



Homecare Employment Application

POSITION APPLIED FOR:

Today's Date: _____

- Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistant

Other _____

Desired hourly pay rate \$ _____

Ever apply/interview with ProStat? _____ Ever been employed with ProStat? _____

Referral Source

ProStat Employee (Please identify):

Telephone Call

Internet Search

Newspaper

Other: _____

Direct Mail

PERSONAL INFORMATION

Name _____
Last Middle First

Social Security Number _____ Maiden Name or Alias: _____

Citizenship () US () H1A () H1B () Trade NAFTA () Work Authorization Card () Resident Alien Card

Street Address _____

City _____ State _____ Zip _____

Home Ph (____) ____ - ____ Cell Ph (____) ____ - ____ Other (____) ____ - ____

Email (1) _____ Email (2) _____

In the event of an emergency, please contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Ph (____) ____ - ____ Cell Ph (____) ____ - ____ Other (____) ____ - ____

EMPLOYMENT HISTORY

Employer _____ From _____ To _____
Address _____
Street _____ City _____ State _____ Zip _____
Supervisor Name and Title _____ Phone (____) ____ - _____
Position _____ \$/Hour _____ Charge Exp? _____
Reason for leaving _____

Employer _____ From _____ To _____
Address _____
Street _____ City _____ State _____ Zip _____
Supervisor Name and Title _____ Phone (____) ____ - _____
Position _____ \$/Hour _____ Charge Exp? _____
Reason for leaving _____

Employer _____ From _____ To _____
Address _____
Street _____ City _____ State _____ Zip _____
Supervisor Name and Title _____ Phone (____) ____ - _____
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Address _____
Street _____ City _____ State _____ Zip _____
Supervisor Name and Title _____ Phone (____) ____ - _____
Position _____ \$/Hour _____ Charge Exp? _____
Reason for leaving _____

Please list any employers you prefer we did not contact _____

MY EDUCATION

Education Level	City/State	Graduation Date	Diplomas/Degrees Received
College			
Graduate			
Professional / Other			

LICENSURE INFORMATION

License #	State	Issue Date	Exp. Date	In good standing?
1. _____	_____	_____	_____	()YES ()NO
2. _____	_____	_____	_____	()YES ()NO
3. _____	_____	_____	_____	()YES ()NO

Have you ever held a nursing license under a different name? If yes, please list the name and location

If you answer yes to any of the following questions, please attach a separate sheet with circumstances, dates, and final outcome:

- Have you ever been convicted of a crime other than a minor traffic violation? ()YES ()NO
- Has your license or certification ever been investigated or suspended? ()YES ()NO
- Have you ever been named as a defendant in a malpractice claim? ()YES ()NO
- Has your license been revoked, either temporarily or permanently, by any state? ()YES ()NO
- Have you ever been subject to disciplinary action by any state board? ()YES ()NO

VERIFICATION OF INFORMATION AND CERTIFICATION OF TRUTHFULNESS

In connection with my application for employment with ProStat, I hereby authorize ProStat to make any and all inquiries deemed necessary to any person, business entity, educational institution, government agency, law enforcement agency, employer or previous employer to verify and confirm any information or statements given to ProStat or provided in connection with this application, or other information developed in connection with this application, to otherwise determine my qualifications and abilities, to the satisfaction of ProStat, or to comply with federal or state law, or to comply with the policies and procedures of ProStat clients. Furthermore, I authorize any and all persons, business entities, educational institutions, government agencies, law enforcement agencies, employers or previous employers to give ProStat information concerning my character, current and/or prior employment, performance, education, criminal background, and professional licensure/certification standing without any liability whatsoever to them or ProStat. I hereby release ProStat and/or its agents and/or its representative, without reservation or condition, including any person, business entity, educational institution, government agency, law enforcement agency, employer, previous employer, or organization from any and all liability arising from, created by, or caused by the release of such personal or business information, records and related documents to ProStat, its agents and/or its representatives. A copy of this release is acceptable in lieu of the original document.

It is understood and agreed that any employment by ProStat and the applicant is predicated upon the truthfulness of the statements made in this application and accompanying correspondence. I understand that any misrepresentation or omissions of facts called for is cause for dismissal. I understand that if employed by ProStat I will be an employee at will and that I or ProStat may terminate employment at any time. I understand and agree that ProStat retains the sole discretion to offer assignments to the employee(s) and that it believes is most qualified for the assignment and would best represent the business interests of ProStat.

Applicant Signature _____

Date _____

DECLARATION OF RESIDENCY

PLEASE CHECK THE BOX BY THE APPROPRIATE STATEMENT:

I, _____, HAVE BEEN A RESIDENT OF PENNSYLVANIA FOR TWO CONSECUTIVE YEARS PRIOR TO THE DATE OF THIS APPLICATION.

I HAVE NOT BEEN A RESIDENT OF PENNSYLVANIA FOR TWO CONSECUTIVE YEARS PRIOR TO THE DATE OF THIS APPLICATION. STATE LIVED IN _____.

IF NUMBER 2 IS CHECKED AN FBI CHECK MUST BE COMPLETED BEFORE HIRING:

- TO OBTAIN THIS CHECK YOU MUST GO TO THE STATE POLICE IN YOUR AREA TO BE FINGERPRINTED AND FOLLOW THE INSTRUCTIONS ON THE FINGERPRINT CARD.
- PROOF OF RESIDENCY WILL BE A DRIVERS LICENSE, PA ID CARD OR ANY OTHER FORM THAT SHOWS RESIDENCY IN PA.

PRINTED NAME _____

SIGNATURE _____ DATE _____

DIRECT DEPOSIT REQUEST FORM

ProStat, Inc. requires DIRECT DEPOSIT of your paycheck. Please complete and sign the bottom of this form and return it to this office along with a VOIDED check or deposit slip. Should you not have a checking or savings account a debit card will be issued to you and paychecks will be deposited to the debit card. If you have any questions please call 610-736-9000.

Thank you,
ProStat, Inc.

DIRECT DEPOSIT PERMISSION FORM

Employee Name _____

Social Security Number _____

Bank Name _____

Bank Address _____

Bank Phone Number _____

Contact Name _____

Routing Number _____

Account Number _____

Account Type Checking _____Savings_____

Effective Date _____, 20____

I hereby grant ProStat, Inc. permission to directly deposit my payroll check into my bank account beginning with the effective date noted above.

EMPLOYEE SIGNATURE _____DATE _____

Employee PPD Skin Test

Name _____ Title _____

EMPLOYEE QUESTIONNAIRE

1. Are you currently pregnant or nursing? YES / NO
2. Do you think you may be pregnant? YES / NO
3. Have you had a Mantoux (PPD) Test done within the past year? YES / NO
4. If yes, when: _____
5. Have you ever had a positive reaction? YES / NO
6. If yes, did you receive a chest x-ray? YES / NO
7. Do you consent to having a PPD skin test? YES / NO

Signature: _____ Date: _____

STANDARDS

1. Each Tuberculin PPD Skin Test is administered with Tubersol 5 TU strength, 0.1ml administered intracutaneously (Mantoux method)
2. Results should be read at 48-72 hours post-administration. Results are based on tranverse diameter of induration at the test site and should be recorded as millimeters of induration.

PPD Test (#1)

Date administered _____ Administered by _____
Lot # _____ Site _____
Date read: _____ Read by _____

PPD Test (#2)

Date administered _____ Administered by _____
Lot # _____ Site _____
Date read: _____ Read by _____

Annual PPD Test

Date administered _____ Administered by _____
Lot # _____ Site _____
Date read: _____ Read by _____

Annual PPD Test

Date administered _____ Administered by _____
Lot # _____ Site _____
Date read: _____ Read by _____

Employment Standards

AGREEMENT OF EMPLOYMENT STANDARDS

1. **AT WILL EMPLOYMENT:** I understand and agree that my employment by ProStat will be “at will” and that ProStat and I may terminate this employment relationship at any time for any reason.

2. **COMPETITIVE EMPLOYMENT PROCESS:** I understand and agree that any offer of employment I may receive is contingent upon my successful completion of ProStat’s pre-employment screening, offer and post-offer and the availability of work. I understand and agree that ProStat retains sole discretion to offer employment to the applicant(s) that it believes is most qualified for the position and would best represent the business interests of ProStat. Additionally, ProStat only offers work assignments, as they are available. I understand and agree that ProStat retains sole discretion to offer employment to the applicant(s) that it believes is most qualified for the position and would best represent the business interests of ProStat.

3. **DISCIPLINE AND COMPANY RULES:** Violations of the following rules will be subject to warnings and/or termination of employment, depending on the severity of the violation and other subjective factors, including but not limited to, length of employment and past job performance. It is not necessary for warning(s) to be issued prior to termination for one of the following violations:

1. Unacceptable job performance, which may be identified through quality assurance reporting.
2. Insubordination.
3. Reasonable suspicion of theft or dishonesty.
4. Falsifying application for employment.
5. Falsifying time records.
6. Immoral conduct or willful misconduct of any kind.
7. Behavior inconsistent with company policy.
8. Malicious damage to the Company’s property.
9. Intimidation or coercion of the other employees, client’s employees or patients.
10. Revealing or discussing/disclosing confidential information.
11. Absent for two (2) consecutive workdays without notifying the Company, or without providing an acceptable excuse.
12. Repeated lateness.
13. Illegal possession of controlled substances.
14. Using company/facility time for personal use.

4. **SUSPICION OF DRUG/ALCOHOL USE:** I understand that I may be terminated for suspected use or for being under the influence of drugs or alcohol at work. I agree to submit to drug/alcohol testing within the guidelines of state law.

5. **NO PROMISES MADE:** I acknowledge that no promises regarding employment have been made to me, and I understand that such promise or guarantee is binding upon ProStat unless made in writing by ProStat.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO EACH OF THE PROCEEDING PARAGRAPHS.

By: ProStat

Applicant

Date

HR Rep.

Date

Hepatitis B Vaccination Consent

As an employee having occupational exposure to blood or other potentially infectious materials, you will have the right to receive the Hepatitis B Vaccination Series, at no charge to you. Please read the Hepatitis B Vaccination Information Sheet and complete this form by checking the box preceding the appropriate statement and signing, dating and including your Social Security Number at the bottom. Thank you!

Consent: As a healthcare professional having occupational exposure to blood or other potentially infectious materials, which includes the risk of acquiring Hepatitis B Virus (HBV) Infection, I have been informed about and offered the opportunity to receive the Hepatitis B Vaccine (to be paid for by my current employer). I understand that I must have three (3) doses to develop immunity. However, as with any medical treatment, there is no guarantee that I will not experience any adverse side-effect from the vaccine.

Declination: As a healthcare professional having occupational exposure to blood or other potentially infectious materials, which includes the risk of acquiring Hepatitis B Virus (HBV) Infection. I have been given the opportunity to receive the Hepatitis B Vaccination at no charge to myself. However, I decline the Hepatitis B Vaccination at this time. I understand that by declining this Vaccine, I continue to be at risk for acquiring the Hepatitis B Virus, a serious disease. If in the future, while actively working with ProStat, if I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B Vaccine, I can receive it at no charge to me.

I am declining the opportunity to receive the Hepatitis B Vaccination Series for the following reason: (Please check one)

I have previously received the complete Hepatitis B Vaccination Series. (Please complete the Vaccination Information Record below)

Antibody testing has revealed that I am immune to Hepatitis B. Date: _____.

The Vaccine is contraindicated for medical reason. Please describe: _____.

Other, please explain: _____.

Dose	Date Vaccinated	Lot #	Expiration Date	Given By
Dose #1				
Dose #2				
Dose #3				

Employee Print

Employee SSN

Employee Signature

Date

Physician's Statement

MEDICAL RELEASE AUTHORIZATION: I, do hereby authorize, the Medical Practice of Dr. _____, to release to ProStat, its affiliates, and any of its Client hospitals or institutions and any information acquired in my recent medical examination that is relevant to my employment.

Printed Name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____

PHYSICIAN TO COMPLETE THIS SECTION:

I have examined the individual named above and to the best of my knowledge, he/she is in good physical and mental health and free of communicable disease. Employee is fit for duty without restrictions including being capable of performing max-assist patient transfers, and to function in his/her profession at full capacity. By signing below, I certify that the above information is valid.

Physician's Printed Name: _____ Tel. _____

Physician's Signature: _____ Date of exam: _____

Address: _____

Criminal Background Investigation Consent

I, _____, hereby authorize ProStat and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I release ProStat and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name Printed

Maiden Name or Other Names Used

Permanent Address

How Long?

City/State Zip

Date of Birth

Social Security Number

Drivers license number

State of License

Signature

Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. ProStat, Inc. is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

Reference Request

APPLICANT PROFILE

Applicant Name _____ Position Held _____

Reference Name _____ Tel. (____) ____ - _____

Facility Name _____ Employed from _____ to _____

By my signature on this application, I hereby authorize **ProStat** to request and receive from all former employers, any and all pertinent information concerning my prior employment and its termination including the reasons for such termination. I forever release such prior employers and those references named herein from any and all liability which may arise out of any information provided hereunder.

Applicant Signature _____ Date _____

EMPLOYER

The individual named above has applied for employment with **ProStat**. To ensure a thorough screening process, we ask that you provide the information requested below.

Evaluation

Skill Levels (please circle) 1=*poor*; 2=*average*, 3=*above average*

Technical proficiency	1	2	3
Quality of work	1	2	3
Established priorities	1	2	3
Accepts direction/cooperation	1	2	3
Accurate documentation	1	2	3
Adheres to safety procedures /protocols	1	2	3
Adaptability	1	2	3
Communicates effectively	1	2	3
Attendance/reliability	1	2	3

Is this applicant eligible for rehire? ()YES / ()NO If no, please explain: _____

Employment dates: To: _____ From: _____ Position: _____

Reference provided by: _____ Title: _____

Signature: _____ Date: _____

Verbal reference received by **ProStat** Recruiter:

Signature: _____ Date: _____

Reference Request

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