

## INDEPENDENT CONTRACTOR APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Positions Applying for:  HHA  CNA  LPN  RN

What Days & Hours are you available to work? Be Specific.

\_\_\_\_\_

Will you work as a Live-In?  YES  NO

Where are you willing to travel? Be specific.

\_\_\_\_\_

Have you ever registered with your Amerihome Health Care before? \_\_\_\_\_

If yes, please give dates: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Do you have a valid driver's license?  YES  NO

If Yes, from what State: \_\_\_\_\_ License number: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_

State or Country: \_\_\_\_\_ Graduate:  YES  NO

College/Vocational School: \_\_\_\_\_

State or Country: \_\_\_\_\_ Graduate:  YES  NO

Type of Degree: \_\_\_\_\_



## EMPLOYMENT HISTORY

List all present and past employment beginning with your most recent.  
FOR ALL PERIODS OF UNEMPLOYMENT IN EXCESS OF THREE MONTHS,  
PLEASE GIVE AN EXPLANATION.

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Type of work you performed: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Type of work you performed: \_\_\_\_\_

\_\_\_\_\_