



## Application for Independent Contractor

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  

LAST
FIRST
M.I.

PRESENT ADDRESS: \_\_\_\_\_  

STREET
CITY
STATE
ZIP CODE

PERMANENT ADDRESS: \_\_\_\_\_  

STREET
CITY
STATE
ZIP CODE

PHONE NO: \_\_\_\_\_ EMAIL:: \_\_\_\_\_  

HOME
WORK

Social Security Number: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_ Full-time \_\_\_\_ Part-time

Referred By: \_\_\_\_\_

Are there limitations to your schedule?  YES  NO

If yes, please state time unavailable for work \_\_\_\_\_

Have you ever worked with us before?  YES  NO

If yes, give dates and reason for separation \_\_\_\_\_

Some positions require a valid PA driver's license. Do you have a valid PA driver's license?  YES  NO

Do you have a dependable vehicle available for work if a vehicle is required?  YES  NO

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DIPLOMA/ DEGREE	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE UNDERGRADUATE				
GRADUATE				
TRADE, BUSINESS, MILITARY, OTHER				

List any professional license or certifications(s) \_\_\_\_\_ License number(s) \_\_\_\_\_

If you have a professional license, has your professional license ever been revoked?  YES  NO

If yes, please explain \_\_\_\_\_

List any relevant certifications or special skills (Ex- CPR, Sign Language, etc) \_\_\_\_\_

List any foreign languages you can speak, read and/or write \_\_\_\_\_

**PROFESSIONAL REFERENCES:** Give the names of 3 persons not related to you. References should include previous supervisors who have direct knowledge of your professional competence and your personal qualifications. If any person(s) listed should not be contacted for reference at this time, indicate in the left-hand margin the date contact(s) may be made.

NAME	ADDRESS	PHONE NO.	BUSINESS	RELATIONSHIP

**EMPLOYMENT EXPERIENCE** - Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. (PLEASE PRINT) List EVERY position held within the last ten years.

EMPLOYER NAME/ADDRESS	STARTING DATE	ENDING DATE	JOB TITLE:
	STARTING SALARY	ENDING SALARY	DUTIES:
PHONE NO:	REASON FOR LEAVING:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR NAME:			IF NOT, PROVIDE REASON:
EMPLOYER NAME/ADDRESS	STARTING DATE	ENDING DATE	JOB TITLE:
	STARTING SALARY	ENDING SALARY	DUTIES:
PHONE NO:	REASON FOR LEAVING:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR NAME:			IF NOT, PROVIDE REASON:
EMPLOYER NAME/ADDRESS	STARTING DATE	ENDING DATE	JOB TITLE:
	STARTING SALARY	ENDING SALARY	DUTIES:
PHONE NO:	REASON FOR LEAVING:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR NAME:			IF NOT, PROVIDE REASON:
EMPLOYER NAME/ADDRESS	STARTING DATE	ENDING DATE	JOB TITLE:
	STARTING SALARY	ENDING SALARY	DUTIES:
PHONE NO:	REASON FOR LEAVING:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR NAME:			IF NOT, PROVIDE REASON:

1. Have you ever been an adjudicated delinquent of any offense and/or convicted (or plead guilty) of a summary, misdemeanor, or felony offense in this state or any other state?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

(Information regarding convictions will not necessarily disqualify you for employment, but will be reviewed in light of duties and responsibilities of the position being sought.)

2. Do you have a close personal relationship with any of our clients?  YES  NO

3. Have you ever received Accelerated Rehabilitated Disposition (ARD) for any offense?  YES  NO

4. Have you ever been fired from any job for any reason?  YES  NO

5. Have you ever been excluded from participation in Federal Health Care Programs?  YES  NO

6. Are you a US citizen, US national, lawful permanent resident, lawful temporary resident, or refugee?  YES  NO

(The term "Lawful Temporary Resident" refers to aliens granted temporary resident status under amnesty programs, not to aliens holding short-term visas such as the H-1B, J, or F).

If "Yes", do not answer question 7. IF "No", please answer question 7.

7. What is your current immigration status? \_\_\_\_\_

When does this status expire? \_\_\_\_\_  
Month / Day/ Year

Do you have an Employment Authorization Document?  YES  NO

If "yes", when does it expire? \_\_\_\_\_  
Month / Day/ Year

I hereby give Penn Psychiatric Center the right to make a thorough investigation into my previous employment, education, and references. I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless Penn Psychiatric Center from any liability which might result from such an investigation.

I understand that any false answers, statements, or representations made by me in this application shall constitute sufficient cause for dismissal. I understand that nothing contained in this application or granting of an interview is intended to create an employment contract between Penn Psychiatric Center and myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EEOC Statement: PPC is an Equal Employment Opportunity Employer. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at PPC will be based on merit, qualifications, and abilities, not on any mental or physical disability. PPC complies with the law regarding "reasonable accommodation" for disabled employees and applicants. PPC does not discriminate in employment opportunities or practices on the basis of race, color, religion, national origin, age, sex, sexual orientation, pregnancy, non-job related handicap, disability, or the use of a guide or support animal because of blindness, deafness or physical handicap, or any other characteristic or activity protected by law. This policy governs all aspects of employment, including hiring, promotion, job assignment, compensation, discipline, access to benefits, training, termination, or other aspects of employment.