

HANDS ON SURGICAL ASSISTANTS CONTRACTOR APPLICATION

PERSONAL INFORMATION

NAME _____
FIRST MIDDLE LAST

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE # HOME _____ & ALTERNATE _____

EMAIL ADDRESS _____

DOB _____ SOC SEC # _____

EMERGENCY CONTACT _____
NAME PHONE#

CONTRACT POSITION DESIRED

POSITION _____ DATE AVAILABLE TO START _____ SALARY DESIRED _____

IF YOU ARE EMPLOYED, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

PRESENT EMPLOYEER _____ PHONE # _____

EDUCATION	NAME & LOCATION	# YRS ATTENDED	COMPLETED	DEGREE OBTAINED
HIGH SCHOOL				
COLLEGE				
OTHER				

SUBJECTS OF SPECIAL STUDY OR TRAINING _____

FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS, STARTING WITH MOST RECENT/CURRENT)

DATES OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYEE	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES (LIST THREE PROFESSIONAL REFERENCES NOT RELATED TO YOU)

NAME	ADDRESS	TELEPHONE #	# YRS KNOWN

AUTHORIZATION AND CERTIFICATION

BY SIGNING BELOW I ACKNOWLEDGE THE FOLLOWING:

1. THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
2. IF ACCEPTED AS A CONTRACTOR, FALSE STATEMENTS SHALL BE GROUNDS FOR TERMINATION OF THIS CONTRACT.
3. THE CONTRACT IS FOR AN INDEFINITE PERIOD.
4. THERE IS NO MINIMUM GUARANTEE AS TO HOURS OR DAYS WORKED.
5. UPON REGISTERING WITH HANDS ON SURGICAL ASSISTANTS, APPLICANT MAY NOT SEEK OR ACCEPT EMPLOYMENT OR CONTRACT SERVICES TO ANY CLIENT, COMPANY OR INDIVIDUAL DOING BUSINESS WITH HOSA, FOR A PERIOD OF 180 DAYS FROM THE DATE OF LAST CONTACT WITH THAT CLIENT.

APPLICANT'S SIGNATURE: _____

PRINTED NAME: _____ DATE _____

ACCEPTED BY: _____ DATE _____