

ALLEGHENY ANESTHETISTS

**P. O. Box 108
Hollidaysburg, PA 16648
Phone: 814-696-8886
Fax: 814-696-8883**

Independent Contractor Application

Last Name	First Name	Middle Initial	Social Security Number
Address (street)	City	State	Zip

Contact Numbers	Contact Information		
Home Phone		Indicate Preferred Way to Contact You.	
Work Phone		Can we Contact you at work? (Initial)	
Cell Phone			
Email Address		Please agree to check daily (Initial)	
Fax Number			

Education	Name of School and Location	Major or Degree	License No, If Applicable	Dates Attended
High School				
College or RN Diploma				
CRNA				

References (do not list relatives)

Name	Address	Phone	Occupation

Employment History (Most Recent First)

Dates Employed	Employer	Telephone	Position	Supervisor	May we Contact

Information to Assist with Placement	Answer
Present Employer?	
Do you work Full Time?	
I agree to provide my schedule regularly! How far ahead?	
My Schedule will be provided via: (Phone, fax, mail, email).	
How often do you want scheduled with AA?	
Have you worked in a Physician's Office	
Have you worked in a free standing Surgery Center?	
Would you agree to work in a Hospital as a Locum Tenens?	
Would you agree to work in a Physician's Office?	
Will you Travel? If yes, How far (approximate miles)?	
Would you agree to work for a week out of town?	
Do You have a Signed Contract Anywhere? If so, Where?	
I will contact AA if I become unavailable for any day(s) which I provided previous as available?	
I will provide copies of all necessary Credentials?	
I carry my own Liability Insurance? If yes, Provide copy.	
Procedures I am NOT Comfortable? (i.e, Pediatrics)	
Other Information, which will help us place you.	

Applicant's Affidavit

I hereby authorize investigation of all statements contained in this application and agree that if any misrepresentation has been made by me herein or the results of an investigation are not satisfactory for any reason, any offer of employment made to me by **Allegheny Anesthetists**, may be terminated immediately. The only obligation or liability to me will be payment, at the rate agreed upon, for services actually rendered if I have been employed.

In connection with my application for employment, I hereby authorize **Allegheny Anesthetists**, and any agent acting on its behalf, to conduct an inquiry as to my record of any or all of my former employers, references, and any or all educational institutions. Moreover, I hereby release Allegheny Anesthetists, and any agent acting on its behalf, from any and all liability or whatsoever nature by reason of requesting such information from any person or organization.

I hereby acknowledge that I have read and understand the above.

Applicant's Signature

Date