May 1, 2014

ROCK BUSINESS STRATEGIES & SOLUTIONS

RBSS

Vendor Application – Independent Contractor

FOR: OTHER ALLI ED HEALTH INDEPENDENT CONTRACTORS ONLY (NURSES, ETC.)

VENDOR INFORMATION											
Last Name				First				M.I.	Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security #				Driver's License #			
Position Applied for	**OTHER ALLIED HEALTH – INDEPENDENT CONTRACTOR**										
Is your Driver's License Valid?		YES ☐	NO ☐	Do you have Valid Car Insurance?					YES ☐	NO ☐	
What State is your license in?				Name of Insurance Carrier?							
Have you ever worked for this company?		YES ☐	NO ☐	If so, when?							
Have you ever been convicted of a felony?		YES ☐	NO ☐	If yes, explain							

EDUCATION											
High School						Address					
From		To		Did you graduate?	YES ☐	NO ☐	Degree				
College						Address					
From		To		Did you graduate?	YES ☐	NO ☐	Degree				
Other/Trade						Address					
From		To		Did you graduate?	YES ☐	NO ☐	Degree				

REFERENCES			
Please list three professional references.			
Full Name		Relationship	
Email		Phone	
Full Name		Relationship	
Email		Phone	

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Full Name		Relationship	
Email		Phone	

WHAT DAY(S) & TIMES ARE YOU AVAILABLE TO WORK?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

HOW FAR ARE YOU WILLING TO TRAVEL? FOR FUTURE CONTRACT & BUSINESS PURPOSES.

10-15 MILES	15-20 MILES	20-25 MILES	25-30 MILES	30-40 MILES	40 + MILES
☐	☐	☐	☐	☐	☐

ARE YOU ABLE TO TRAVEL?

YES ☐	NO ☐

ARE YOU CURRENTLY WORKING NOW?

YES ☐	NO ☐

IF YES, LIST CURRENT EMPLOYER/COMPANY? _____

ARE YOU OTHER ALLIED HEALTH (OTHER ALLIED HEALTH)?

YES ☐	NO ☐

WHAT IS YOUR DEGREE IN? _____

ARE YOU CERTIFIED/LICENSED? _____

WHERE DID YOU RECEIVE YOUR SKILL SET/EDUCATION FROM?
_____

DO YOU HAVE AN INTERNET CONNECTION AND ACCESS TO FAXING SERVICES?

YES ☐	NO ☐

ARE YOU CURRENTLY ENROLLED IN SCHOOL?

YES ☐	NO ☐

IF, ENROLLED---NAME OF SCHOOL? _____

PROGRAM_____

HAVE YOU GRADUATED?

YES ☐	NO ☐

IF NOT, WHEN DO YOU EXPECT TO HAVE YOUR DEGREE? ___________________________________

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE AS A VIRTUAL OR ADMINISTRATIVE ASSISTANT?

1-2 YRS	2-3 YRS	3-4 YRS	4+ YRS
☐	☐	☐	☐

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 ☐ NO ☐		
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 ☐ NO ☐		
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 ☐ NO ☐		

LIST (5) QUALITIES THAT YOU HAVE WHICH WOULD BE AN ASSET?	
(1)	**(2)**
(3)	**(4)**
(5)	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my vendor application or interview may result in termination of my contract.	
Signature of OTHER ALLIED HEALTH PROFESSIONAL	Date

_____ **Date**_____

Signature of Team Lead