

DEAR APPLICANTS

PLEASE FILL OUT THE ATTACHED

APPLICATION AND RETURN IT

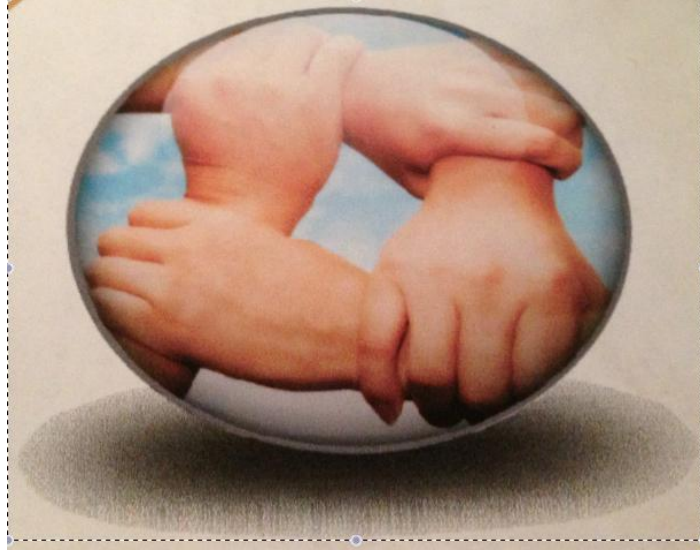
COMPLETED ALONG WITH ALL

THE DOCUMENTATION LISTED ON

PAGE 10 OF THIS DOCUMENT TO

11191 PALMETTO RIDGE DR

NAPLES, FL 34110



A NURSING CONNECTION

Application for Independent Contractor

A Nursing Connection, LLC ("the company") is an equal opportunity /affirmative action employer and contractor. All qualified applicants will be considered without regard to age, race, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

A NURSING CONNECTION EMPLOYMENT APPLICATION

I. Personal Information

First Name: _____ Last Name: _____

Other Names Used: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Social Security Number: _____

Driver's License Number: _____

Email Address: _____

Position Applying For: _____

- If hired, can you provide proof that you are legally able to work in the United States?
Yes ___ No ___

How were you referred to us?

Advertisement ___ Referral ___ Employment Agency ___ Walk-In ___ Other _____

- Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment:*
Yes ___ No ___

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

- List any relatives or friends employed by A NURSING CONNECTION:

II. Employment

- Position Desired: _____
 - Salary Desired: _____
 - What days and hours are you available for work?
-

- Are you available to work overtime if necessary?
Yes___ No___
- Are you over 18 years of age?
Yes___ No___

If you are under 18 years of age, can you provide a work permit?
Yes___ No___

- When are you available to begin work? _____
- Are you able to perform the essential functions of the job for which you are applying? *Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:*
Yes___ No___

III. Skills

- Are you able to operate a personal computer?
Yes___ No___

If yes, what types of computer software do you have proficiency in?

List any other office machines you can operate:

What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

IV. Education

▪ High School or Trade School

Name & City of School: _____

Number of Years Completed: _____

Did you graduate?

Yes___ No___

Degree(s) or Diploma(s): _____

Major Field(s) of Study: _____

▪ College or University

Name & City of School: _____

Number of Years Completed: _____

Did you graduate?

Yes___ No___

Degree(s) or Diploma(s): _____

Major Field(s) of Study: _____

V. Employment History

Please account for all employment within the last seven (10) years, beginning with your current or more recent employer.

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Supervisor: _____

Is this your current employer?

May we contact this employer?

Yes___ No___

Yes___ No___

Specific Job Duties:

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Supervisor: _____

Is this your current employer?

May we contact this employer?

Yes___ No___

Yes___ No___

Specific Job Duties:

Reason for Leaving: _____

▪ Positions Held

Company Name: _____

Company Address: _____

Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Supervisor: _____

Is this your current employer?

Yes___ No___

May we contact this employer?

Yes___ No___

Specific Job Duties: _____

Reason for Leaving: _____

VI. Military Service

- Have you obtained any special skills or abilities as the result of services in the military?

Yes___ No___

If yes, please describe:

VII. Personal References

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

- Name of Reference #1: _____
- Address: _____
- Telephone Number: (____) _____

- Name of Reference #2: _____
- Address: _____
- Telephone Number: (____) _____

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by A NURSING CONNECTION or its agents.

2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of A NURSING CONNECTION, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release A NURSING CONNECTION, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.

3. _____ I understand that A NURSING CONNECTION is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the A NURSING CONNECTION has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.

4. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.

5. _____ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or A NURSING CONNECTION. There will be no agreement, express or implied between A NURSING CONNECTION and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of A NURSING CONNECTION.

6. _____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

Applicant Name: _____

Applicant Signature: _____

Date: _____

Please make sure when submitting your application that you provide a copy of the following:

- 1. Valid Florida drivers license**
- 2. Copy of your current/valid automobile insurance card**
- 3. Copy of professional liability insurance, You need to have proof of Liability Insurance if you do not have insurance the company we recommend CM & F group 800-221-4904**
- 4. Level 2 background screening**
- 5. Current CPR certification**
- 6. Evidence of Continued education**
- 7. Valid LPN/RN license**
- 8. Evidence of course on HIV/AIDS, Universal Precautions and Infection Control Procedures**
- 9. Make sure Application is signed and Dated**
- 10. Fill out w-9 and return**
- 11. Social Security Card**
- 12. Will you available to work during a hurricanes?**