

Registered Nurse Independent Contractor Application

Full Name: _____ Date: _____
Last
First
M.I.

Address: _____
Street Address
Apartment/Unit #

_____ *City* *State* *Zip Code*

Home Phone: _____ Cell Phone: _____ eMail: _____

Position Applying For: _____ Date Available to Start: _____

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 CCT Nurses, Inc.?

YES	NO
-----	----

 If yes, when? _____

Have you ever been convicted of a felony?

YES	NO
-----	----

 If you were a veteran, what branch? _____

If yes, explain: _____

Has your nursing license ever been suspended?

YES	NO
-----	----

 If yes, explain: _____

Has there ever been an investigation where your nursing practice was in question?

YES	NO
-----	----

 If yes, explain: _____

EDUCATION AND TRAINING

Do you have a valid CA RN License?

YES	NO
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 If yes, provide: License #: _____ Expires: _____

Do you possess at least two (2) years of recent experience in a critical care setting (ICU/CCU/ED/CCT)?

YES	NO
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CERT	EXPIRES	CERT	EXPIRES	CERT	EXPIRES	CERT	EXPIRES	CERT	EXPIRES
BLS		PALS		TNCC		MICN			
ACLS		ENPC		PEPP		CEN			
SCHOOL/COLLEGE/UNIVERSITY				YRS COMPLETED	FIELD OF STUDY	GRADUATE/DEGREE			
High School									
College/University									
College/University									
Other									

EMPLOYEMENT HISTORY

From:	Company Name:	Position:
	Street:	State:
	City:	Zip:
To:	Supervisor:	Reason for Leaving:
	Supervisor Phone:	
	Description of Duties:	
From:	Company Name:	Position:
	Street:	State:
	City:	Zip:
To:	Supervisor:	Reason for Leaving:
	Supervisor Phone:	
	Description of Duties:	
From:	Company Name:	Position:
	Street:	State:
	City:	Zip:
To:	Supervisor:	Reason for Leaving:
	Supervisor Phone:	
	Description of Duties:	

I herby certify the facts set forth above are true and complete. Applicant Signature: _____ Date: _____