



Phlebotomist on Wheels "POW"
"You need it, POW WILL COME TO YOU"

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Application for Registry as Independent Contractor

(PLEASE PRINT)

Full Legal Name _____ DOB _____

Street Address _____

City _____ State _____ Zip _____

Ph _____ Cell _____ E-Mail Address _____

How long at this address _____ Own Transportation Yes / No

Social Security No. _____ Previous Name(s) _____

Previous Address (2yrs) _____

Glove Size _____ Allergy to latex? (Check one) Yes / No

Education: High School Yr. Graduated/GED _____

College (Check one) Some ___2yr___ 4yr___other

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



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Phlebotomy / MA training: Name of Training Program _____
Address _____ Phone # _____
Date Attended _____ (attach a copy of the certificate issued to you
or provide if asked for interview)

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: (Check one) ___ 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? (Check one)
___ 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: _____



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If there is nothing available in your immediate area do you wish to be called when an event occurs? (Check one) Yes No

I authorize POW 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 current employer? (Check one) 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? (Check one) Yes No If yes, please describe in detail the felony committed

Date of conviction _____



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I _____ understand that Phlebotomy on Wheels is an organization that provides quality specimen collection services and requires all of its contracted collectors to have a minimum of 2 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 POW. I understand that I must represent myself in a professional manner and that POW 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 POW but I do represent POW 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 POW may cease to give assignments without previous notice.

Applicants Signature

Date

POW Representative

Approval Date

Please do not print below this line

Interviewed By: _____ Date: _____

Remarks _____
