



**For Office Use Only**

Hire Date \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Pay Rate \_\_\_\_\_  
 Authorize Hire \_\_\_\_\_  
 Termination/Resign Date \_\_\_\_\_

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you had any experience as a nurse or caregiver? YES  NO  If yes, how many years? \_\_\_\_\_

Is there any type of work which your physical condition prohibits, or have you been advised by a physician not to perform certain types of work? YES  NO  If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO





## **INTRODUCTION AND CHECKLIST**

Nurse Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Please submit the following:**

1. Completed Application
2. Current TB Skin Test
3. Current CPR Card
4. Background Check
5. Social Security Card
6. Driver's License



**Consent for Drug Screening**

I \_\_\_\_\_, am aware that as a contract laborer, pre-employment drug testing is not necessary but that it may be requested that I voluntarily consent to a drug-screening at my own expense. I hereby give my consent for this screening. Star Healthcare Registry Nursing Agency will give site location of where this service may be performed. I am also aware that I will be limited to work offered if I do not have the test done before my shift is confirmed.

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_



**Emergency Contact Form**

Name: \_\_\_\_\_

This information can be extremely important in the event of an accident or medical emergency. Please complete all fields below.

Emergency Contact Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (DAY) \_\_\_\_\_

Phone (EVENING) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (DAY) \_\_\_\_\_

Phone (EVENING) \_\_\_\_\_

Address: \_\_\_\_\_



**HEPATITIS B VIRUS VACCINE CONSENT OR DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus infection (HBV). At this time I choose the following: Check one, and sign at bottom.

I have already received the vaccine and so I am declining at this times.

I choose not to receive the vaccine at this time.

I may choose to be vaccinated against Hepatitis B while working as an active employee with Star Healthcare Registry Nursing Agency. I understand that I will be reimbursed for the cost of any shots in the Hepatitis B series taken during the time I am working through Star Healthcare Registry. In addition, I agree to request reimbursement while I am still actively accepting work and understand my request may be denied if it is made after I am terminated or inactivated for any reason.

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_



## **OSHA REGULATIONS AND GUIDELINES**

In accordance with OSHA regulations, each contractor must review the Blood Borne Pathogen, Hazard Communications, Emergency Action Plan, Fire Prevention and Escape Routes.

Excel has notified each facility that they are responsible and must review their facility's specific plan with each contractor that works in that facility.

Please review all enclosed material, sign and date this sheet. Fax or mail this sheet back to Star Healthcare Registry Nursing Agency for your personnel file.

I \_\_\_\_\_ have reviewed and understand the presented material as stated. I have been given the opportunity to clarify any questions that I may have.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_





## **PATIENT'S BILL OF RIGHTS**

I feel each resident should expect the highest quality of personal and professional care. In keeping with this philosophy, I support and adhere to the Patient's Bill of Rights. Because of the importance of these expectations in my role, I am attesting to the portions of the Patient's Bill of Rights highlighted which affirm the rights of a resident:

1. To be treated with consideration, respect and full recognition of personal dignity and individuality.
2. To receive care, treatment and services which are adequate.
3. To receive respect and privacy of his or her personal and medical records.
4. To be free from mental and physical abuse.
5. To enjoy privacy in his or her space.
6. To associate and communicate privately with persons of his or her choice and send and receive his or her personal mail unopened.
7. To meet with and participate in activities of social, religious and community groups at his or her discretion.

**No roster or right can guarantee for the resident the kind of treatment they have a right to expect. It is very important that each of my actions is conducted with a main concern for the resident and the recognition of their dignity as a human being. Violation of the Patient's Bill of Rights may result in disciplinary action up to and including revocation of license, termination and jail**



**Personal Character Reference**

Name of Applicant \_\_\_\_\_  
 Position Applied For \_\_\_\_\_  
 Name of Reference \_\_\_\_\_  
 Address of Reference \_\_\_\_\_  
 Reference's Telephone \_\_\_\_\_

Your name has been submitted as a reference by \_\_\_\_\_, who has made an application for employment at Star Healthcare Registry Nursing Agency, Jackson, MS. In order to give adequate consideration to the application, we would appreciate your honest evaluation of the above mentioned as far as character, experience, and ability by selecting an answer below (5 is highest and 1 is lowest)

Attendance	5	4	3	2	1
Honesty	5	4	3	2	1
Cooperation	5	4	3	2	1
Dependability	5	4	3	2	1
Initiative	5	4	3	2	1
Courtesy	5	4	3	2	1
Quantity of Work	5	4	3	2	1
Ability to Learn	5	4	3	2	1
Ability to work with others	5	4	3	2	1

Comments

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Please Return to:  
 Star Healthcare Registry  
 1900 Dunbarton Drive, Suite J  
 Jackson, MS 39216

Signature of Ref. \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**Star Healthcare Registry Abuse/Exploitation Policy**

It is Star Healthcare Registry policy for all employees to report any abuse, neglect, or exploitation. This should be reported to the Supervisor at the facility and to the administrative staff at Star Healthcare Registry. Any and all alleged abuse will be reported to proper authorities.

I have read and understand the above statement and agree to such policy.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_