

We Care Private Duty Services, Inc.
Licensed by the State of Maryland Department of Health, Office of Healthcare Quality

## **Independent Contractor Information Sheet**

					Infori	nation							
Full Name:									Date:		D.O.1	В.	
Last  Ms. □ Mrs. □ Mr. □				First MI				Certification or Licensure:  C.N.A  G.N.A L.P.N R.N					
											L.1 .1N	K.IV	
Street Address:						Apartment/Unit #:							
City:	State:					ZIP Code:							
Phone:	(home): (cell):					e-mail address:							
Social Security No: Do you have a Sole Pro						's EIN: Y	ES 🗌	NO		EIN:		VEC	NO
Are you a citizen of the United States?				YES	NO 🗆	If no, are y	ou autl	norized to	work in th	ne U.S.?		YES	NO
Have you ever been assigned to our Registry?				YES	NO 🗆	If yes, whe	n?						
Have you ever been convicted of a felony?				YES	NO 🗆								
If yes, explain:													
How were you referred to WeCare? [ ] Self [ ] Website [ ]Newspaper													
[ ] Caregiver (Name) [ ] Other													
High					Educ	ation							
School:		_		1	Address:	YES	NO	1					
From:	To: Did you graduate?				YES	NO							
College:	Address:					YES	NO	1					
From:	To:	To: Did you graduate?						Degree:					
Other:		1		I	Address:			1					
From:	То:		Did		aduate?	YES	NO	Degree:					
Previous Employment													
Company:									Phone:				
Address:									Supervi	sor:			
Job Title: Sta				Starti	Starting Salary:					Ending Sala	ıry:		
Responsibilitie	se.										•		
Dates Worked	1												
From:	То:					Reason f	or Lea	ving:					
YES May we contact your previous supervisor for a reference?  □					NO								
Company:						Phone:							
Address:						Supervis	or:						
Job Title: Starting Salary:										Ending Sala	ry:		
Responsibilities:													
Dates Worked													
From:	From: To:					Reason f	or Lea	ving:					
					YES	NO							

Character Reference (1 professional, 1 personal)										
Name:					one: (	)				
Address:				Relationship Applicant	o to					
May we contact for a reference?   YES  □					**	1				
Name:				Pho		)				
Address:		1		Relationship Applicant	to :					
May we contact	YES	NO								
Military Service										
Branch:					From:			То:		
•	go!			Tyma o				l.		
	Rank at Discharge: Type of Discharge:									
If other than honorable, explain:										
		Disclain	ner and Signa	ature						
I certify that my	answers are true and complete to the best of my known	owledge.								
If this information	on sheet leads to appointment on the We Care Regis	try, I understa	nd that false o	or misleading	information in	ı my appli	cation o	or interv	iew may res	ult in my
Name (Print):						Da	te:			
Signature:										
	TITIS NO	For (	Office Use Or	dy						
Employment Re	ference Contacted YES NO Date:		Initial:			Via:				
Person Contacted:				Title:						
Comments:										
Employment Re	eference Contacted YES NO Date:		Initial:			Via:				
Person Contacte  Comments:	d:		Title:							
Community of the control of the cont										
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