

INDEPENDENT CONTRACTOR APPLICATION
NEXTgeneration Therapeutic Services LLC



Position applying for: _____

EMPLOYMENT INFORMATION

Name: _____
(Last) (First) (Middle)

Telephone: _____
(Home) (Cell)

Email: _____

Address: _____
(Street)
 _____ , _____
(City) (State) (Zip Code)

Are you able to perform the essential functions of the position without accommodations? YES NO If no, what accommodations are required: _____ _____	
Are you at least 21 years of age? YES NO	If necessary for the job, I can provide a valid driver's license YES NO Issue Date: _____ State Issued: _____ _____ Divers License Number: _____
I am legally eligible for employment in the U.S.? YES NO	_____
I am seeking a: ___ Full Time Position ___ Part Time Position	I am able to report to work _____ days after being notified that I am hired.

MILITARY

Are you a veteran? YES NO
 Duty/ Specialized Training: _____

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EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary job. Be sure all your experiences or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years' history recommended.

Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/ duties, skills: Supervisor: _____ Telephone: _____	Start date:	End date:
		Reason for leaving:	
Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/ duties, skills: Supervisor: _____ Telephone: _____	Start date:	End date:
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Employer name and address: _____ _____ _____ Pay: \$ _____ Per: _____	Position title/ duties, skills: Supervisor: _____ Telephone: _____	Start date:	End date:
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EDUCATION

	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School				
College/ University				
Business Technical				
Additional				



SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/ occupation you wish to bring to the employer's attention:

Typing speed: _____ per minute

REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years Known
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Name	Address	Telephone	Occupation	Years Known
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CONTACT

In case of accident or illness, please contact: Name: _____ Daytime Phone: _____

Address: _____ Relationship: _____

INFORMATION TO THE APPLICATION

As part of our procedure and processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request of information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certification or other proof of authorization to work in the United States, I have a physical examination and/ or drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date