

NURSING & HEALTH SERVICES TRAINING CONSULTANTS, INC.

APPLICATION

CNA/ GNA/ MA/ PCA/ In-House

POSITION APPLYING FOR: CNA GNA Medical Assistant Personal Care Attendant OTHER: _____

Have you ever applied at NHSTC, Inc.? YES NO (If yes, when) _____

Have you ever worked with NHSTC, INC.? YES NO
(If yes, please provide dates of service) _____ to _____

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME# _____ CELL# _____

WORK# _____ OTHER# _____

EMAIL ADDRESS _____

D O B ____/____/____ SOCIAL SECURITY# _____

DRIVER'S LICENSE #: _____ EXPIRATION DATE: _____ ISSUING STATE: _____

DO YOU OWN A VEHICLE? YES NO DO YOU HAVE RELIABLE TRANSPORTATION TO WORK? YES NO

HOW DID YOU HEAR ABOUT US? (PLEASE SPECIFY)

ADVERTISEMENT: _____ FACEBOOK/TWITTER FAMILY/FRIEND: _____
 EMAIL/NEWSLETTER: _____ WEBSITE/ SEARCH ENGINE OTHER: _____

MILITARY SERVICE:

DATE OF VETERAN'S SERVICE: FROM _____ TO _____ ARE YOU CURRENTLY ON ACTIVE DUTY? YES NO

ADMINISTRATIVE SKILLS:

CAN YOU TYPE? YES NO DO YOU HAVE EXPERIENCE WITH MICROSOFT OFFICE SOFTWARE? YES NO

ADDITIONAL LANGUAGES SPOKEN: SPANISH FRENCH ASL (SIGN LANGUAGE) OTHER: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

HAVE YOU HAD ANY CONVICTIONS OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO

IF YES, GIVE COMPLETED DETAILS ON A SEPARATE SHEET. CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED ON ITS OWN MERITS. PERSONS WITH RECORDS OF CONVICTION ARE EMPLOYED IN THE STATE SERVICE.

Please answer questions by placing an "X" in the appropriate box (optional)

A. ARE YOU? MALE FEMALE B. ARE YOU HANDICAPPED? YES NO

C. RACE / ETHNIC IDENTIFICATION - PLEASE CHECK ONLY ONE.

White / Caucasian Black/ African American Asian or Pacific Islanders American Indian or Alaskan Native
 Hispanic Bi-racial/ Multi-racial Unable to Determine

NHSTC, Inc. is an Equal Opportunity Employer, and is committed to providing fair and equal employment opportunity for all associates and job applicants regardless of race, color, religion, national origin, gender, sexual orientation, age, marital status or disability.

NHSTC, Inc. hires and promotes individuals solely on the basis of their qualifications for the job to be filled.

DO NOT WRITE IN THIS SECTION

Interview YES

Orientation YES

Background YES

CJIS YES

Approved/Denied By:

Nursing & Health Services Training Consultants, Inc.

EMPLOYMENT PROFILE

PRINT NAME:	SOCIAL SECURITY NUMBER:
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PROFESSIONAL LICENSE NUMBER _____ PROFESSIONAL LICENSE EXPIRATION DATE _____

PROFESSIONAL LICENSE ISSUING STATE _____ CPR/CERT/EXP. DATE _____

PLEASE BEGIN WITH MOST RECENT WORK EXPERIENCE AND INCLUDE AT LEAST FIVE (5) YEARS OF WORK HISTORY

1 Please check the type(s) of experience gained from this employer <i>(if applicable):</i> <input type="checkbox"/> PEDIATRIC <input type="checkbox"/> CLINICAL <input type="checkbox"/> N/A	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD
NAME OF EMPLOYER:	
ADDRESS	
CONTACT PERSON & #	
DATE STARTED: DATE ENDED:	

2 Please check the type(s) of experience gained from this employer <i>(if applicable):</i> <input type="checkbox"/> PEDIATRIC <input type="checkbox"/> CLINICAL <input type="checkbox"/> N/A	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD
NAME OF EMPLOYER:	
ADDRESS	
CONTACT PERSON & #	
DATE STARTED: DATE ENDED:	

3 Please check the type(s) of experience gained from this employer <i>(if applicable):</i> <input type="checkbox"/> PEDIATRIC <input type="checkbox"/> CLINICAL <input type="checkbox"/> N/A	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD
NAME OF EMPLOYER:	
ADDRESS	
CONTACT PERSON & #	
DATE STARTED: DATE ENDED:	

4 Please check the type(s) of experience gained from this employer <i>(if applicable):</i> <input type="checkbox"/> PEDIATRIC <input type="checkbox"/> CLINICAL <input type="checkbox"/> N/A	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD
NAME OF EMPLOYER:	
ADDRESS	
CONTACT PERSON & #	
DATE STARTED: DATE ENDED:	

5 Please check the type(s) of experience gained from this employer <i>(if applicable):</i> <input type="checkbox"/> PEDIATRIC <input type="checkbox"/> CLINICAL <input type="checkbox"/> N/A	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD
NAME OF EMPLOYER:	
ADDRESS	
CONTACT PERSON & #	
DATE STARTED: DATE ENDED:	

Nursing & Health Services Training Consultants, Inc.
EMPLOYMENT PROFILE

Please indicate the highest level of education you have achieved:

- Some High School
 Some College
 Bachelor's Degree
 Advanced Degree
 High School Diploma / G.E. D.
 Associate's Degree
 Master's Degree
 Other: _____

SCHOOL NAME & LOCATION	EDUCATIONAL BACKGROUND		DEGREE
	GRADUATION DATE	LENGTH OF PROGRAM	
COURSES	CONTINUING EDUCATION		CREDITS
	DATE	PLACE	

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize NHSTC, INC. to investigate all matters contained in the application and hereby give NHSTC, Inc. permission to contact and discuss the information in this application with former and current educational, employment and medical organizations for the purpose of credentialing and work verification. I understand that misrepresentations, omissions of facts or incomplete information requested in the application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

 (Applicant's Printed Name)

 (Date)

 (Applicant's Signature)

Nursing & Health Services Training Consultants, Inc.
INTERVIEWER'S NOTES

I met face-to-face with: _____
(Applicant's Name)

on _____ to discuss the positions of _____
(Date)

Name of Interviewer: _____

(Applicant's Signature) _____

FOR OFFICE USE ONLY

ASSESSMENT

	PUNCTUALITY	APPEARANCE	DEMEANOR	COMMUNICATION
EXCELLENT				
GOOD				
FAIR				
POOR				

Pediatric Experience: _____

Comments:

Interview Results: Recommended for Hire Not Recommended for Hire

NHSTC, INC.
Nursing & Health Services Training Consultants, Inc.

PHYSICAL EXAMINATION FORM

The Licensure Division for the State of Maryland requires that all employees and contractors have a physical examination completed prior to employment commencement. The regulation stipulates that persons must be free of communicable diseases (including Hepatitis B and Tuberculosis) and have undergone a complete physical examination.

Applicant's Release

I, _____ give the noted below physician permission to release the information requested by NHSTC, INC.
(Applicant's Printed Name)

(Applicant's Signature)

(Date)

Physician Verification

I certify that _____ was physically examined on _____
(Patient's Name) *(Date)*

And is able to: (Please check all that applies)

- Function without restriction as a health care worker,
- Free of communicable diseases, including but not limited to Tuberculosis and Hepatitis B in their communicable form.
- In good physical and mental health

The following tests were done with results being:

Tuberculin test: (Please Check One) TB Skin Test (PPD) Tine Test Chest X-Ray

Date: _____ Date Read/Result: _____

Chest X-Ray Date & Result: _____

Remarks: _____

(Printed Physician Name)

(Date)

(Physician's Signature)

(Office Number)

Physician's Address:

(Please Use Office Stamper)

Please mail or fax this completed form to:
NHSTC, INC.
311 North Charles Street
Baltimore, MD 21201
Office: 410.528.5430 Fax: 410.528.5436

NHSTC, INC.
Nursing Health Services Training Consultants, Inc.

Consent/Decline Form for Hepatitis B Vaccination

NHSTC, INC., the agency I contract with has provided me education about the Hepatitis B. Vaccine. I understand the effectiveness of the vaccine, the risk of contracting Hepatitis B due to exposure to blood and other potential infectious materials while working at the various sites that NHSTC, INC. is currently under contract to service with staffing needs and the importance of taking active steps to reduce the risk.

I currently choose of my own free will to hereby: (Please check the appropriate box)

CONSENT to being given the Hepatitis B vaccine.

DECLINE to being given the Hepatitis B vaccine.

I do understand that if I decline the vaccination, I may receive it in the future.

(Applicant's Printed Name)

(Applicant's Signature)

(Date)

NOTE: Maintain this record for duration of employment plus 30 years

Nursing & Health Services Training Consultants, Inc.

HONOR CODE-CONTRACTUAL WORK AGREEMENT

POSITION APPLIED FOR: Certified Nursing Assistant/Geriatric Nursing Assistant/ Personal Care-Sitter Worker

NHSTC, Inc. Honor Code-Contractual Work Agreement Terms:

1. The relationship between the undersigned is based on the his/her decision to work at his/her own discretion with regards to self-scheduling on the available cases/positions.
2. I will represent NHSTC, INC. to the best of my ability on each and every job assignment with regards to completion of assigned job tasks and communication with administrative staff designees and clients.
3. I understand that NHSTC, INC. may deem it necessary for the viability of the organization and/or contract assignment to adjust my job responsibilities or reassign me to another job assignment.
4. In consideration of NHSTC, INC. allowing me to be an hourly contractual employee and giving me access to the personal information of all NHSTC, Inc. clients, I agree to the following for providing me work with all clients:
 - Comply with all HIPAA mandates for client confidentiality.
 - Not to work directly or indirectly with any NHSTC, INC. client through another agency for six (6) months after the last day that I work with the client through NHSTC, INC.
 - Comply with all mandates specified in the organizations Orientation Training and Procedural Manual.
 - To forfeit all cost related to breach of this agreement.
5. I will not give my personal contact information (i.e.; home phone number, cell phone number, email address, home address, etc.) to any NHSTC, INC. client. I understand that it is to my advantage to notify NHSTC, INC. immediately when any of their clients contact me.
6. I understand that at any time during my employment with NHSTC, Inc., both I and the administrator's at NHSTC, Inc. have the right to terminate my employment status for purposes of lay-off or poor performance issues.
7. I understand that NHSTC, INC. will pay me at the rate agreed upon for each offered assignment.

I hereby certify that the information given on this application is true, correct and complete in every respect.

Applicant's Printed Name

Applicant's Signature

Date

Interviewer's Printed Name

Interviewer's Signature

Date

Nursing & Health Services Training Consultants, Inc.
AUTHORIZATION FOR RELEASE OF INFORMATION



DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Nursing and Health Services Training Consultants, Inc. ("The Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by **Nursing and Health Services Training Consultants, Inc.** by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by **Nursing and Health Services Training Consultants, Inc.**, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Print Name: _____

Signature: _____

Date: _____

Nursing & Health Services Training Consultants, Inc.
BACKGROUND INFORMATION FORM



PLEASE CLEARLY AND COMPLETELY PRINT THE INFORMATION IN THIS FORM.

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

Previous Address _____

City/State/Zip _____

Previous Address _____

City/State/Zip _____

Previous Address _____

City/State/Zip _____

Previous Address _____

City/State/Zip _____

Former Employer _____ Position _____ Dates of Employment _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Reference Instructions (please read carefully before completing reference forms)

NHSTC, Inc. requires three (3) verifiable references: (2) Professional References and (1) Personal Reference- *usually in the form of a Letter of Recommendation*.

The application includes (2) professional reference forms. Please ask Human Resources, if you need additional forms; and if you would prefer to use a Letter of Recommendation Form.

- **References must all be from different individuals, organizations and non-family. (We will not accept 2 or more of the same reference from the same individual and/or organization)**

Professional References

- Complete top numbered section only on the Professional Reference Forms.
- Professional References in most cases should only be from organizations to which you have provided direct care/ services and that can verify your dates of employment, position, and experience. **(Personal contacts/numbers are acceptable in some cases only)**
- Personal contacts/numbers are acceptable only, if the individual is someone you have provided direct care/ services to- such as a private duty case; or if the individual has a very small-run organization (run by several individuals)

(Please check with Human Resources if your Professional References do not fit the criteria above)

Personal Reference / Letter of Recommendation

- May be handwritten or typed and must include contact information (name and number/ or email).
- May be written by a work colleague, supervisor, professor, or anyone else who can attest to your work ethic and character.
- May not be written by someone who is also a Professional Reference.

Specialty/Interest

- If you are interested in the Pediatric Division, please make sure to include at least one verifiable reference that demonstrates your pediatric experience (**pediatric direct patient care within the last two (2) years**).
- Also, if you have a specialty/interest, please provide a reference that demonstrates your experience in your specialty/interest.

Personnel Payroll Form / Change Form

Date: _____

RE: NEW ENTRY INFORMATION CHANGE

OFFICE USE ONLY

Contractor # _____

Pay Rate: \$ _____

Date of Hire: _____

Name: _____

Address: _____

City, State, Zip Code: _____

SSN: _____

Date of Birth: _____

Home Phone: _____

Mobile Phone: _____

Emergency Contact: _____

Emergency Contact #: _____

Check One: **1099** (*All Independent Contractors; RNs and LPNs ONLY*)

W2 (*Office Employee or CNAs/GNAs ONLY*)

of Exemptions (If W2): _____

Additional Information:

Nursing & Health Services Training Consultants, Inc.

DOCUMENTATION AGREEMENT

I agree to submit any and all documents required by the agency, NHSTC, Inc. in a timely fashion prior to being placed on any assignments and throughout the duration of my employment at NHSTC, Inc.

I also understand that I am to remain fully credentialed for the duration of my contract with the agency.

I am aware that any wages due to me will be held within the office until all documents are submitted and/or my credentials are in compliance with state and federal regulations and company policy.

I have read and agree to all the terms of this agreement.

Applicant's Printed Name

Witness Signature

Applicant's Signature

Date

NURSING & HEALTH SERVICES TRAINING CONSULTANTS, INC.

Please make sure you have all the required documents on this list before calling to schedule an interview. This is a general list; you may be required to submit further documents depending on job position, your classification and/or specialty.

Documents Needed	RN	LPN	CNA/ GNA	PCT/ Comp.
Original Application <i>(Original – do not fax)</i>	✓	✓	✓	✓
Driver's License or Gov't-issued ID <i>(must submit in person to HR Associate)</i>	✓	✓	✓	✓
Social Security Card <i>(must submit in person to HR Associate)</i>	✓	✓	✓	✓
Permanent Resident Card (if applicable) <i>(must submit in person to HR Associate)</i>	✓	✓	✓	✓
CPR Card	✓	✓	✓	✓
First Aid Card			✓	✓
Resume	✓	✓	✓	✓
Professional Liability Certificate*	✓	✓	*	
Two (2) Professional References**	✓	✓	✓	✓
One (1) Letter Recommendation**	✓	✓	✓	✓
Physical Exam- (No older than a (1) year) <i>DC Applicants Only- (No older than 6 months)</i>	✓	✓	✓	✓
TB Results- Annual PPD or Chest X-Ray Results	✓	✓	✓	✓
Proof of Hepatitis B Series <i>(or you may substitute the declination form in the application packet)</i>	✓	✓	✓	✓
Proof of immunity to MMR, Varicella, Tetanus (titer) <i>(Preferred, but not required)</i>			✓	✓

IMPORTANT INFO---PLEASE READ

***Professional Liability Certificate**

- If you do not have Professional Liability Insurance, you may choose to obtain it from **Nurse Service Organization (NSO); www.nso.com or 1-800-247-1500** or any other company that offers it.
- CNA/ GNA- Professional Liability Certificate is not required upon initial interview and orientation; however it may be required at a later time.

**** Professional References and Letter of Recommendation:**

- References must all be from different individuals, organizations and non-family.
- Professional References may only be from an organization or someone to whom you have provided direct care (Not a family/friend).
- If interested in the pediatric division, please include at least one reference that verifies pediatric experience within the past two years.
- If you have a certain specialty/interest, please include at least one verifiable reference that demonstrates your experience in your specialty/interest.

YOU MAY SUBMIT DOCUMENTS TO HUMAN RESOURCES VIA:

FAX: (410) 528-5436
 DROP OFF: 311 N. CHARLES ST., BALTIMORE, MD 21201
 EMAIL: HUMANRESOURCES@NURSINGANDHEALTH.COM

* If you choose to drop off documents, please remember that all interviews must be scheduled in advance. First gather your documents, and then call (410) 528-5430 to schedule an interview.