

VCS Healthcare Staffing LLC

Independent Contractor Application

Personal Information

Full Name: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City, State, ZIP: _____

Position Applying For

☐ CNA ☐ LPN ☐ RN ☐ Other: _____

License / Certification Information

License/Certification Number: _____

State of Issuance: _____

Expiration Date: _____

Listed on IL Health Care Worker Registry? ☐ Yes ☐ No

Availability

Days Available: _____

Preferred Shifts: ☐ Day ☐ Evening ☐ Night

Available for last-minute shifts? ☐ Yes ☐ No

Required Documents (Attach Copies)

☐ CPR Certification

☐ Driver's License or State ID

☐ COVID-19 Vaccination Card (optional)

☐ Proof of Liability Insurance

☐ TB Test or Chest X-Ray

☐ Resume or Work History

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Independent Contractor Acknowledgment

☐ I understand I am applying as an independent contractor and
will receive a 1099-NEC form for tax purposes.

Electronic Signature

Signature (Print Name): _____

Date: _____