



A gentle hand and a caring touch.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR CONTRACTOR SERVICES

PLEASE COMPLETE PAGES 1-5.

DATE

Name

Last

First

Middle

Maiden

Present address

Number

Street

City

State

Zip

How long

Telephone (____)

If under 18, please list age _____ Date of Birth: _____

Position applied for (1)

How many hours can you work weekly? _____ Can you work nights?

When available for work?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City and state)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain.

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Specific Skills

Computer Yes _____ Oscillator NICU Yes _____ years PICU Yes ___ years
Charting No _____ Jet No No

MICU ER TRAUMA Other
SICU PACU NEURO Skills

Please list two references other than relatives or previous employers.

Name	Name
Position	Position
Company	Company
Address	Address
Telephone (____)	Telephone (____)

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the **past 3 years** beginning with your **most recent job** held.

YOU MAY Attach resume instead.

If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates	Pay or salary
City, State Phone number		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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City, State Phone number		From To	Start Final
Your Last Job Title			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did?

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

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 services.

I understand that neither the acceptance of this application nor the subsequent entry into any type of service relationship with **NEW THERAPY MEDICAL NTI MEDICAL, LLC** creates an actual or implied contract of services. I understand that, if I accept work with **NEW THERAPY MEDICAL NTI MEDICAL, LLC**, it will be on an at-will basis. This means that either **NEW THERAPY MEDICAL NTI MEDICAL, LLC** or I have the right to terminate the services relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by **NEW THERAPY MEDICAL NTI MEDICAL, LLC**. I release **NEW THERAPY MEDICAL NTI MEDICAL, LLC**, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize [**New Therapy MEDICAL NTI MEDICAL, LLC**] to investigate information concerning my education, services experiences and all other aspects of my background relevant to my proposed services. I release **NEW THERAPY MEDICAL NTI MEDICAL, LLC** and its members or employees from all liability arising from such investigation.

Signature of applicant _____ Date: _____

NEW THERAPY MEDICAL NTI MEDICAL, LLC is an equal services opportunity employer. We adhere to a policy of making service decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity to provide services to **NEW THERAPY MEDICAL NTI MEDICAL, LLC** depends solely on your qualifications.