

**CONTRACT AUTHORIZATION TO PEACH STATE NURSING AGENCY, LTD.**

I, \_\_\_\_\_, authorize Peachstate Nursing Agency, Ltd. to investigate all statements contained in the application, to give Peachstate Nursing Agency, Ltd. any and all information concerning past or current employment and any pertinent information they may have, personal or otherwise; and release all parties from all liabilities for any damages resulting from furnishing this information to Peachstate Nursing Agency, Ltd.

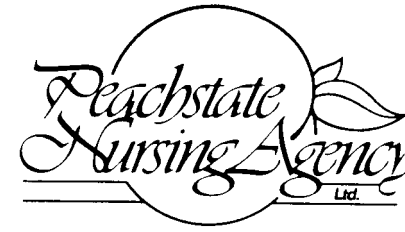
I also authorize Peachstate Nursing Agency, Ltd. to deduct from each paycheck Workman's Compensation Insurance coverage for me while working for Clients designated by Peachstate Nursing Agency, Ltd.

I also hereby authorize the release of relevant information from the application by Peachstate Nursing Agency, Ltd. to any Client requesting such information which would allow me to practice in their facility as an Independent Contractor.

CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

Peach State Nursing Agency, Ltd. must have in your file copies of the following documents:

- \_\_\_ Auto Insurance Card
- \_\_\_ Code of Ethics
- \_\_\_ Competency LPN/RN
- \_\_\_ CPR/AED Card
- \_\_\_ Criminal Background (original)
- \_\_\_ Driver's License
- \_\_\_ Drug Screen Policy
  
- \_\_\_ Hepatitis Form
- \_\_\_ HIPPA
  
- \_\_\_ Job Description
- \_\_\_ License/CNA/LPN/RN
- \_\_\_ PPD
- \_\_\_ Physical
  
- \_\_\_ Reference Check
- \_\_\_ Test CNA/LPN/RN
- \_\_\_ Video



**PEACHSTATE NURSING AGENCY, LTD.**  
PERSONNEL DEPARTMENT

(478) 453-3369

**APPLICATION FOR EMPLOYMENT**

**CONFIDENTIAL**

Please Print in Dark Ink An Equal Opportunity Employer Date \_\_\_\_\_

Last Name		First Name		Middle Initial		Social Security Number	
Present Address				City		State	
Day Telephone		Night Telephone		License/Certification			
Position Applied For: (Classification)				Number/State _____			
<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> Med Technologist <input type="checkbox"/> Lab Technician <input type="checkbox"/> Radiology Technologist <input type="checkbox"/> X-Ray Technician <input type="checkbox"/> Other _____				Number/State _____			
Person we may contact in case of emergency:				Date/s of expiration _____			
_____ Phone _____				(Copy of license required.)			
Date available for employment: _____				Check shifts willing to work:			
Areas you prefer to work: <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home				<input type="checkbox"/> 7 a.m. - 3 p.m. <input type="checkbox"/> 11 p.m. - 7 a.m. <input type="checkbox"/> 3 p.m. - 11 p.m. <input type="checkbox"/> 7 p.m. - 7 a.m. <input type="checkbox"/> 7 a.m. - 7 p.m.			
<input type="checkbox"/> Private Duty <input type="checkbox"/> Other _____				Willing to work:			
				<input type="checkbox"/> Weekends <input type="checkbox"/> Holidays Days available for work assignments:			
				M   Tu   W   Th   F			

**EDUCATION**

School	Name and Location	Major Course of Study	Dates Attended	Graduated
High School				
Vocational Technical				
Hospital				
College				
Graduate School				
Other				

Professional Training \_\_\_\_\_

**GENERAL INFORMATION**

Are you on other Registries providing staffing services or private duty?  yes    no  
 Are you presently employed?  yes    no  
 If yes, may we call you at work to offer you work?  yes    no  
 If you are a "Specialty" nurse are you willing to work Med/Surg?  yes    no  
 Would you take last-minute called in shifts?  yes    no  
 Do you have current CPR registration?  yes    no   Date of expiration \_\_\_\_\_  
 Do you have a Georgia driver's license?  yes    no   Number \_\_\_\_\_ Expires \_\_\_\_\_  
 Would you accept work assignments in surrounding counties?  yes    no  
 How did you learn of Peachstate Nursing? \_\_\_\_\_  
 Have you ever been convicted of a controlled substance violation in the State of Georgia or in any other state?  yes    no  
 If yes, please explain \_\_\_\_\_

EMPLOYMENT EXPERIENCE				
Please list your job history starting with your current or most recent position, going back 5 years.				
Company Name		Street Address		City State Zip Code
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name and Phone Number	
Position		Shift Worked	Duties	
Starting Salary	Leaving Salary	Reason for Leaving		
Company Name		Street Address		City State Zip Code
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name and Phone Number	
Position		Shift Worked	Duties	
Starting Salary	Leaving Salary	Reason for Leaving		
Company Name		Street Address		City State Zip Code
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name and Phone Number	
Position		Shift Worked	Duties	
Starting Salary	Leaving Salary	Reason for Leaving		
Company Name		Street Address		City State Zip Code
From Mo/Yr	To Mo/Yr	Telephone	Supervisor's Name and Phone Number	
Position		Shift Worked	Duties	
Starting Salary	Leaving Salary	Reason for Leaving		
May we contact the employers listed above? <input type="checkbox"/> yes <input type="checkbox"/> no. If no, indicate which and why _____				

**A.** Peach State Nursing Agency, Ltd. has an on-going random drug testing program. All results will be held in confidence.

I, \_\_\_\_\_ agree to random drug testing. \_\_\_\_\_ signature

**B.** Peach State Nursing Agency, Ltd. will give you one written notice of a lapse in your credentials. You will be given 2 weeks from the date of written notice to bring in the updated credentials. If you do not comply in the period of time, you will be taken off the registry. We encourage you to bring in updates to your personnel file whenever you see they have expired.

**C.** As required by the State Board of Regulatory Services (effective March 6, 2002) Please read and sign.

1. Never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application. Your signature below states you have read, understood and believe the statement above to be true to your person.

**D.** At the time of this application you are required to submit a completed reference check and an original background check no more than six months old. If you become inactive for a year or more, you must submit a current reference check and background check upon return to work. Peach State Nursing Agency, Ltd. reserves the right to check the references and/or obtain a criminal background check of any independent contractor at any time. I authorize Peach State Nursing Agency, Ltd. to check my references and obtain my background check at any time while I am currently on their register.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

### Peach State Nursing Agency, Ltd. Independent Contractor Policy

Peach State Nursing Agency, Ltd. is in the business of arranging with hospitals, nursing homes, individuals, and other facilities requiring services of personnel who perform medical or medically related services on a temporary basis.

Peach State Nursing Agency, Ltd. shall provide placement services to independent contractors by assisting independent contractor in locating and obtaining placement with clients.

Independent Contractor shall be notified of placement opportunities that Peach State Nursing Agency, Ltd. identifies for Independent Contractor. Independent contractor shall not be obligated to accept any particular placement opportunity identified by Peach State Nursing Agency, Ltd.

Independent Contractor shall, maintain her/his own Worker's Compensation insurance; however, Peach State shall allow independent contractor participation in Peach State's group worker's compensation policy, provided that independent contractor shall pay her/his own premiums.

Independent Contractor shall pay all applicable self-employment taxes pursuant to Federal and State Laws and regulations; including but not limited to self-employment taxes pursuant to Internal Revenue Code (IRC) sections 1401-1403, estimated federal income tax payments pursuant to IRC section 6654, and any state income tax payments. Peach State shall file IRS Form 1096 with the IRS, and any comparable state income tax forms with appropriate agencies, in order to be in compliance with federal and state statutory and regulatory requirements.

Independent Contractor will be paid an hourly rate that shall be determined upon negotiation with each client. If the assignment is out of the county the contractor may be paid a mileage fee.

I, \_\_\_\_\_, have read and fully understand that I am an independent contractor and NOT an employee of Peach State Nursing Agency, Ltd.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

Have you ever had any restrictions placed on your Driver License?  yes  no

Have you ever been convicted of a felony?  yes  no

Have you ever had any counseling or disciplinary action taken by past or current employers as a result of drinking, drugs or any other addiction while on the job?  yes  no

Have you ever been convicted of a controlled substance violation in the state of Georgia or in any other state?  yes  no

Please read carefully and sign:

I certify that the above information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Independent Contractor Date \_\_\_\_\_