HHC-HR-FRM-001

APPLICATION FOR INDEPENDENT CONTRACTOR

PLEASE WRITE IN PRINT Complete the entire application. You may attach a resume, but you must still complete all questions, or your aplication will be deemed incomplete and may not be considered

Name: (Last, First, Middle)	**Age / Birthday** (mm/dd/yy)	**Gender** ☐ Male ☐ Female
City Address:	**Provincial Address:**	

Profession:		**Contact Information**
☐ Registered Nurse	PRC license no: _____	Landline: _____
☐ Underboard Nurse	Valid until (mm/dd/yy) _____	Mobile: _____
☐ Caregiver	Specialization: _____	_____
☐ Physical Therapist	Years of Experience: _____	Email: _____
☐ Others		

Are you currently employed? ☐ Yes ☐ No	if YES, what is the company name, your current job title/department and date started?

How did you learn about Home Health Care? ☐ Walk-in ☐ Website / Search Engine: _____

☐ Referred by: _____ ☐ Other: _____

EDUCATION / SKILLS

Name of School	Did you graduate?	Date of Graduation	Degree Received
High School:	☐ Yes ☐ No		
College:	☐ Yes ☐ No		
Other School:	☐ Yes ☐ No		

Hospital Training: (hospital / Department / Date)

_____

_____

Professional Licenses: (Profession / Reg. No / Expiration Date)

_____

_____

Training Seminars / Workshops: (Title / Date) ☐ Basic Life Support _____ (mm/dd/yy)

Others: _____

_____

_____

_____

_____

Skills: (Check all that apply)

- ☐ Urinary catheter removal / insertion
- ☐ BP Monitoring
- ☐ Monitoring of Input and Output
- ☐ IV Medication Administration
- ☐ NGT Feeding
- ☐ PEG Feeding
- ☐ IV Insertion
- ☐ Wound Care (Pressure Sores, etc.)
- ☐ Glucose Monitoring
- ☐ Changing IV Fluid
- ☐ Suctioning
- ☐ Tracheostomy Care
- ☐ Manipulation of Ventilator
- ☐ Ostomy Care
- ☐ Enema
- ☐ Jackson-Pratt Drain Care
- ☐ Hemovac Drain
- ☐ Pigtail Catheter
- ☐ Driving
- ☐ Foreign Language / Dialect _____

NBI Clearance (Registration Number & Date): _____

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION: I certify that the information on this application and its supporting document is accurate and complete. I understand and agree that failure to fuly complete the form, or misrepresentation or omision of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

I, as a healthcare professional, agrees to be deployed / assigned by Home Health Care as:

- ☐ Facility Caregiver / Nurse staff
- ☐ Facility Caregiver / Nurse reliever
- ☐ Private Duty Nurse
- ☐ Private Duty Caregiver
- ☐ On-call Physical Therapist

Applicant Signature: _____ **Date:** _____