

May 1, 2014

ROCK BUSINESS STRATEGIES & SOLUTIONS

Vendor Application – Independent Contractor



FOR: STATE TESTED NURSES ASSISTANT (STNA) CONTRACTOR ONLY

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		STATE TESTED NURSES ASSISTANT (STNA) – INDEPENDENT CONTRACTOR											
Is your Driver's License Valid?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have Valid Car Insurance?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
What State is your license in?								Name of Insurance Carrier?					
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					
EDUCATION													
High School			Address										
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College			Address										
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other/Trade			Address										
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES													
<i>Please list three professional references.</i>													
Full Name			Relationship										
Email			Phone										
Full Name			Relationship										
Email			Phone										

VENDOR APPLICATION - STNA

May 1, 2014

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?

10-15 MILES	15-20 MILES	20-25 MILES	25-30 MILES	30-40 MILES	40 + MILES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARE YOU CURRENTLY WORKING NOW?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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IF YES, LIST CURRENT EMPLOYER/COMPANY? _____

ARE YOU STATE TESTED NURSES ASSISTANT (STNA)?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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WHERE DID YOU RECEIVE YOUR CERTIFICATION FROM? _____

CAN YOU PERFORM STNA NURSING SERVICES INDEPENDENTLY?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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ARE YOU CURRENTLY ENROLLED IN A STNA PROGRAM?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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NAME OF SCHOOL? _____

DO YOU HAVE A DATE TO TAKE/SIT FOR AN EXAM?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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IF SO, WHEN DO YOU EXPECT TO HAVE YOUR CERTIFICATION? _____

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE AS A STNA?

1-2 YRS	2-3 YRS	3-4 YRS	4+ YRS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENDOR APPLICATION - STNA

May 1, 2014

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"/>			

LIST (5) QUALITIES THAT YOU HAVE WHICH WOULD BE AN ASSET TO RBSS AND THE PATIENTS THAT WE SERVICE.	
(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 STNA	Date

Signature of Team Lead

Date