



P.O Box 187 Fitzwilliam, NH 03447  
Phone # 603-831-2027 Fax # 603-899-6485

## SUBCONTRACTOR APPLICATION

First Name	Last Name	Social Security Number
Current Address	City and State	Zip
Home Phone	Cell Phone	Work phone

Date available to begin employment: \_\_\_\_\_ Email: \_\_\_\_\_

Person to contact in case of emergency

Name	Relationship	Phone

Licensure:  LNA  LMNA  LPN  RN  Other

License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certifications (include photo copies of certification held)

Professional Registrations(s)/certifications(s)

Certification \_\_\_\_\_ # \_\_\_\_\_ cert. Date \_\_\_\_\_ expirations date \_\_\_\_\_

Certification \_\_\_\_\_ # \_\_\_\_\_ cert. Date \_\_\_\_\_ expiration date \_\_\_\_\_

Certification \_\_\_\_\_ # \_\_\_\_\_ cert. Date \_\_\_\_\_ expiration date \_\_\_\_\_

Are you a US citizen?  yes  no

If you will be employed on a visa, please specify type of work visa: \_\_\_\_\_

Have you ever pled guilty in or been convicted of a criminal offense other than a misdemeanor?

yes  no

If yes, explain:

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Has any license/certification held by you ever been subject to disciplinary action, suspension or revocation?  yes  no

If yes, explain on a separate sheet

Applicants are considered for all positions that they are licensed to hold without regard to race, religion, gender, national origin, age, disability, or marital or veteran status. Compassionate Staffing is an equal opportunity employer.

EDUCATION Name and Address of School	Year Graduated	Degree or Diploma
High School		
College		
Graduate School		
Other School		

<b>Employment History</b>
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Facility: \_\_\_\_\_ Supervisors Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Position held/responsibility:

\_\_\_\_\_

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Facility: \_\_\_\_\_ Supervisors Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Position held/responsibility:

\_\_\_\_\_

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Facility: \_\_\_\_\_ Supervisors Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Position held/responsibility:

\_\_\_\_\_

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What Shifts are you willing to work  1<sup>st</sup> shift  2<sup>nd</sup> shift  3<sup>rd</sup> shift  any shift  
What day of the week are you available?  Mon  Tues  Wed  Thurs  Fri  Sat  Sun  
What distance are you willing to travel?  10 miles  20 miles  anything is fine

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I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification is discovered, it will constitute grounds for dismissal. I hereby authorize you and your agents to conduct any investigation necessary concerning any part of my background, civil, and criminal record, education records, and any other such information related to the position I am seeking. I release and forever hold harmless any and all parties from any liability in connection with the provision and use of such information. I understand that I am a subcontractor and responsible for any medical expenses incurred during my work hours and that Compassionate Staffing does not cover me via workman's compensation. I understand that I will be hired as a sub-contractor and will be responsible for my own taxes. I will receive a Form 1099 at the end of each year.

I understand and agree that, if contracted out by this organization, or its clients, I will abide by the appropriate rules and regulations, which I understand, are subject to change. I further understand that, if hired, my employment is for definite period of time and may be terminated by either party at any time. I further understand that as a condition of employment through Compassionate Staffing, I may be required to undergo a physical examination, including drug screening, to determine my ability to perform the functions of my job with reasonable consideration.

I, the undersigned, having applied for a position with Compassionate Staffing, do hereby authorize you to provide Compassionate Staffing with the information requested. I hereby authorize my former employer to furnish any or all information, personal or otherwise, which may or may not be recorded. I hereby release all such employers, including their representatives and agents, from all liabilities for any damage whatsoever for furnishing same to Compassionate Staffing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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For Office Use Only

Criminal Background Complete:  No Record  Record      TB Test Results   
2 Reference Checks Complete

Interview Date: \_\_\_\_\_ Director's Signature: \_\_\_\_\_

Eligible for hire  Not Eligible

Pay Rate: \_\_\_\_\_  Offer letter sent    Date sent: \_\_\_\_\_  
 License Verified    Date: \_\_\_\_\_