

Contractor Application

Name:
Home phone: Work phone:
Best time/day to reach you:
Social Security number: Email address:
Professional discipline: Specialties:
Years in current profession: Years in current specialty:
Date available to start:
Current address:
City: State: Zip code:

Permanent address:
City: State: Zip code:
Phone:
At this location since:

Degrees/Licensure/Certifications

State: Expiration:
State: Expiration:
State: Expiration:
Additional:

Are you a U.S. Citizen? y / n Do you have a legal right to work in the U.S.? y / n

Have you ever been convicted of a crime other than a minor traffic violation? y / n
If yes, please give details and current status:

Have you ever been named as a defendant in a professional liability action? y / n

Education

College name: City/State:
Diplomas/Degrees received:
Graduation date:

Graduate school name: City/State:
Diplomas/Degrees received:
Graduation date:

Other School or Certification: City/State:
Diplomas/Degrees received:
Graduation date:

In Case of Emergency

Person to notify in case of emergency
Relationship Phone
Street address
City State Zip code

Employment History

Please indicate all of your employment for the past ten (10) years, beginning with your most recent employer.

SurgiStaff

Subsidiary of HiTech Searches, Inc.

Are you employed now? y / n

If so, may we contact your present employer? y / n

Other names under which you have been employed?

Employer

Facility/employer

Department

Street address

City

State

Zip code

Dates employed:

Reason for leaving:

Position held:

Specialty:

Supervisor's name and title

Phone

Other supervisor?

Phone

Full-time Employee? y / n

Contractor? y / n

Employer

Facility/employer

Department

Street address

City

State

Zip code

Dates employed:

Reason for leaving:

Position held:

Specialty:

Supervisor's name and title

Phone

Other supervisor?

Phone

Full-time Employee? y / n

Contractor? y / n

Employer

Facility/employer

Department

Street address

City

State

Zip code

Dates employed:

Reason for leaving:

Position held:

Specialty:

Supervisor's name and title

Phone

Other supervisor?

Phone

1037 La Londe Lane, Napa, CA 94558 Ph (707) 265-9180 Fax (707) 265-9182

1001 Bridgeway, Suite 633, Sausalito, Ca 94965 Ph (415) 332-4006

www.jobstation.com

SurgiStaff

Subsidiary of HiTech Searches, Inc.

Full-time Employee? y / n

Contractor? y / n

I attest that the information provided within this application represents a full and complete disclosure of information about my current and previous employers, and is true and correct to the best of my knowledge and belief. I understand and acknowledge that failure to provide a full and complete disclosure of my employment information is a violation of the law, and could result in civil penalties. I acknowledge that any misstatement or omission of fact on this application may result in my disqualification from employment with HiTech Searches, Inc. I authorize a full release for HiTech Searches, Inc. to obtain information from my current and previous employers. I authorized HiTech Searches, Inc. to release this application and reference information to HiTech Searches, Inc. affiliates, and HiTech Searches, Inc. Client institutions, only after receiving my express written or verbal consent for each assignment opportunity. I understand that by giving HiTech Searches, Inc. permission to submit my application for assignment opportunities, I am also agreeing to background searches that may be required by HiTech Searches, Inc., certain states or Client institutions. Prior to conducting any background searches that qualify as "consumer" or "investigative consumer" reports, applicant will be provided separate disclosure and acknowledgement forms.

Applicant Signature:

Date:

SurgiStaff

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Employer

Facility/employer

Department

Street address

City State Zip code

Dates employed:

Reason for leaving:

Position held: Specialty:

Supervisor's name and title

Phone

Other supervisor?

Phone

Full-time Employee? y / n

Contractor? y / n

Employer

Facility/employer

Department

Street address

City State Zip code

Dates employed:

Reason for leaving:

Position held: Specialty:

Supervisor's name and title

Phone

Other supervisor?

Phone

Full-time Employee? y / n

Contractor? y / n

Employer

Facility/employer

Department

Street address

City State Zip code

Dates employed:

Reason for leaving:

Position held: Specialty:

Supervisor's name and title

Phone

Other supervisor?

Phone

Full-time Employee? y / n

Contractor? y / n