CRADLE SOLUTION, INC.

Electronic Signature Application

Applicant Detail

LAST NAME:

FIRST NAME:

DATE OF BIRTH: **GENDER:**

ADDRESS:

CITY: **STATE:** **ZIP:**

EMAIL:

PHONE (HOME):

PHONE (CELL):

Print name as it should appear: _____ Skill: _____

Example: John Doe, RN or Doe, John LVN

I hereby declare that all information provided on this form for the purpose of obtaining an electronic signature is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Company Detail

LEGAL NAME:

ADDRESS:

CITY: **STATE:** **ZIP:**

EMAIL:

PHONE: **FAX:**

Print administrator's name: _____

Administrator signature: _____ Date: _____

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