



Thank you for choosing Care For Life Health, Inc. We look forward to working together with you. Our company is very flexible, and works hard to get you the hours you desire at the facilities you request. In addition to completing the hiring packet we will need copies of the following forms to complete your employee file:

- Driver's License and SS Card (for I-9)
- Current License (if applicable)
- Current BLS
- Updated CPR Card
- Current ACLS/PALS/NRP (If applicable)
- Copy of TB (PPD Skin test) within one year
- Background check/screening fee (\$40.00)

The application process can seem overwhelming at first, but all of the documents required are the same documents needed for hospital/facility employment. Completing the required documentation helps ensure that CFL Health maintains a good reputation for meticulous record keeping and for meeting the stringent hiring requirements for all caregivers.

We are honored that you have decided to join our team. If you have any questions please feel free to contact our office at (301) 358-3781.

Sincerely,

**Care For Life Health Recruitment Staff**

Care For Life Health, Inc.  
9701 Apollo Drive  
Largo, MD 20774  
Phone: (301) 358-3781  
Website: [www.careforlifehealth.com](http://www.careforlifehealth.com)



## **Licensed Vocational/Practical Nurse Job Description**

### **Summary**

Assume responsibilities for direct nursing care of assigned patients under the supervision of a registered nurse or physician in patient care area. Provides nursing services to patients and families in accordance with the scope of the LPN as defined by the Board of Nursing.

### **Duties and Responsibilities**

- Provide and document direct nursing care of assigned patients under the supervision of a registered nurse or physician. Nursing care is guided by the physician orders and the nursing plan of care. Patient response to care is reported to a registered nurse for evaluation, intervention and modification of the plan of care. Assist other health care personnel in the delivery of patient care.
- Participate in maintaining the environment of care including equipment and other material resources.
- Participate in own professional development by maintaining required competencies and attending educational offerings. Supports the development of other staff and formal learners.
- Perform other related duties incidental to the work described herein.

### **Education**

Graduation from an accredited Practical Nurse program.

### **Experience**

A minimum of one year of current experience

### **Degrees, Licensure, and/or Certification**

Current LPN licensure from the applicable state Board of Nursing.

### **Knowledge, Skills, and Abilities:**

- Knowledge of scope of licensed practical nurse, ability to delegate to duties to Certified Nursing Assistants
- Considerable knowledge of the care and treatment of patients and special procedures that apply to practical nursing
- Able to independently seek out resources and work collaboratively

- Able to communicate clearly with patients, families, visitors, healthcare team, physicians, administrators and others
- Able to teach patients and families in accordance with the nursing plan of care
- Able to use sensory and cognitive functions to process and prioritize information, treatment, and follow-up
- Competent in BLS and/or other specialized life support requirements designated by work area or unit assigned
- Able to use fine motor skills
- Able to record activities and document interventions
- Able to withstand prolonged standing and walking with the ability to move or lift at least fifty pounds
- Able to remain focused and organized
- Working knowledge of sterile techniques and special procedures that are applicable to work performed
- Working knowledge of sanitation, personal hygiene and basic health and safety precautions applicable to work in a hospital or Long Term Care (LTC) facility
- Working knowledge of infection control procedures and safety precautions
- Ability to understand English and follow oral and written instructions

I acknowledge that I have received the appropriate training and licensure/certification to perform the duties listed above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization

### **Personally completed this form honestly and accurately**

By my signature below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.

### **Drug and Alcohol screening**

I give permission for a pre-employment drug/alcohol screening exam, and, if the company makes a conditional job offer, I give permission for a complete employment physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary. (See separate Agreement)

### **Authorization to obtain information**

I voluntarily and knowingly authorize any present or past employer; supervisor; administrator; educational institution; law enforcement agency; state, local, or federal agency; credit bureau; collection agency; private business; military branch; the national personnel records center; personal reference; and/or other persons; to give records or information they may have concerning my criminal history, motor vehicle report, educational history, licensing, employment (including character, earnings history and reasons for termination) or any other information requested by the company requested to determine my eligibility for employment.

### **Release**

I voluntarily waive all recourse and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use any information received which may have bearing on my application for employment.

### **Notification and compliance with rules**

I agree to immediately notify Care For Life Health, Inc. if I should be convicted of a crime while my job application is pending, or during my employment if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.

**I certify that all of the information provided by me on this Application is true and accurate.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



### Employment Verification Form

I, \_\_\_\_\_ (Print Name) Voluntarily and knowingly authorize Care For Life Health, Inc to contact the following employers listed in the "Company" box below to give records or information they may have concerning my present or prior employment (including character, earnings, history and reason for termination) and any other information requested by Care For Life Health, Inc. to determine my eligibility for employment. **Candidate - please complete the highlighted areas only below.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name (most recent employer)	Company Name:	Company Name:
Phone:	Phone:	Phone:
Position Held:	Position Held:	Position Held:
Dates of Employment:	Dates of Employment:	Dates of Employment:
***** DO NOT WRITE BELOW THIS LINE *****		
Attendance: Good   Fair   Poor	Attendance: Good   Fair   Poor	Attendance: Good   Fair   Poor
Attendance: Good   Fair   Poor	Attendance: Good   Fair   Poor	Attendance: Good   Fair   Poor
Contact Name/Title:	Contact Name/Title:	Contact Name/Title:
Information Verified by:	Information Verified by:	Information Verified by:



### Work Experience Checklist

Clinical Skill	Experience (yes/no) (please circle)	Dates of experience (mm/yyyy) i.e. 01/2002 to 06/2005
Adult ICU	Yes    No	
Neuro ICU	Yes    No	
CVICU	Yes    No	
Dialysis	Yes    No	
ER	Yes    No	
Tele Med	Yes    No	
Tele Cardiac	Yes    No	
Med/Surg	Yes    No	
Rehab	Yes    No	
Psych	Yes    No	
Burn Unit	Yes    No	
OR	Yes    No	
Oncology	Yes    No	
PICU	Yes    No	
NICU	Yes    No	
Pediatrics	Yes    No	
Psych Peds	Yes    No	
OB	Yes    No	
Nursery	Yes    No	
L&D	Yes    No	
Level II Nursery	Yes    No	
Ventilators	Yes    No	
PACU	Yes    No	
Hospice	Yes    No	
LTC	Yes    No	
Private Duty	Yes    No	
Home Health	Yes    No	
H/H Infusion	Yes    No	
Intermittent Skill Visit	Yes    No	
Computer Charting	Yes    No	
Balloon Pumps	Yes    No	
Epidurals	Yes    No	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_