

Midland Health Independent Contractor Application

Date _____

Last Name _____ First Name _____

Business Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

Fax _____ E-Mail _____

EIN or Tax ID Number _____ Social Security # _____

Are you legally able to work in the US? _____

How far are you willing to travel? _____

What is your availability? _____

Have you been convicted or pleaded no contest to a felony? _____

Details _____

How many years have you been drawing blood? _____

When was the last time you drew blood? _____

Have you been educated in OSHA standards? When? _____

Do you have a hazardous waste container and a way to dispose of it? _____

What languages do you speak? _____

What is your most recent rate of pay? (We will confirm this.) _____

Employment History (Most recent first)

Company _____ Phone _____

Supervisor _____

Your job title? _____ Rate of pay _____

Employed from _____ to _____

Reason for leaving _____

Company _____ Phone _____

Supervisor _____

Your job title? _____ Rate of pay _____

Employed from _____ to _____

Reason for leaving _____

Personal References

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Education

High School _____ Graduated _____

College _____ Graduated/Degree _____

Medical Training _____

Have you ever given flu shots? _____

Do you own a centrifuge? _____ Stethoscope and BP Cuff? _____

Can you take a blood Pressure? _____ Do you own an obesity cuff? _____

Are you a certified phlebotomist? _____ Date of cert? _____

Operate an EKG machine? _____ Do you own a machine? _____

Are you an independent contractor for other companies? If so who? _____

Agreement of the transfer of information

I declare the information provided by me is true, correct and complete to the best of my knowledge. I understand that if there are any falsifications, omission of fact in connection with my application, whether on this document or not, may result in immediate termination of contractorship. I authorize you to verify any and all information provided in this application.

Signature

Date