

Independent Contractor Application

Ready-Set-Nurse, LLC is committed to the promotion of equal opportunity for all persons employed, engaged, or seeking employment or engagement as an independent contractor, without regard to race, color, creed, national origin, sex, age or handicap. It shall be the policy of Ready-Set-Nurse, LLC to provide equal opportunity to all applicants for employment and/or engagement as an independent contractor and to administer in accordance with that policy all personnel practices such as recruitment, selection, training, promotions, terminations, transfers, layoffs, compensation, benefits and other terms. Ready-Set-Nurse, LLC wishes to ensure the furtherance of the principles of equal employment opportunity by basing all personnel decisions, which affect independent contractors or employment applicants, on only valid and necessary criteria.

			Date
Position (Check one) Registered Nurse Licensed Practical Nurse Certified Nursing Assistant			
Name (Last, First, MI)			
SS # Last 4 digits		D.O.B.	
Home Address			
City	State		Zip
Day Time Phone	I	Evening Phone	
Email Address			
How long have you lived at this address?			
List last three previous addresses and dates:			
<u>Em</u>	ergency Conta	act Person	
Name	Phone	Relatio	on
Du'a Nama		Dhona	



Availability (Check all that apply):

Approximate Hours Per Week Requeste	ed	Days Evenir	ngs Weekends
Are you a citizen of the United States: Y	Yes No	Alien #	
Do you possess a valid Driver's License	::	Yes No	
Do you currently have unrestricted use of	of an insured vehicle	? Yes No	
DL #	State 1	Expiration date	
Have you ever or do you currently have Do you currently have any traffic violat Have you had any accidents in the last t	ions points against y		
If you answered "yes" to the above three	e questions please ex	plain:	
	Education/Tr	aining	
High School			
College			
Post Graduate			
List Experience working/volunteering w	vith children		
Indicate hobbies, interest, activities, spe	ecific community rese	ources, strong areas, an	nd languages spoken
	Work Hist	tory	
Please give complete history starting from ilitary experience.	om the most recent en	mployer or contractor i	ncluding any part time or
Dates Hrs/salary per week	Name/address/pho	ne	Reason for term
			-



References

(List 2 Professional and 1 Personal Reference below)

Name	Address/Pnone #	Relationship	Yrs. Known
1			
2			
3			
	<u>Criminal</u>	History Backgro	<u>und</u>
	We are required to complete a c The cost of these do	riminal background cuments is borne by t	
Have you even	r received any such clearances	Yes	No
Have you even	r been convicted of any of:		
Criminal offen	ise	Yes	No
Criminal offen	se against children	Yes	No
Fraud		Yes	No
Narcotics Offe		Yes	No
Felony Offens		Yes	No
Are you curren	ntly on parole/probation	Yes	No
If you answere	ed "yes" to any of the above question	ons please explain:	
	ed as an independent contractor by medical or other benefits.	Ready-Set-Nurse, L	LC I understand that it does not entitle me
	the information given in this applicate or if engaged automatic terminations.		that any falsification is grounds for
Applicant's Na	nme Print		
A1: / 3.7	G:		Date
Applicant s Na	ame Signature		Date