



(Please feel free to let us know if you need an accommodation to complete the application process)

Position applying for _____ Date of application _____

Date available for work _____
 All questions must be answered completely. If you have a resume, please attach it to this application. (Please PRINT or type.)

_____	_____	_____	_____
Last Name	First Name	Middle Name	Maiden Name

_____	_____	_____	_____
Address	City	State	Zip
(____) _____	(____) _____	_____	
Daytime phone	Evening Phone	Best time to reach you	
Are you 18 years of age? _____ (If no, a work permit will be required)			
Social Security Number _____ - _____ - _____		Birth Date ____ / ____ / ____	
Email Address _____ (Please write Legible)			

Are you legally authorized to work in the United States? - _____ Yes _____ No (If hired, proof of U.S. citizenship or immigration status will be required upon employment.)

Visa Classification _____ Visa Expiration Date _____

Have you ever been convicted of a felony? _____ Yes _____ No If yes, please explain, use backside of this page if more space is needed. _____

Professional Information

Professional Licensure _____	License NO. _____
Effective Date _____	Expiration Date _____
Registry or Certification _____	Registration No. _____
Effective Date _____	Expiration Date _____
Out-of-state Licenses _____	License No. _____

Education and Training

Exclude names, which would reveal sex, race, religion, national origin, age, disability or other protected status under applicable state or federal law. A. List last three (3) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned if any. D. Major and minor field of study (if applicable). (Applicants should provide educational background that pertains to the job)

_____	_____	_____	_____	_____
A. School	B. No. Years completed	C. Degree/diploma	D. Major	E. Minor

Please list qualifications you possess for this position

References

List names and telephones numbers of three business/work references (preferably supervisors) who are not related to you.

Name	Telephone	Years

List three personal references that are not related to you.

NAME	Telephone Number	Years Known

ACHIEVEMENTS AND ACTIVITIES

List special accomplishments, publication, awards, participation awards, participation in or offices held in extracurricular activities you consider relevant for this contract. (Exclude information, which would reveal sex, race, religion, national origin, age, disability or other protected status under applicable state or federal law.)

List any areas of specialty such as ACLS certification, neo-natal certification, trauma certification etc.

Work history: Please list most recent job first

Facility _____

Start date: _____

End date: _____

Beginning salary: _____

Ending Salary: _____

Reason for leaving:

Facility _____

Start date: _____

End date: _____

Beginning salary: _____

Ending Salary: _____

Reason for leaving:

Sub-contractor STATEMENT

If contract is agreed upon, you will be required to submit documents sufficient to establish contractual authorization and identify in compliance with the Immigration Reform and Control Act of 1986. While you may not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

I hereby consent to having NOC contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or suitability for contract agreement. I release all persons, companies, and corporations supplying such information. I also indemnify NOC against any liability, which might result from making such an investigation.

I understand that any offer of contract agreement may be conditioned upon the results of a Criminal, Dependent Adult and Child Abuse record check and an adult abuse registry as well as a Nurse Aide Registry check. I further understand that in order to complete a thorough investigation of my background, I must sign a waiver allowing the Company access to my criminal records. Any offer of contract is also contingent upon my cooperation in signing such a waiver. In addition, I also understand it is necessary to provide my date of birth to conduct a Criminal, Dependent Adult and Child Abuse record and it will not be used for discriminatory purposes.

I hereby acknowledge that it is the policy of the Corporation that all contractors may be required to submit a sample of blood, urine, or breath samples on a random basis. I hereby freely and voluntarily consent to this request for a sample of blood, urine, or breath, if allowed by applicable state law.

I understand that any false or misleading information provided on the application or discussed during the interview process, will result in my immediate discharge if a contract agreement is established, regardless of when discovered.

Additionally, I understand that nothing contained in this sub-contract application or in the granting of an interview is intended to create a per diem contract between NOC and myself for either contract agreement or for the providing of any benefit. No promises regarding a contract have been made to me and I understand that no such promise or guarantee upon this contractor. I also understand that I have the right to terminate my contract for any reason and that the Corporation retains similar rights, unless prohibited by state or federal law. Additionally, I authorize the corporation to supply my contract information record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the corporation deems appropriate.

Also, be it known NOC is an independent contracting corporation therefore, is not responsible and/or liable for any unemployment benefits, individual employment taxes or any responsibilities normally assumed between employee/employer since N.O.C. Inc. utilizes sub-contractors and therefore does not acknowledge any entity as an employee. You are a self-employed individual a.k.a. "sub-contractor" and it is solely your responsibility for obtaining independent liability insurance, workman's compensation insurance and any other responsibilities and/or coverage's required by a self-employed individual. You are also responsible for paying all self-employment income taxes, federal and state. By signing this, I'm in agreement to all items describe above and agree that all information provided by me is true and accurate to the best of my knowledge.

Applicant signature

Date