

Name of Company: _____

Address: _____

City / State / Zip Code: _____

Phone Number: _____

Date Worked From: _____ To: _____

Position / Duties: _____

Education

High School: _____ Yr. Grad: _____

City / State: _____ Degree: _____

College: _____ Yr. Grad: _____

City / State: _____ Degree: _____

I agree to hold harmless *Encore Medical Staffing*, if injured on the job as an Independent Contractor.

I assume the risk and understand that I am not covered under workers compensation or general and professional liability with *Encore Medical Staffing* insurances.

Licensure

State: _____ License #: _____ Expires: _____

State: _____ License #: _____ Expires: _____

Malpractice Insurance Company: _____

Policy #: _____ Expiration Date: _____

Independent Contractor

Date