



PHLEBOTOMY SERVICES INTERNATIONAL

55 South 5th Street, Central Point, OR 97502
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www.Phlebotomyservices.com

Application for Registry as Independent Contractor

(PLEASE PRINT)

Full Legal Name _____ DOB _____

Street Address _____

City _____ State _____ Zip _____ Ph _____

E-Mail Address _____ Cell # _____

How long at this address _____ Own Transportation Yes / No

Social Security No. _____ Previous Name(s) _____

Previous Address (2yrs) _____

Glove Size _____ Allergy to latex? Yes / No

Education: High School Yr. Graduated/GED _____ **College** (Circle one) Some/ 2yr / 4yr/other

Please list all experiences, schools, continuing education, Etc. related to this position. Please be as detailed as possible

Application for Registry as Independent Contractor (Cont)

Phlebotomy / MA training: Name of Training Program _____

Address _____ Phone # _____

Date Attended _____ (attach a copy of the certificate issued to you)

On the Job Training in Phlebotomy: Name of Medical Facility _____

Address _____ Phone # _____

Training Date _____ (if more space is needed attach a separate sheet)

Check the equipment that you have: BP cuff Stethoscope Scale Centrifuge

Do you speak a foreign language? _____ Read? _____ Write? _____

Are you willing to travel within a 60 mile radius of your home? Yes No Farther? Yes No

Mark when you would most likely be available to work: This will not be your schedule but mark all the times you would be available.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

First date you can work: _____

Application for Registry as Independent Contractor (Cont)

If there is nothing available in your immediate area do you wish to be called when an event occurs?

Yes No

I authorize PSI to investigate any and all statements contained in this Application for Registry document. Further I understand that the information provided is not for an engagement of employment but is for determinations of qualifications as an Independent Contractor.

Signature: _____ Date: _____

Are you currently employed? Yes No if yes may we contact you currant employer? Yes No

Current Employer _____ Supervisor _____

Address _____ Phone _____

Position(s) _____ Years Employed _____

Previous Employer _____ Supervisor _____

Address _____ Phone _____

Position(s) _____ Years Employed _____ Salary _____ P/H

Reason For Leaving _____

Have you ever been convicted of a felony? Yes No If yes, please describe in detail the felony

committed: _____

Date of conviction _____

Application for Registry as Independent Contractor (Cont)

I _____ understand that Phlebotomy Services International is an organization that provides quality specimen collection services and requires all of its contracted collectors to have a minimum of 3 Years Clinical or 1 Year Hospital Experience and/or a current national certification. I understand that it is my responsibility to follow all blood borne pathogen and OSHA guidelines and provide proof of continuing education relating to blood borne pathogens within the last 2 years (please attach). Exceptions Apply for UDS Collectors.

I understand that I am listed as a contractor and am responsible for my personal health including any exposure related to or incurred while providing services for PSI.

I understand that I must represent myself in a professional manner and that PSI asks that its collectors wear professional medical attire including white lab coat and closed toe shoes, at all times while at the collection site. I also understand that I must wear gloves without holes or tears at all times while providing patient contact according to standard precautions.

I understand that as a contractor I am not an employee of PSI but I do represent PSI as my client and I must follow ALL of these guidelines stated above. I also acknowledge that all of the information I have provided is true and correct. Further I understand that PSI may cease to give assignments without previous notice.

Applicants Signature

Date

PSI Representative Approval

Date

Please do not print below this line

Interviewed By: _____ Date: _____

Remarks _____

