

Applicant/Contractor's Name

Agency Representative

4001 century rd Baltimore md 21206 **Phone**:+1 443-325-3597

Date

Date

Email:info@mdhealthcarestaffing.com

Patient / Client Confidentiality hereby agree to Your Name/Applicant/Employer Name treat and keep all personal and medical information on Maryland Healthcare Staffing Services IIc, and/or its patients/clients, confidential. Fur I will agree not to release any information to any outside organization or agency without the approval of the patient/client, or as required by law or third-party payment contract. Employee/Contractor's Name Signature Date Agency Representative Signature Date Acknowledgement I acknowledge that I will provide the following documents before the date of my interview or employment. Documents provided by the applicant **Professional Certification** Physical Exam (included: PPD/Chest X-Ray & MMR) First Aid/CPR Social Security Card/Passport Driver's License/State ID Tax ID Letter and EIN Criminal Background Check Report Covid 19 Vaccination Card or letter of exemption Others (Please specify)

Signature

Signature