



## INDEPENDENT CONTRACTOR APPLICATION

It is Company Policy to insure that all personally identifiable information will be properly safeguarded and used only for legitimate business reasons.

Date of Application

### Personal Data

Name as it appears on driver's license (Last, First, Middle/Maiden)		Social Security Number	
Please List Addresses For Last Five (5) Years (Attach Additional Sheet if Necessary)			
Current Address – Number and Street, Apt #		City, State, Zip Code	
Effective Date Living at this address		County	
Previous Address- Number and Street, Apt #		City, State, Zip Code	
From Date		To Date	
Telephone or Contact Number	Day ( )	Evening ( )	Cellular Phone ( )
Driver's License Number	Date License Expires	State Issued	
Have you ever been known by any other name(s)? (Include Dates)			

### Work Preference

Type of Position Desired	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Other _____	
Salary Requirements	Date Available to Start Work

### Education (Include All Periods of Schooling Beginning With High School)

Dates Attended (Mo/Yr)		Name and Address of high school, college(s) or other schools (include street, city, state and zip code)	Did you Graduate?	Major/Field & Degree/ Certification Received or Expected	GPA
From	To				
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College/ Tech School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

## Employment and Business Experience

Beginning with your most recent employment, please indicate all employment including temporary, cooperative, summer and volunteer work during the past 10 years. (Use an additional sheet of paper if necessary.)

Dates		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		May we contact your present employer?	
From	To			Yes <input type="checkbox"/>	No <input type="checkbox"/> NA <input type="checkbox"/>
Company		Job Title			
Address		Supervisor's Name & Title			
Major Responsibilities		Supervisor's Area Code & Telephone Number			
Reason for Leaving		Last Salary			
<hr/>					
Dates		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
From	To				
Company		Job Title			
Address		Supervisor's Name & Title			
Major Responsibilities		Supervisor's Area Code & Telephone Number			
Reason for Leaving		Last Salary			
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Dates		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
From	To				
Company		Job Title			
Address		Supervisor's Name & Title			
Major Responsibilities		Supervisor's Area Code & Telephone Number			
Reason for Leaving		Last Salary			
<hr/>					
Dates		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
From	To				
Company		Job Title			
Address		Supervisor's Name & Title			
Major Responsibilities		Supervisor's Area Code & Telephone Number			
Reason for Leaving		Last Salary			

## Special Skills (Include Any Additional Facts or Details That You Feel More Fully Explain Your Qualifications for Employment)

Please circle any of the following skills you have that may apply and add any pertinent information (i.e. versions, releases, certifications, etc.):

### General/Administrative

Data Entry \_\_\_\_\_

MS Word Processing \_\_\_\_\_

MS Excel \_\_\_\_\_

PowerPoint \_\_\_\_\_

Other (Explain) \_\_\_\_\_

### Technical

Operating Systems \_\_\_\_\_

Software/Tools \_\_\_\_\_

Programming Languages \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Hardware \_\_\_\_\_

### Professional Licenses

RN License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Certifications

ACLS Exp. Date \_\_\_\_\_ CPR Exp. Date \_\_\_\_\_

CST # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Other (Explain) \_\_\_\_\_

### Other

Languages Spoken \_\_\_\_\_

Can you presently provide proof of identification and authorization to work in the United States as required by the Immigration Reform and Control Act of 1986?      **Yes** ☐      **No** ☐

If you are not a U.S. Citizen, do you have the legal right to remain in the U.S.      Permanently ☐      Temporarily ☐

Are you at least 18 years of age?      **Yes** ☐      **No** ☐

## Background-Criminal/Driving

Are you awaiting trial for or have you ever been convicted of a crime, pleaded or been found guilty of a crime, paid a fine in connection with the commission of a crime, or entered a plea of nolo contendere (no contest) in response to a criminal charge, even if there was no formal finding of guilt or if your record was sealed by the court? Your answer to these questions will be checked against local, state and federal records. The fact that you are awaiting trial or have a record of conviction will not necessarily bar you from employment. If yes, please explain below.

☐ Yes ☐ No (Must be Completed)

Offense	Date	Place	Arresting Agency Fed, State, City, County	Outcome

Are you awaiting trial for or have you ever been convicted of a traffic violation, pleaded or been found guilty of a traffic violation, paid a fine in connection with a traffic violation, or entered a plea of nolo contendere (no contest) in response to a traffic violation, even if there was no formal finding of guilt or if your record was sealed by the court? It is not necessary to disclose prior parking tickets. Your answer to these questions will be checked against local, state and federal records.

☐ Yes ☐ No (Must be Completed)

Offense	Date	Place	Arresting Agency Fed, State, City, County	Outcome

## Military Service

Date (Mo/Yr) From To		Branch of Service	Grade/Rank at Discharge	Special Technical Training	Occupational Specialization

**If I receive an offer to work as an independent contractor, I understand the following:**

- I must satisfy the requirements of any post-offer drug screening required.
- I must provide proof of identification and authorization to work in the U.S. as required by the Immigration Reform and Control Act of 1986.
- I must meet the minimum age requirements of applicable laws.
- Nothing in this employment application, or in the Company's personnel guidelines, handbooks, policies or procedures is intended to create, or does create an employment contract between the Company and me. I understand that if I am hired by the Company that I may resign or be terminated at any time and for any reason.
- If I have signed an employment agreement, confidentiality agreement or any other document with a prior employer that might restrict my activities if hired by the Company, I must disclose this fact before a job offer is made. Failure to disclose such information may lead to termination of my employment.
- The Company may conduct investigations including security, verification of prior employment history, and education. By signing this application, I authorize the Company to make these investigations, and I indicate my awareness that false statements or failure to disclose information may be sufficient to disqualify me for employment or if employed, may result in my dismissal.
- Because of the continuing concerns for a healthy work environment, all areas within Company buildings are smoke-free.
- I understand that the Company has a Conflict of Interest policy that may prohibit my consideration for employment, as well as my continued employment, if a member or members of my immediate family or my household engage in any business enterprise that may be competitive with the Company. I understand that my failure to disclose a potential conflict of interest may lead to termination of my employment.

**Note: You must sign this application in order to be considered further in the application process.**

Applicant Signature	Date
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