

Application: Independent Contractor

Prospective independent contractors will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Oakland Psychological Clinic, P.C.
P.O. Box 7008
Bloomfield Hills, MI 48302

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			Business Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year Location			Social Security No.
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
Have you ever been convicted of a felony/misdemeanor? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been sanctioned by Medicare/Medicaid or have you ever been excluded from participating in any federal programs by the OIG or any other federal entity? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you learn of our organization?			

EDUCATION

SCHOOLING TYPE	NAME & LOCATION OF SCHOOL <small>Begin with most recent attended</small>	COURSE OF STUDY	DID YOU GRADUATE ?	DEGREE OR DIPLOMA
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	

PROFESSIONAL RECORD

Please give accurate, complete full-time and part-time vocational record. Begin with present or most recent situation.

Company Name	Telephone ()
Address	Engaged (State Month and Year) From: To:
Name of Supervisor	Pay (Hourly or Annual) Start: Last:
State Job Title and Describe Your Work	Reason for Leaving

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<i>We may contact the companies listed above, unless you indicate those you do not wish us to contact.</i>	<i>DO NOT CONTACT</i>
Is any additional information relative to a different name necessary to check your work record? If yes, please explain:	Reason

"I hereby certify that the statements I have given on this application are true and I have not knowingly withheld any circumstances that might, if disclosed, affect my application unfavorably. I understand and agree that if any statements made by me on this application or any supplement thereto prove to be false or misleading or incomplete it will prevent me from being engaged as an independent contractor, or if engaged, it will be grounds for my immediate dismissal. I also understand that acceptance of this application does not indicate that there are available openings or in any way obligates Oakland Psychological Clinic, P.C. to engage me as an independent contractor."

"I understand that acceptance of an offer of independent contractorship does not create a contractual obligation upon Oakland Psychological Clinic, P.C. to continue to engage me in the future. In consideration of any offer of independent contractor status, I agree to conform to the rules and regulations of Oakland Psychological Clinic, P.C., and my independent contractor status and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the company or myself. I understand that no representative of Oakland Psychological Clinic, P.C., has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing."

APPLICANTS SIGNATURE

DATE

Please write a short paragraph describing the populations with whom you have worked and the treatment modalities you have employed.

Have you ever had your privileges to provide clinical services denied, revoked, or suspended?

Have you ever been named in a malpractice lawsuit? If yes, describe outcome:

READ THE STATEMENT BELOW CAREFULLY BEFORE SIGNING. YOUR SIGNATURE INDICATES THAT YOU EXPRESSLY AGREE WITH THE FOLLOWING:

As part of my application as an independent contractor status with Oakland Psychological Clinic, P.C., I hereby authorize Oakland Psychological Clinic, P.C. to contact all my former employers/contractors and the other references I provide regarding my performance record and work, academic and/or military experience. I also hereby release Oakland Psychological Clinic, P.C. and its employees, and all of my former employers/contractors and their employees, and the other references I provided Oakland Psychological Clinic, P.C. from any and all liability and damages for releasing or using information concerning my performance record and work, academic and/or military experience, including, but not limited to, all the information requested in the application for independent contractor status form. I also hereby waive any right under the Bullard Plawecki Right to Know Act 1979 PA 397, to receive written notice from Oakland Psychological Clinic, P.C. or any former employer/contractor that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while engaged, shall be disclosed to Oakland Psychological Clinic, P.C.

APPLICANT'S SIGNATURE

DATE