



Caring 4 You Nursing Services

INDEPENDENT CONTRACTOR APPLICATION

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Home #: _____ Work #: _____

Cell #: _____ Fax #: _____

Social Security #: _____ D.L. #: _____ State: _____

Date of birth: _____ Exp. Date: _____

Emergency contact: _____ Phone #: _____

Professional License #: _____ State: _____ Exp. date:

Other states you are licensed in: _____

Number of years as: RN ___ LVN ___ RT ___ CNA ___ EMT ___ Other _____

Number of years in: ICU/CCU ___ Tele ___ Med/Surg ___ ER ___ L&D ___

L&D ___ NICU ___ Peds ___ Post Part. ___ OB ___

OR ___ Angio ___ Home Health ___ Other: _____

Areas you will work: ICU/CCU ___ Tele ___ Med/Surg ___ ER ___ L&D ___

L&D ___ NICU ___ Peds ___ Post Part. ___ OB ___

OR ___ Angio ___ Home Health ___ Other: _____

Hospital Location

Preferences: _____

Shift Preferences: 12 hour ___ 8 hour ___ FT ___ PT ___ PD ___

{Be advised you may be asked to travel up to an hour. Remember this is tax deductible}

Days ___ PMs ___ Nights ___ Weekends ___

Employment History

(Begin with most recent employer)

From: ___/___/___ To: ___/___/___

Position/Specialty: _____ Ending salary: _____

Employer: _____

Supervisor's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Duties: _____

Reason for leaving: _____

From: ___/___/___ To: ___/___/___

Position/Specialty: _____ Ending salary: _____

Employer: _____

Supervisor's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Duties: _____

Reason for leaving: _____

From: ___/___/___ To: ___/___/___

Position/Specialty: _____ Ending salary: _____

Employer: _____

Supervisor's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Duties: _____

Reason for leaving: _____

CERTIFICATIONS

(Check all that apply)

BCLS___ ACLS___ PALS___ NALS___

exp. date___ exp. date___ exp. date___ exp. date___

CCRN___ CEN___ MICN___ Basis Arrhythmias___

exp. date___ exp. date___ exp. date___ exp. date___

Critical Care ___ IV Certification_____ {yes or no} Other:___

exp. date___ date received_____ exp. date___

Character References

Name:_____ Name:_____

Phone:_____ Phone:_____

Relationship:_____ Relationship:_____

Name:_____

Phone:_____

Relationship:_____

EDUCATION

I. Circle highest grade completed: 9 10 11 12 13 14
15 16 17 18 19 20

	Name	Address	Degree	Grade
High School				
College				
College				
Other				