

Elite Healthcare Nursing Services, Inc.

"We provide excellency for your loved ones"

APPLICATION FOR NURSING/ ADMINISTRATIVE INDEPENDENT CONTRACTOR

Personal Information:

Date: _____

Last Name: _____ First name: _____ Middle name: _____

Street address: _____

City: _____ State: _____ Zip code: _____ S.S.#: _____

DOB: ____/____/____

Drivers License #: _____ Exp. Date: _____ Issuing State: _____

Home Tel: (____) _____ Cell #: (____) _____ Work #: (____) _____

Position desired: _____ Availability: _____

What is your primary interest: _____ Live in. _____ Pediatric Private Duty. _____ Staff Nursing
_____ Administrative.

Are you legally eligible for employment? Yes _____ No _____ If Yes your permit #: _____

Are you a legal resident of U.S.A? Yes _____ No _____ If Yes your Naturalization #: _____

Are you a U.S Citizen? Yes _____ No _____

ANY ADDITIONAL SKILLS:

Can you type? Yes _____ No _____ Can you take diction? Yes _____ No _____ Experience with Microsoft office software? Yes _____ No _____

MILITARY SERVICE:

Date of veteran's service: From: _____ To _____

Are you currently on active duty? Yes _____ No _____

Have you had any convictions other than minor traffic violations? Yes _____ No _____ If Yes give completed details on the other side: _____

Please answer questions by an "X" in the appropriate box.

A. Are you?

B. Are you handicapped?

1. <input type="checkbox"/> Male	1. <input type="checkbox"/> Yes
2. <input type="checkbox"/> Female	2. <input type="checkbox"/> No

C. Race / Ethnic identification – Please check only one.

1. White (not of Hispanic origin) Include persons having origin in any of the original peoples of Europe, North America or Middle East.
2. Black (not of Hispanic origin) Include persons having origins in the Black racial group of Africa.
3. Asian or Pacific Islanders: Include persons having origins in any of the original peoples of the far East, South East Asia, the Indian Subcontinent or the Pacific Islands. This area includes, e.g China, Japan, Korea, the Philippine Islands and Samoa.
4. American Indian or Alaskan Native: Includes persons having origins in any of the original peoples of North Antarctica, and who maintain cultural identification through tribal affiliation.
5. Hispanic: Include persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
6. Other.

INDEPENDENT CONTRACTOR EDUCATIONAL PROFILE

School	Name and Location of School	Course of study	No. of years completed	Did you Graduate?	Degree or Diploma
Graduate				Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)	
Business / Trade / Technical				Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)	
High School				Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)	
Elementary				Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)	

Additional comments: _____

I here authorize EHCNS, Inc. to release the above information or former and current educational, employment and medical organizations for the purpose of potential credential verification.

Independent contractor’s signature

Date

CLASSIFICATION OF INDEPENDENT CONTRACTOR:

_____ RN _____ LPN _____ CNA / GNA _____ Office Manager _____ RN Supervisor
_____ Companionship _____ Administrative Assistant

INDEPENDENT CONTRACTOR EMPLOYMENT PROFILE (Start with present company first)

Company name: _____

Address: _____

Name of Supervisor: _____

Phone #: _____ Employed From: _____ to _____

Weekly pay: Start: _____ Last: _____

State job title and describe your work: _____

Reason for leaving: _____

Company name: _____

Address: _____

Name of Supervisor: _____

Phone #: _____ Employed From: _____ to _____

Weekly pay: Start: _____ Last: _____

State job title and describe your work: _____

Reason for leaving: _____

Company name: _____

Address: _____

Name of Supervisor: _____

Phone #: _____ Employed From: _____ to _____

Weekly pay: Start: _____ Last: _____

State job title and describe your work: _____

Reason for leaving: _____

PERSONAL REFERENCES (3 Personal references, excluding relatives)

Name: _____

Address: _____

Telephone #: _____

Name: _____

Address: _____

Telephone #: _____

Name: _____

Address: _____

Telephone #: _____

IN CASE OF AN EMERGENCY WE CONTACT (2 Person contacts)

Name: _____

Relationship: _____

Telephone #: _____

Name: _____

Relationship: _____

Telephone #: _____

I agree that the information in this application is true, correct, and complete.

I understand that as an independent contractor with EHCNS, Inc. does not make me an employee of EHNS, Inc.

Applicant's signature

Date.