

Blue Ridge Health Services  
9 Fawnwood Court  
Greensboro, NC 27407  
(336) 292-1597  
(336) 292-5430

**Application for  
Independent Contractor**  
*Our Mission: Excellence in Companion*

For Office Use Only  
Orientation Date: \_\_\_\_\_  
Orientation Time: \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ How Long at this Address \_\_\_\_\_  
Previous Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ How long at this Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Cell No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ NC Diver's License # \_\_\_\_\_ SS No. \_\_\_\_\_  
Are you a smoker? Yes \_\_\_ No \_\_\_ Do you have an answering machine? Yes \_\_\_ No \_\_\_  
Email Address: \_\_\_\_\_

**REFERENCES**

Please provide us with current address for two personal references

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_ How long have you know this person? \_\_\_\_\_ Best time to call? \_\_\_\_\_  
Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_ How long have you know this person? \_\_\_\_\_ Best time to call? \_\_\_\_\_

FOR OFFICE USE ONLY		
	DATE COMPLETED/RECEIVED	By: (Name)
NC Criminal Check		
Nation Wide Criminal Check		
References		
Copies:		
Driver's License		
High School Diploma/GED		
Social Security Card		
Picture ID/Passport		
Comments		

**EDUCATION**

Name and Location of School	Last year Completed/Dates Attended	Did you Graduate?	Subjects of Study and/or Degree
High School			
College			
Professional Training (CPR, First Aid, CAN, Special Needs, HB-Tech, ect.)			
Do you speak any other languages? If yes, please specify.			

**EMPLOYMENT HISTORY**

List below your last three employers (starting with Last one First) Include address and telephone numbers.

Date Month/Year	Employer Name, Address, & Phone No.	Supervisor Name	Position & Salary	Reason For Leaving
From: To:				
From: To:				
From: To:				

**WORK DESIRED**

Position:  Caregiver (child care)     Companion (senior care)     HB-Tech/CNA

Date you can start \_\_\_\_\_ How did you hear about our company? \_\_\_\_\_

Do you have any child care or senior care experience? \_\_\_\_\_

Do you have at least 2 years experience with special needs/MR children? \_\_\_\_\_

Have you ever applied with our company before?     Yes     No

**APPLICANTS AVAILABILITY FOR WORK**

Specify Hours Each Day you are able to Work.

	SUN	MON	TUES	WED	THUR	FRI	SAT
From	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
To	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm

Will the above schedule change in the net 4 to 6 weeks? \_\_\_\_\_ If so, why? \_\_\_\_\_

Total hours you wish to work per week: \_\_\_\_\_

What type of placement are you looking for:

Permanent Full-Time \_\_\_\_\_ Part-Time Permanent \_\_\_\_\_

Temporary \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Note: PLEASE DO NOT ACCEPT A JOB IF YOU CAN NOT WORK THE HOURS AND DAYS NEEDED. ALSO, PLEASE DO NOT ACCEPT AN INTERVIEW WITH A CLIENT FOR A PERMANENT JOB IF YOU CAN ONLY DO IT SHORT TERM.**

**OTHER IMPORTANT INFORMATION**

Have you ever been arrested/convicted for any crime involving violence (assault, ect.), carelessness (reckless driving, ect.) or integrity (larceny and/or theft, etc.)? If so, please provide details: \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

Blue Ridge Health Services provides equal opportunities to qualified applicants (including qualified mentally or physically handicapped persons and qualified veterans); and is dedicated to a policy of non-discrimination in selecting caregivers regardless of race, religion, creed, color, sex, national origin, and in accordance with state and national policies pertaining to age.

The information given on this application is complete and true and I understand that any misrepresentation shall be sufficient cause for dismissal. I hereby authorize investigation of all information given herein. I also understand that I need not complete any item on this form that I believe to be in violation of Federal or State Civil Rights or FEPC legislation.

I understand that BRHS requires a background check to determine if I have a criminal record.

Signature of Applicant \_\_\_\_\_ ; \_\_\_\_\_ Date