ROCK BUSINESS STRATEGIES & SOLUTIONS MOBILE PHLEBOTOMY LAB

RBSS

Vendor Application – Independent Contractor

APPLICANT INFORMATION												
Last Name			First			M.I.	Date					
Street Address						Apartment/Unit #						
City			State			ZIP						
Phone			E-mail Address									
Date Available			Social Security No.			Desired Salary						
Position Applied for												
Are you a citizen of the United States?	YES☐	NO ☐	If no, are you authorized to work in the U.S.?	YES☐	NO ☐							
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					Address							
From		To		Did you graduate?	YES☐	NO☐	Degree					

REFERENCES			
Please list three professional references.			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

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☐		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date