

Merry Heart Personal Care and Sitting, LLC

Independent Contractor Application

PLEASE PRINT LEGIBLY

Date: _____

APPLICANT INFORMATION			
Last Name:		First Name:	
M.I.		DOB:	
Street Address			Apartment/Unit #
City		State	ZIP
Phone		Cell/Alternate Phone	
Date Available to start		Social Security: - -	E-mail address:
Position Applied for: <input type="checkbox"/> Private Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Asst. Living <input type="checkbox"/> Errands/Transport			
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a citizen of the United States? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Have you ever been convicted of patient abuse or assault? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Do you have any relatives currently working for this agency? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list who & relation			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma Type: <input type="checkbox"/> General <input type="checkbox"/> Advanced <input type="checkbox"/> G.E.D.
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES		
<i>Please list three personal references. NO RELATIVES</i>		
Full Name	Relationship	Years known:
Address	Phone ()	
Full Name	Relationship	Years known:
Address	Phone ()	
Full Name	Relationship	Years known:
Address	Phone ()	

LICENSE, CERTIFICATIONS, PERSONAL CARE EXPERIENCE AND SPECIAL SKILLS

Medical License Type: Number: Issuing Authority/Board: Exp. Date:

NURSES ONLY: Malpractice Insurance Provider: Policy Expiration Date:

Describe any specialized training, skills, other certifications/licenses, etc: _____

Summarize any special job-related skills and/or qualifications from employment or other experiences: _____

State any additional information you feel may be helpful to us in considering your application: _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, sexual orientation or other legally protected status by law:

Do you have a fear of animals? Large Dogs Only All Dogs Cats Only Reptiles All Animals No Animal Fears

PLEASE USE THIS AREA TO GIVE US ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL IN PLACING YOU WITH A CLIENT

PLEASE SUBMIT A COPY OF YOUR STATE ISSUED VALID DRIVER'S LICENSE and SOCIAL SECURITY CARD AS WELL AS A COPY OF ANY LICENSE OR CERTIFICATION YOU MAY HAVE.

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE – (FAILURE TO SIGN RELEASE MAY RESULT IN A DELAY OF ASSIGNMENT)	
<p>I understand that if contracted by MERRY HEART PERSONAL CARE & SITTING, LLC my contract may be terminated at any time, with or without cause at the option of either the agency or myself. I understand that neither this application nor any communication by this agency's representative is intended to create or creates a contract for services. I certify that my answers are true and complete to the best of my knowledge. I understand that this application for contract services shall be considered active for a period of time not to exceed sixty (60) days. Any applicant wishing to be considered for a contract beyond this period should inquire as to whether or not applications are being accepted at that time. In the event a contract commences, I understand that false or misleading information given in my application or interview(s) may result in the immediate termination of the contract. In the event a contract is offered and accepted, I understand that I am required to abide by all rules and regulations of MERRY HEART PERSONAL CARE & SITTING, LLC. In the event a contract is offered and in force, I agree to submit to a Tuberculin Skin Test and I hereby authorize the agency to obtain any information related to past employment, background check, medical records, etc. for the purpose of application evaluation and in so doing, release all former employers providing such information, from all liabilities whatsoever, resulting from the disclosure of such information.</p> <p><u>For Licensed Applicants Only</u></p> <p>I understand that, as part of this application process, MERRY HEART PERSONAL CARE & SITTING, LLC will verify my competence and certification with the appropriate Licensing Registry and may obtain any and all information contained in the Registry for use in evaluating any application for contract services.</p>	
Signature	Date

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