Independent Contractor CNA
Personal Data

Name____ SSN: ____________________
(Last) (First) (Middle Initial)

License#_________________ State Issued ___________ Expiration Date ________________

Present Address:
Street____
City____________________________ State_________________ Zip______________________
Home Phone Number________________ Work Phone Number________________________________
Cell Phone Number____
Referred By____
Date of Physical Exam_______________ Date of Last Chest X-Ray__________ or PPD Test _________

WORK EXPERIENCE

Please check areas you have worked in the last 2 years.

ALCOHOL DETOX ☐
DOCTOR'S OFFICE ☐
MED/SURG ☐
NURSERY ☐
OPERATING ROOM ☐
PEDIATRICS ☐
UROLOGY ☐

BURNS ☐
ICU ☐
MEDICATIONS ☐
NURSING HOME ☐
ORTHOPEDICS ☐
PYSCHIATRIC ☐
ER ☐

CARDIAC CARE ☐
LABOR & DELIVERY ☐
NEUROLOGICAL ☐
ONCOLOGY ☐
OB/GYN ☐
REHAB ☐

INTELLECTUAL & DEVELOPMENTAL DISABILITY ☐

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SKILLS CHECKLIST

Please check the appropriate response

	Yes	No		Yes	No
BACK RUBS	☐	☐	BED BATH	☐	☐
CHARTING	☐	☐	CLINITEST	☐	☐
ENEMA	☐	☐	INTAKE & OUTPUT	☐	☐
MEAL PREPARATION	☐	☐	ORAL HYGIENE	☐	☐
PATIENT WEIGHING	☐	☐	RANGE OF MOTION	☐	☐
SHOWER	☐	☐	TPR	☐	☐
BLOOD PRESSURE	☐	☐	PATIENT FEEDING	☐	☐
DRESSING CHANGE	☐	☐	SHAMPOO	☐	☐
ISOLATION PROCEDURES	☐	☐	TUB BATH	☐	☐

REFERENCES: GIVE BELOW 3 PERSONS IN THE NURSING PROFESSION, NOT RELATED TO YOU, WITH WHOM YOU HAVE WORKED AT LEAST ONE YEAR.

Name	Address	Relationship (i.e. Supv, co-worker)	Years Acquainted
1.			
2.			
3.			

I authorize you to contact all references, and I authorize all references to give you the requested information.

Signature ______________________________________ Date __________________

REFERENCE / RELEASE #1

Applicant Name ____ Position Applying For _______________________

Former Employer ____ Phone #___________________________________

Facility Address ____

Social Security Number _________________________________

Applicant's Authorization

The nursing professional listed above has named you as a reference. Tri-State Nurse Staffing Agency, LLC would appreciate your time to verify and evaluate this person. *All information will be held in strictest confidence:*
I hereby consent to and authorize the above former employer, its agents and employees to furnish and release of any information concerning my work history to Tri-State Nurse Staffing Agency, LLC. I hereby release the above named former employer, its agents and employees from all liability claims which arise or result from any information provided pursuant to this authorization.

Applicant's Signature ______________________________________ Date _______________________

Record of Employment

Position Held _______________ Date of Hire ____________ Separation Date _____________

Reason for separation of employment ____

Eligible for Rehire Yes ______ No ______

Summary of Essential Duties ____
____
____

Have you worked with the above referenced person? Yes ______ No ______
In what capacity? ____

	Excellent	Good	Average	Fair	Poor
Job/Skill Knowledge	_____	_____	_____	_____	_____
Quality/Accuracy	_____	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____	_____
Dependability/Productivity	_____	_____	_____	_____	_____
Appearance/Attitude	_____	_____	_____	_____	_____

Comments ____
____
____

Former Employer Signature __________________________________ Title ________________ Date ________

REFERENCE / RELEASE #2

Applicant Name ____ Position Applying For _______________________

Former Employer ____ Phone #___________________________________

Facility Address ____

Social Security Number _________________________________

Applicant's Authorization

The nursing professional listed above has named you as a reference. Tri-State Nurse Staffing Agency, LLC would appreciate your time to verify and evaluate this person. *All information will be held in strictest confidence:*
I hereby consent to and authorize the above former employer, its agents and employees to furnish and release of any information concerning my work history to Tri-State Nurse Staffing Agency, LLC. I hereby release the above named former employer, its agents and employees from all liability claims which arise or result from any information provided pursuant to this authorization.

Applicant's Signature ______________________________________ Date _______________________

Record of Employment

Position Held _______________ Date of Hire ____________ Separation Date _____________

Reason for separation of employment ____

Eligible for Rehire Yes ______ No ______

Summary of Essential Duties ____
____
____

Have you worked with the above referenced person? Yes ______ No ______
In what capacity? ____

	Excellent	Good	Average	Fair	Poor
Job/Skill Knowledge	_____	_____	_____	_____	_____
Quality/Accuracy	_____	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____	_____
Dependability/Productivity	_____	_____	_____	_____	_____
Appearance/Attitude	_____	_____	_____	_____	_____

Comments ____
____
____

Former Employer Signature __________________________________ Title ________________ Date _______