



Employment Application

Specialized Home Nursing, Inc is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, any disability as defined in the Americans With Disabilities Act, or for any other reason protected by State or Federal law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City		State	Zip
Home Phone		E-mail Address	
Cell Phone			
Social Security Number		Driver's License (State & Number)	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, do you have the legal right to be employed in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you been convicted of any crime within the last 10 years including driving under the influence of alcohol or drugs? (NOTE: A conviction will not necessarily disqualify you from employment. YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, state the offense, location, date, and disposition.			

EMERGENCY CONTACT INFORMATION		
Emergency Contact Name	Phone	Relationship

How did you hear about us?

EMPLOYMENT DESIRED			
Preferred Employment Status	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	PRN <input type="checkbox"/>
Position Applied for:			Available Start Date:

CURRENT AVAILABILITY						
Please CIRCLE the days you would be available to work:						
<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>

PERSONAL NEEDS/REQUIREMENTS
Some of our patients have pets, do you have any allergies (dog, cat, smoke, etc.) we would need to accommodate? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain.

CAPABILITY/RELIABILITY
Have you ever been fired, or asked to resign from a job? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain.
Have you ever been disciplined for violating company safety rules or regulations? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain.

NURSING EDUCATION			
What institution conferred your NURSING degree?		Address	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

EMPLOYMENT HISTORY			
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
COMPANY #1			Phone Number
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From:	To:	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
COMPANY #2			Phone Number
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From:	To:	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE			
Have you ever served in the military? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Branch		From:	To:
Rank at Discharge	What duties, training, or experience did you have while in the military which may be job-related?		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
<p>If this application leads to employment, I understand that any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I hereby authorize Specialized Home Nursing, Inc. to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements. I agree that, if I am employed, I will abide by all the rules and regulations of the Specialized Home Nursing, Inc. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in Specialized Home Nursing, Inc. is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of Specialized Home Nursing, Inc. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.</p>	
Signature	Date

FOR COMPANY USE ONLY				
Years Licensed	Available Days	Available Nights	Available Weekends	Vent Experience
Salary Offered				
Years of Experience with Adults				
Years of Experience with Pediatrics				
Comments:				



Reference Check Release Form

I, _____, hereby authorize my current/previous employer listed below to release any and all information relating to my employment with them to Specialized Home Nursing, Inc. I further release and hold harmless both the company listed below and Specialized Home Nursing, Inc. from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my current/previous employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information. I further understand the purpose of this reference check is to provide information regarding my work experience, job titles, wage history, attendance, or performance as a means of determining my suitability for the position I have applied for with Specialized Home Nursing, Inc.

Name (Please Print)

Signature

Social Security Number

Date

Current/Previous Employer: _____

Address: _____

Phone Number: _____ Fax: _____

Position Held: _____ Supervisor: _____

Starting Date: _____ Ending Date: _____

Specialized Home Nursing, Inc. is an Equal Opportunity Employer. It is our policy to provide equal employment opportunity to all persons, regardless of age, race, religion, color, national origin, sex, political affiliations, marital status, non-disqualifying physical or mental disability, sexual orientation, membership or non-membership in an employee organization, or on the basis of personal favoritism or other non-merit factors, in accordance with applicable federal, state, and local laws.



Applicant Clinical Skills Self-Assessment

Name: _____

RN: _____ LPN: _____

Date: ____ / ____ / _____

SKILLS	
I have knowledge of anatomy and physiology, and the normal structure and functions of the human body.	
I have knowledge of pharmacology, and the applications and risks of drug therapy.	
I assess the patient's physical, cognitive, developmental, environmental, social, spiritual and information needs.	
I assess the client's vital signs, e.g., temperature, pulse, blood pressure, etc.	
I identify, report and take action on actual or potential safety risks to clients, myself and others.	
I understand the importance of clinical documentation.	
I maintain the patient in a safe position/location at all times.	
I don gloves before direct patient contact.	
I wash my hands before and after patient contact.	
I can calculate and measure the correct medication amount.	
I can properly clean, care for, and change a tracheostomy tube.	
I can properly clean, care for, and change a gastrostomy tube.	
I am proficient in administering medications via g-tube, orally, rectally, and IM.	
I can properly manage ventilator settings and circuits.	
I am proficient at suctioning using proper techniques.	
I am effective in teaching the patient or caregiver about the disease process and ways to manage it.	
I have knowledge of wound care practices and procedures.	
I am proficient at performing labs draws, and can usually only perform one stick.	
I have knowledge of nutrition and its importance to health and recovery.	
I understand body mechanics and avoid lifting anything over 25lbs.	
I have worked in Private Duty Nursing before.	
I have worked in Home Health Nursing before.	

Applicant's Signature

Date



Applicant Scenario Assessment

Please respond to the following private duty scenarios in one or two sentences using your best judgment and/or gut reaction; please be aware there are no right or wrong answers.

- 1. Your patient's mother comes to you and says she just got off the phone with the physician, and you need to change the patient's dose of Keppra to 100mg two times a day. What do you do?**
- 2. During your shift, you notice two of your patient's family members involved in a verbal altercation in the living room. You and your patient are in the living room, what do you do?**
- 3. You realize one morning that you are not able to make it to your shift on-time, and possibly not at all. There are no other nurses to cover for you. What do you do?**
- 4. You experience some downtime early during the week, and decided to pre-chart as much as you can for the rest of the week. This will allow you to spend more time focusing on your patient later in the week. Should you carry out your plan to pre-chart?**
- 5. You are pretty sure you suspect someone in your patient's family of taking drugs. What is the first thing you should do, and what are some of the more long-term concerns you should think about?**

Registry and Criminal History Record Check Consent and Release Form

This form is provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(H), which requires that an *applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the Bureau [Okla. State Bureau of Investigation (OSBI)] to conduct a state and national criminal history record check under this section. The employer shall maintain the written consent and information regarding the individual's identification in their files for audit purposes.*

For the purposes of documenting the individual's identification, it is recommended a copy of the identification be maintained with the applicant's written consent.

Employer must retain the signed applicant consent.

Instructions to Applicant: Prior to employment with an employer subject to the Long Term Care Security Act [63 O.S. 1-1945 *et. seq.*], an applicant must consent to a check of state and/or national licensure, certification, abuse, exclusion and offender registries, and fingerprinting for a state and national criminal history records check as required. **Applicants with an active employment history in OK-SCREEN or previously fingerprinted for a license, certification or permit in Oklahoma where the authority having jurisdiction for the license, certification, or permit employs electronic criminal history monitoring, may not require fingerprinting.** With your written consent below, the employer will submit your information through the OK-SCREEN portal for checks against state and national registries. If cleared, and the employer wishes to proceed, you will be notified via email or telephone the employer has authorized you to schedule an appointment for fingerprinting. You will be responsible for a Ten Dollar (\$10) administrative processing fee at the time the appointment is scheduled unless the employer elects to pay the fee. You will have ten (10) calendar days to submit your fingerprints through an authorized collection site or your application shall be deemed withdrawn and you will be required to start the application process over. [63 O.S. § 1-1947(I)(4)]

Declarations: By signing this form I consent to registry screening and submission of my fingerprints to the Oklahoma State Bureau of Investigation (OSBI) for forwarding to the Federal Bureau of Investigation for the purpose of conducting a state and national criminal history records check pursuant to 63 O.S. § 1-1947(H). I understand that the results will be shared with the Oklahoma National Background Check Program (ONBCP) operated by the Oklahoma State Department of Health (OSDH).

I understand that if my criminal history record check results reveal information that prevents the Department from making a final determination of employment eligibility, I will be given notice and will have sixty (60) days to make any necessary corrections or additions for the Department to review. If I am unable to make corrections or additions to the record within the sixty (60) days, the Department shall deny eligibility based on the disqualifying results and shall notify me of my right to appeal. The notice shall include the reasons I was found not eligible for employment and a statement that I have a right to appeal the decision. [63 O.S. § 1-1947(K)]

I understand that should I be selected for employment, and as a condition of continued employment, I agree to report to the employer immediately upon being arraigned, indicted, convicted, or pleading guilty or nolo contendere to one or more of the criminal offenses applicable to my license, certification, permit or employment class; or upon being the subject of a substantiated finding on a registry as described in this *Consent and Release* and Title 63, Section 1-1947. I further understand that reporting of an arraignment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(Q)]

I understand the OSDH will store the records of an employer’s enrolled employees, the results of the screening and criminal arrest records search, and an identifier issued by the OSBI for the purposes of receiving an automatic notification from the OSBI if a subsequent criminal arrest record submitted into the system matches a set of fingerprints previously submitted. Upon notification, the OSBI will immediately notify the Department and the Department will immediately notify the employee. Information in the database established under this subsection is confidential, is not subject to disclosure under the Oklahoma Open Records Act, and shall not be disclosed to any person except for purposes of this act or for law enforcement purposes. The employee shall promptly respond to Department inquiries regarding the status of an arraignment or indictment. Reporting of an arraignment or indictment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(S)]

Pursuant to 63 O.S. § 1-1947(l)(1), the employer shall submit the applicant's name, any aliases, address, former states in which the applicant resided, social security number, and date of birth. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application. PLEASE PRINT CLEARLY:

This form requests this information for the purposes of a state and national criminal history records search.

These names must appear as recorded on your birth certificate or other official record.

First Name: _____ Middle Name: _____

Maiden Name (If Applicable): _____ Last Name: _____

What Other Aliases/Names Have You Used? _____

Date of Birth: _____ Place of Birth: _____ Race/Ethnicity: _____

Gender: Male Female Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Telephone Number: _____ Social Security Number: _____

Present Address: _____

Present City/State/Zip: _____

In What Other States Have You Lived After 18 Years Of Age? _____

E-Mail Address: _____

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form. I consent to registry screening and submission of my fingerprints to the OSBI for forwarding to the FBI for conducting a state and national criminal history records check.

Applicant's Signature

Date