



## Independent Contractor Information Sheet

Information										
Full Name:					Date: <span style="float: right;">D.O.B.</span>					
<i>Last</i>			<i>First</i>			<i>MI</i>			Certification or Licensure:	
Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>									C.N.A <input type="checkbox"/> G.N.A <input type="checkbox"/> L.P.N <input type="checkbox"/> R.N <input type="checkbox"/>	
Street Address:					Apartment/Unit #:					
City:			State:			ZIP Code:				
Phone:	(home):			(cell):			e-mail address:			
Social Security No:			Do you have a Sole Proprietor's EIN: YES <input type="checkbox"/> NO <input type="checkbox"/>			EIN:				
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been assigned to our Registry?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain:										
How were you referred to WeCare? <input type="checkbox"/> Self <input type="checkbox"/> Website <input type="checkbox"/> Newspaper										
<input type="checkbox"/> Caregiver (Name)						<input type="checkbox"/> Other				

Education										
<b>High School:</b>	Address:									
From:		To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
<b>College:</b>	Address:									
From:		To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
<b>Other:</b>	Address:									
From:		To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

Previous Employment									
Company:					Phone:				
Address:					Supervisor:				
Job Title:			Starting Salary:			Ending Salary:			
Responsibilities:									
<b>Dates Worked</b>		From:			To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company:					Phone:				
Address:					Supervisor:				
Job Title:			Starting Salary:			Ending Salary:			
Responsibilities:									
<b>Dates Worked</b>		From:			To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				

**Character Reference (1 professional, 1 personal)**

Name:				Phone:	(    )
Address:				Relationship to Applicant :	
May we contact for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name:				Phone:	(    )
Address:				Relationship to Applicant:	
May we contact for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**Military Service**

Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this information sheet leads to appointment on the We Care Registry, I understand that false or misleading information in my application or interview may result in my release.*

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**For Office Use Only**

Employment Reference Contacted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date:	Initial:	Via:
Person Contacted:			Title:		
Comments: _____ _____ _____					
Employment Reference Contacted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date:	Initial:	Via:
Person Contacted:			Title:		
Comments: _____ _____ _____					