APPLICATION FOR EMPLOYMENT

By signing this application, the applicant affirms that all information they have provided is true, accurate and correct. Any applicant providing Oxford HealthCare with any false information will not be considered for employment with the Company. Any employee discovered to have provided false information on their employment application may be subject to immediate termination.

POSITION APPLIED FOR: ________________________________ DATE: __________

REFERRAL SOURCE: ___Internet/Website ___Newspaper ___Employee ___Walk-In

Name of source (if applicable): ____

NAME: ____
(Last) (First) (Middle)

ADDRESS: ____
(Street) (City) (State) (Zip)

TELEPHONE NUMBER: ___________________________
(area code)

SOCIAL SECURITY NUMBER: _____________________

Have you ever been employed with Oxford HealthCare? ___YES ___NO

If yes, give date: _____/______/_____

Are you a preferred caregiver? ___YES ___NO

If you are under 18, can you furnish a work permit? ___YES ___NO

Have you filed an application here before? ___YES ___NO

If yes, give date: _____/______/_____

Are you legally eligible for employment in this country? ___YES ___NO
(Proof of U.S. citizenship or immigration status will be requested upon employment.)

Are you able to meet attendance requirements of the position? ___YES ___NO

Will you work overtime if requested? ___YES ___NO

Have you ever been bonded? ___YES ___NO

Have you ever been convicted of a crime or felony? ___YES ___NO

If yes, provide date(s) and please explain:____

____

____

List your last four (4) employers, assignments or volunteer activities; starting with the most recent and including military experience. Explain any gaps in employment in the Comments section below.

1. ____

Employer Phone

____

Street Address City State Zip

____

Job Title Immediate Supervisor & Title

____

Reason for leaving

____

Dates Employed

FROM	TO	Summarize the nature of the work performed and job responsibilities

HOURLY RATE		SALARY	
START	FINISH	START	FINISH

May we contact for reference? ___ YES ___ NO ___ LATER

2. ____

Employer Phone

____

Street Address City State Zip

____

Job Title Immediate Supervisor & Title

____

Reason for leaving

____

Dates Employed

FROM	TO	Summarize the nature of the work performed and job responsibilities

HOURLY RATE		SALARY	
START	FINISH	START	FINISH

May we contact for reference? ___ YES ___ NO ___ LATER

3.

Employer Phone

Street Address City State Zip

Job Title Immediate Supervisor & Title

Reason for leaving

Dates Employed

FROM	**TO**	**Summarize the nature of the work performed and job responsibilities**

HOURLY RATE		**SALARY**	
START	FINISH	START	FINISH

May we contact for reference? ___ YES ___ NO ___ LATER

4.

Employer Phone

Street Address City State Zip

Job Title Immediate Supervisor & Title

Reason for leaving

Dates Employed

FROM	**TO**	**Summarize the nature of the work performed and job responsibilities**

HOURLY RATE		**SALARY**	
START	FINISH	START	FINISH

May we contact for reference? ___ YES ___ NO ___ LATER

COMMENTS (including explanation of any gaps in employment) ______________________________

____

____

____

____

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work at our company.

____

____

____

EDUCATIONAL BACKGROUND

NAME AND LOCATION	**YEARS COMPLETED**	**DID YOU GRADUATE?**	**COURSE OF STUDY**
High School			
College		Major: Degree:	
Other			

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____ ________________

Applicant Signature Date

UNSKILLED—Please complete this page:

AVAILABILITY

TYPE OF WORK DESIRED:

- ☐ Hospital Staff Relief
- ☐ Hospital Private Duty
- ☐ Nursing Home Staff Relief
- ☐ Nursing Home Private Duty
- ☐ Home Care
- ☐ Nurse Aid
- ☐ Home Health Aide
- ☐ Companion
- ☐ Homemaker
- ☐ Housekeeper
- ☐ Elderly Care
- ☐ Child Care
- ☐ Live-In
- ☐ Other ______________
  ____

CAN WORK (Specify hours each week)								Total hours you wish to work per week	How soon are you available for work?
	Sat	Sun	Mon	Tues	Wed	Thurs	Fri		
From									
To									

EXPERIENCE CHECKLIST

Check those areas below in which you are currently competent and willing to do.

PATIENT TYPES AND CONDITIONS

- ☐ Alcoholism / Drugs
- ☐ Blindness
- ☐ Burns
- ☐ Cancer
- ☐ Confusion / Disorientation
- ☐ Convulsive Disorders
- ☐ Diabetes
- ☐ Geriatrics (Elderly)
- ☐ Heart Condition
- ☐ Infant / Child Care
- ☐ Para / Quadriplegic
- ☐ Parkinson 's disease
- ☐ Multiple Sclerosis
- ☐ Retardation
- ☐ Stroke

TASKS AND ACTIVITIES

AMBULATION, ASSISTING PATIENT WITH:

- ☐ Walking (Support)
- ☐ Cane
- ☐ Crutches
- ☐ Walker

COLLECTION OF SPECIMENS:

- ☐ Sputum
- ☐ Stool
- ☐ Urine

PATIENT TRANSFERS:

- ☐ Bed to Chair
- ☐ Chair to Bed
- ☐ Hydraulic Lift (Ex: Hoyer)
- ☐ Transfer Belt, Use of

APPLICATION OF:

- ☐ Hot or Cold Compress
- ☐ Hot Water Bottle
- ☐ Ice Bag
- ☐ Ice Collar

BATHS:

- ☐ Bed ☐ Tub
- ☐ Sponge
- ☐ Bed Making – Occupied
- ☐ Bed Making – Unoccupied

CATHETER

- ☐ Apply – Remove External Catheter
- ☐ Change Drainage Tubing and Bag
- ☐ Measure Urine and Empty Bag

- ☐ Dressing Change, Non-Sterile
- ☐ Elimination – Bed Pan
- ☐ Elimination – Commode
- ☐ Enemas – Fleets
- ☐ Enemas – Soap Suds
- ☐ Enemas – Tap Water
- ☐ Feeding Patient
- ☐ Intake and Output

ORAL HYGIENE

- ☐ Dentures
- ☐ Special Mouth Care

OSTOMIES

- ☐ Bag Change
- ☐ Irrigation

- ☐ Perineal Care
- ☐ Positioning
- ☐ Rectal Tube, Insertion and Removal
- ☐ Shampoo – Bed
- ☐ Shaving – Electric Razor
- ☐ Shaving – Safety Razor
- ☐ Sitz Bath
- ☐ Special Diets
  - ☐ Diabetic ☐ Lo-Sodium ☐ Soft
- ☐ Urine Testing for Sugar and Acetone

VITAL SIGNS

- ☐ B/P ☐ Pulse
- ☐ Respiration ☐Temperature
- ☐ Other ___________________
  ____

In some situations some of the following duties are required while doing private home care. Please check any you **are willing** to do.

- ☐ Clean Bathroom
- ☐ Cooking
- ☐ Dishes
- ☐ Dusting
- ☐ Drive as Needed
- ☐ Light Ironing
- ☐ Meal Planning
- ☐ Mop Kitchen / Bathroom
- ☐ Personal Laundry
- ☐ Vacuuming

NURSING (SKILLED)—Please complete this page:

AVAILABILITY
TYPE OF WORK DESIRED:

- ☐ Hospital Staff Relief
  - ☐ ICU
  - ☐ CCU
  - ☐ PICU
  - ☐ NICU
  - ☐ PEDS
  - ☐ Psych
  - ☐ Other ______________
- ☐ Hospital Private Duty
- ☐ Nursing Home Staff Relief
- ☐ Nursing Home Private Duty
- ☐ Home Care
- ☐ RN
- ☐ Elderly Care
- ☐ Child Care
- ☐ Live-In
- ☐ Other ____________ ____________________

GEOGRAPHIC AREAS WILLING TO WORK

CAN WORK (Specify hours each week)								Total hours you wish to work per week	How soon are you available for work?
	Sat	Sun	Mon	Tues	Wed	Thurs	Fri		
From									
To									

NURSING EXPERIENCE CHECKLIST
Check those areas show below in which you are currently competent and willing to do.

PATIENT TYPES AND CONDITIONS

☐ Alcoholism / Drugs
☐ Blindness
☐ Burns
☐ Cancer
☐ Confusion / Disorientation
☐ Convulsive Disorders
☐ Diabetes
☐ Geriatrics (Elderly)
☐ Heart Condition
☐ Infant / Child Care
☐ Para / Quadriplegic
☐ Parkinson 's disease
☐ Multiple Sclerosis
☐ Retardation
☐ Stroke

NURSING SPECIALTIES

☐ Community Health
☐ Coronary Care
☐ ER / Trauma
☐ Gerontology
☐ Hospice Care
☐ Head / Charge Nurse
☐ In-Service Instructor
☐ ICU (Med.)
☐ ICU (Surg.)
☐ IV Therapist
☐ Labor / Delivery
☐ Med. / Surg.
☐ Neurology
☐ Nursery / Newborn
☐ Neonatal ICU
☐ Occupational Health
☐ Office
☐ Oncology
☐ OR
☐ Orthopedics
☐ Pediatrics
☐ Pediatric ICU
☐ Psychiatric
☐ Recovery Room
☐ Rehabilitation
☐ School Health
☐ Supervisor
☐ Team Leader / Med. Nurse

NURSING TASKS AND SKILLS

☐ Alternating Pressure Mattress
☐ Bed Sores (Decubiti)
☐ Bladder Catheterization – Male
☐ Bladder Catheterization - Female
☐ Bladder Training
☐ Bowel Training
☐ Cardiac Monitors
List Type __________________
____
____
____
☐ Central Venous Pressure
☐ Circo-Electric Bed
☐ Crutchfield Tongs
☐ Dialysis – Peritoneal
☐ Dialysis – Renal
☐ Digital Stimulation
☐ Foley Catheter – Insertion
☐ Foley Catheter – Irrigation
☐ Foley Catheter – Removal
☐ Food Pumps
☐ Fracture – Cast Care
☐ Fracture – Traction
☐ Gastrostomy – Tube-Feeding
☐ Gavage Feeding
☐ Hyperalimentation
☐ Subclavian Dressing Change & Catheter Care
☐ Hypo-Hyperthermia – Blanket
☐ Intravenous Infusion
☐ Irrigation – Colostomy
☐ Irrigation – Ear / Eye
☐ Irrigation – Ileostomy
☐ Isolation Techniques
MEDICATION
☐ IM ☐ 2 Track IM
☐ IV ☐ Intradermal
☐ PO ☐ IV Chemotherapy
☐ SC ☐ IV Infusion Pump
☐ NG Tube Insertion
☐ NG Tube Irrigation

OXYGEN
☐ Cannula
☐ Concentrator
☐ Liquid Oxygen System
☐ Setting Up Cylinder
☐ Post Mortem Care
R.O.M. ☐ Passive ☐ Active
☐ Postural Drainage
☐ Remove Fecal Impaction
☐ Special Diets
☐ Diabetes
☐ Lo-Sodium
☐ Other
☐ Sterile Techniques
☐ Stryker Frame
☐ Suctioning
☐ Suprapubic Catheter, Care of
☐ Tracheostemy Care
☐ Venipuncture
☐ Ventilators
☐ Bennett
☐ Bird
☐ MA-1

Date: ____________________

I, ________________________, Social Security # ____________________, am applying to Oxford HealthCare for a position as __________________. I worked for you from ________ to ____________. I authorize you to furnish the information requested below.

For Management Use Only

Could you please verify the dates of employment for the above-listed applicant as from _________ to _________?

Please rate the applicant's job performance while in your employ.

Performance Area	Good	Satisfactory	Poor
Reliability			
Competency			
Honesty			
Personal Habits			

Would you hire this person again? Yes _______ No _________

Comments: ____

______________________________ ______________________ ___________

Signature Title Date

We appreciate your time and attention to this request.

Sincerely,
Personnel Manager

AUTHORIZATION TO OBTAIN INFORMATION

The undersigned hereby authorizes Oxford HealthCare to obtain information from past employers pursuant to the Oxford HealthCare application for employment.

__________________________________ _____________

Legal Signature of Applicant Date

Professional Reference

Date: ____________________

I, _________________________, Social Security # ____________________, am applying to Oxford HealthCare for a position as __________________. I worked for you from ________ to ____________. I authorize you to furnish the information requested below.

****

For Management Use Only

Could you please verify the dates of employment for the above-listed applicant as from _________ to _________?

Please rate the applicant's job performance while in your employ.

Performance Area	Good	Satisfactory	Poor
Reliability			
Competency			
Honesty			
Personal Habits			

Would you hire this person again? Yes _______ No _________

Comments: ____

____

_____________________________ ____________________ __________

Signature Title Date

We appreciate your time and attention to this request.

Sincerely,
Personnel Manager

****

AUTHORIZATION TO OBTAIN INFORMATION

The undersigned hereby authorizes Oxford HealthCare to obtain information from past employers pursuant to the Oxford HealthCare application for employment.

________________________________ ____________

Legal Signature of Applicant Date

To: ______________________________

I, _________________________, am applying to Oxford HealthCare for a position as ___________________.
I hereby authorize you to release information about me.

Applicant Signature: ____ Date: _________________

The person above has applied for employment with Oxford HealthCare and has given you as a ***Personal Reference***. Please complete the information below and return this whole form to Oxford. This information will be kept confidential.

****

Addressee Response
How well do you know this Applicant? ☐ Slightly ☐ Well ☐ Very Well

What is your relationship with the Applicant? (Friend, minister, teacher, etc.):
____

Have you had knowledge of Applicant in last 12 months? ☐ Yes ☐ No

Please Evaluate	Above Average	Average	Below Average	Comments
Appearance				
Dependability				
Honesty				
Initiative				
Judgment				
Maturity				

Additional Comments: ____

____

____________________________ ____________________ __________
Signature Title Date

We appreciate your time and attention to this request.

Sincerely,
Personnel Manager

To: ______________________________

I, _________________________, am applying to Oxford HealthCare for a position as __________________.
I hereby authorize you to release information about me.

Applicant Signature: ____ Date: _________________

The person above has applied for employment with Oxford HealthCare and has given you as a ***Personal Reference***. Please complete the information below and return this whole form to Oxford. This information will be kept confidential.

****

Addressee Response

How well do you know this Applicant? ☐ Slightly ☐ Well ☐ Very Well

What is your relationship with the Applicant? (Friend, minister, teacher, etc.):

____

Have you had knowledge of Applicant in last 12 months? ☐ Yes ☐ No

Please Evaluate	Above Average	Average	Below Average	Comments
Appearance				
Dependability				
Honesty				
Initiative				
Judgment				
Maturity				

Additional Comments: ____

____

____________________________ ____________________ ___________

Signature Title Date

We appreciate your time and attention to this request.

Sincerely,
Personnel Manager