRABAJO CON GENTE QUE FUMA/SMOKING RESTRICTIONS		

CRIMINAL BACKGROUND CHECK RELEASE OF INFORMATION AUTHORIZATION FORM

By my signature below, I authorize Neighborhood Home Health Services, Inc. through the **Background Screening Unit** at the **Agency for Health Care Administration** to perform a **LEVEL 1** ☐ or **LEVEL 2** ☐ criminal history record information check relative to my application for employment or volunteer services with Neighborhood Home Health Services, Inc. as required by Chapter 435 F.S.

Please print legibly or type the following information:

Name: _____
Last First Middle Maiden

Previous Name(s) including previous married name(s) and aliases: _____

Address: _____

If applicant has lived at the above address for less than two (2) years, please list previous address(es) below:

Social Security #: _____ Date of Birth: _____ Sex: _____

Place of Birth: _____
City County State Country

I understand that the **Background Screening Unit** at the **Agency for Health Care Administration** and its officials and employees shall not be held legally accountable in any way for providing this information to Neighborhood Home Health Services, Inc., and I hereby release said Agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that Neighborhood Home Health Services, Inc. cannot provide me with a copy of the results of this criminal history record check.

Applicant's Signature: _____ Date: _____

This request form must be accompanied by a transmittal letter from the authorized official or individual requesting criminal history record information. This request must be mailed to:

Background Screening Unit
Agency for Health Care Administration
2727 Mahan Drive
Mail Stop 40
Tallahassee, FL 32308