

NURSTAFF PLUS

Employment Application



APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ ZIP _____
Phone _____ E-mail Address _____
Date Available _____ Social Security No. _____ Desired Salary _____
Position Applied for _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If so, when? _____
Have you ever been convicted of a felony? YES NO If yes, explain _____

EDUCATION

High School _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____
College _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____
Other _____ Address _____
From _____ To _____ Did you graduate? YES NO Degree _____

REFERENCES

Please list three professional references.

Full Name _____ Relationship _____
Company _____ Phone (_____) _____
Address _____
Full Name _____ Relationship _____
Company _____ Phone (_____) _____
Address _____
Full Name _____ Relationship _____
Company _____ Phone (_____) _____
Address _____

PREVIOUS EMPLOYMENT

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$
Responsibilities
From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$
Responsibilities
From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$
Responsibilities
From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

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 application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
I understand and agree that any offer of employment is contingent upon satisfactory completion of a pre-employment investigation, which includes but is not limited to criminal history check, educational and work verification, reference checks, and any investigation required by local, state or federal laws.
I understand that if I am hired by NurStaff Plus, LLC, my employment will be for an indefinite period of time and will be "at will" which means NurStaff Plus, LLC or I may terminate the employment relationship at any time for any reason or no reason.

Signature Date

AGREEMENT TO PROVIDE PROFESSIONAL SERVICES

This agreement outlines the arrangement between an Independent Contractor, hereinafter referred to as IC and Nurstaff Plus, LLC, hereinafter referred to as Nurstaff. IC and Nurstaff are the only parties to this agreement.

In consideration of the terms hereinafter expressed, I, the undersigned Independent Contractor, hereby contract with Nurstaff, to solicit, professional services on my behalf to be rendered by me. I hereby agree to provide professional services to medical facilities (hereinafter referred to as FACILITY) in need of those services, I understand that I am not guaranteed a position with any facility for any period of time and that I will be asked to provide professional services to FACILITY as the needs of the FACILITY dictate and that is beyond the control of Nurstaff.

I understand in providing the services described in this contract that I am not employed by Nurstaff within the meaning of Louisiana Revised Statutes 23:1472(12)E or Internal Revenue Service Ruling 61-196, page 715 et seq.. I understand that the monies paid to me are not wages and that this contract is not a contract for hire. I agree to provide professional services to the FACILITY at a negotiated rate to be determined by Nurstaff and myself on a case by case basis and that I will be paid for those services by NurStaff on a case by case basis. I understand that I am not a member of the regular "staff" of Nurstaff and that I am not guaranteed a position with any FACILITY. The express intention of the parties is that IC is an Independent Contractor and not an employee, agent, joint venture, or partner of Nurstaff. Both parties acknowledge that I am not an employee for state or federal tax purposes. I understand that I will perform professional services at the discretion and control of the FACILITY.

I understand that the fees for my services will be billed directly to the FACILITY by Nurstaff at a rate different from what I have negotiated with Nurstaff and that I may not directly bill the FACILITY to receive monies from the FACILITY. I understand that I may elect to be paid at a time of my choosing and that Nurstaff will pay me within two working days.

I agree that if I provide services directly to the FACILITY during the term of this agreement other than as an independent contractor through Nurstaff, I will be required to pay Nurstaff \$1000.00 in damages. This will apply only to FACILITIES for whom my services have been solicited by Nurstaff.

I will be free from any control or direction by Nurstaff in the performance of professional services under this contract. I further understand, warrant and represent that the referenced professional services will be provided outside of all the places of business of Nurstaff for which that service is performed and that I am customarily engaged in my independently established profession. I understand that I will be under the direction and control of only the FACILITY in need of the services I will render.

IC declares that IC has obtained workers' compensation for IC and any and all employees or agents of IC. IC agrees to hold harmless and indemnify Nurstaff for any and all claims arising out of an injury, disability, or death of IC or any employees or agents of IC. IC understands that the insurance contract and other information IC provides to Nurstaff may be disclosed to any FACILITY desiring to utilize IC's professional services. IC understands that Nurstaff shall not obtain or pay for any insurance on behalf of IC.

IC reserves the sole right to control or direct the manner in which services are to be performed. IC shall retain the right to perform similar services for other entities during the term of this Agreement.

IC shall perform the services required by this Agreement at any place or location and at any time as IC deems necessary and appropriate. IC shall be responsible for all costs and expense incidental to the performance of services contracted through Nurstaff, including without limitation, all costs of fees, fines, licenses or taxes required of or imposed against IC and all other IC's costs of doing business. Nurstaff shall not be responsible for any expenses incurred by IC in performing services contracted through Nurstaff.

I further understand that as an independent contractor I am and will be responsible for all city, parish, state, federal, FICA, unemployment, professional and other taxes or fees which may accrue or become due as a result of any professional fees earned by me through professional services rendered by me pursuant to this contract. I agree to hold Nurstaff completely harmless for the payment of all aforesaid taxes or fees and to fully indemnify Nurstaff for any sums including all taxes, fees, costs, attorney fees (extended by Nurstaff) and penalties (incurred by Nurstaff) should I not pay the aforesaid taxes or fees for any reason and/or any agency seeks to collect from Nurstaff any taxes or fees due by me. I understand that I will be responsible for filing a quarterly tax return and to pay on a quarterly basis the federal, state, and FICA taxes due as a result of the fees which I receive and that those taxes and the forms are due on April 15, July 15, October 15, and January 15 of each year.

The term of this agreement shall be for a period of one year from the date specified below or until such time as FACILITY terminates the staffing project.

This agreement signed in Lafayette, Lafayette Parish, Louisiana this day ___/___/____.

Accepted By:

Nurstaff Plus, LLC

By: _____
Authorized Agent

Independent Contractor

Employment Questionnaire

Applicant Name: _____

- 1) Why did you choose the path of working in a Medical Clinic?

 - 2) What is your major area of strength? What do you consider your main weakness?

 - 3) Describe the best manager you ever had. What about his/her management style made him/her stand out?

 - 4) Define success and its role in your life?

 - 5) What would you say are the most important aspects you are looking for in a job/career?

 - 6) What motivates you as a person?

 - 7) What skills and/or special qualifications do you possess for this job that would make you stand out from other candidates?

 - 8) Describe the personality of someone you would not work well with.

 - 9) What is your biggest accomplishment (this can be personal, family or work related)

 - 10) Briefly describe the difference between OSHA and HIPAA.

 - 11) Describe yourself in one word.
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