

# APPLICATION FOR EMPLOYMENT

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Position Applying for: RN LPN HHA GNA/CNA CMA OFFICE STAFF  
Type of Employment: FULL-TIME PART-TIME TEMPORARY ON-CALL  
Time of Availability: MORNINGS NIGHTS WEEKENDS  
Hours of Availability: \_\_\_\_\_

## **Basic Information**

Name (*Last, First Middle Initial*): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_  
Desired Start Date of Employment: \_\_\_\_\_ Are you willing to travel? Yes No  
Are you authorized to work in the United States on an unrestricted basis? Yes No  
Do you possess a security clearance? Yes No

## **Personal Information**

Gender: Male Female Marital Status: Single Married

### ***In Case of an Emergency, Please Notify:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Alternative: \_\_\_\_\_

## **Educational History**

Type of Degree Earned: High School Diploma G.E.D. College Grad. School  
Additional Training: \_\_\_\_\_ Diploma/Degree? Yes No  
Nursing School (*if applicable*): \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ To: \_\_\_\_\_

I hereby certify that all information provided above is true and correct to the best of my knowledge. By signing below I authorize RSA Agency Service to investigate and verify the information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Office Use Only**

**Person Conducting Interview:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

Company/Client's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Comments: \_\_\_\_\_

Company/Client's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Comments: \_\_\_\_\_

Company/Client's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Comments: \_\_\_\_\_

**License Verification Form**

Employee Name: \_\_\_\_\_ Discipline: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Maryland**

License #: \_\_\_\_\_ Status: \_\_\_\_\_

***For Office Use Only***

Verified By: Automated System Verbal Contact *(If verbal, complete the following. If not, skip.)*

Spoke With: \_\_\_\_\_ Title: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

License #: \_\_\_\_\_ Status: \_\_\_\_\_

***For Office Use Only***

Verified By: Automated System Verbal Contact *(If verbal, complete the following. If not, skip.)*

Spoke With: \_\_\_\_\_ Title: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

License #: \_\_\_\_\_ Status: \_\_\_\_\_

***For Office Use Only***

Verified By: Automated System Verbal Contact *(If verbal, complete the following. If not, skip.)*

Spoke With: \_\_\_\_\_ Title: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Name (Last Name): \_\_\_\_\_

**Reference Form**

The undersigned, having applied for a position with our company, hereby authorizes you to release any information necessary relating to employment. This hereby releases your organization unconditionally from all liability for damage whatsoever that might result from furnishing this information.

**Section I:** *(To be completed by Applicant)*

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

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ - \_\_\_\_\_

I acknowledge filing an application with RSA Agency Service and authorize the release of information from my former employer.

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

**Section II:** *(Supervisor, please confirm information in Section I and complete Section II.)*

Is the Applicant's position title correct?  Yes  No \_\_\_\_\_  
*(if no, please correct information)*

Are the dates of employment correct?  Yes  No \_\_\_\_\_  
*(if no, please correct information)*

Is this employee eligible for rehire?  Yes  No or  Conditional

\_\_\_\_\_  
*(if no/conditional, please explain)*

**Section II: Evaluation of Performance**

Job knowledge/Technical skills:  Excellent  Good  Fair  Poor

Quality of work:  Excellent  Good  Fair  Poor

Ability to work with others:  Excellent  Good  Fair  Poor

Initiative:  Excellent  Good  Fair  Poor

Punctuality/Attendance:  Excellent  Good  Fair  Poor

Additional Comments: \_\_\_\_\_

Information Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

Reference record completed by *(Authorized Representative)*: \_\_\_\_\_

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

Name (Last Name): \_\_\_\_\_

**Reference Form**

The undersigned, having applied for a position with our company, hereby authorizes you to release any information necessary relating to employment. This hereby releases your organization unconditionally from all liability for damage whatsoever that might result from furnishing this information.

**Section I:** *(To be completed by Applicant)*

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

Company's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ - \_\_\_\_\_

I acknowledge filing an application with RSA Agency Service and authorize the release of information from my former employer.

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

**Section II:** *(Supervisor, please confirm information in Section I and complete Section II.)*

Is the Applicant's position title correct?  Yes  No \_\_\_\_\_  
*(if no, please correct information)*

Are the dates of employment correct?  Yes  No \_\_\_\_\_  
*(if no, please correct information)*

Is this employee eligible for rehire?  Yes  No  Conditional

\_\_\_\_\_  
*(if no or conditional, please explain)*

**Section II: Evaluation of Performance**

Job knowledge/Technical skills:  Excellent  Good  Fair  Poor

Quality of work:  Excellent  Good  Fair  Poor

Ability to work with others:  Excellent  Good  Fair  Poor

Initiative:  Excellent  Good  Fair  Poor

Punctuality/Attendance:  Excellent  Good  Fair  Poor

Additional Comments: \_\_\_\_\_

Information Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

Reference record completed by *(Authorized Representative)*: \_\_\_\_\_

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

Name (Last Name): \_\_\_\_\_

**PERMISSION FOR PPD TEST**

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I, \_\_\_\_\_, voluntarily take the PPD test intradermally as a screening  
(Applicant's Name, Please Print)  
method for tuberculosis. I understand that a PPD test must be administered and read annually. A chest X-Ray must be done every five years as a pre-requisite for employment at RSA Agency Service. I release RSA Agency Service of any liability. I confirm that I have/have not had a PPD test within the last year; and I have no known allergy to the PPD test.

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

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

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

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Witness: \_\_\_\_\_  
(RSA Agency Service Representative)

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

Name (Last Name): \_\_\_\_\_

**EMPLOYEE ACKNOWLEDGEMENT OF HANDBOOK**

I acknowledge receipt of RSA AGENCY SERVICE Employee Handbook. In consideration of my employment I agree to read and abide by the rules and the policies of this handbook. Since the information, policies, and benefits described in this booklet may be subject to change, I understand and agree that any such change can be made unilaterally by the company in its sole and absolute discretion, and that material changes will be made known to employees through the usual methods of communication within a reasonable period of time.

Employee Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature \_\_\_\_\_

Name (Last Name): \_\_\_\_\_

## UNIVERSAL PRECAUTIONS

(OSHA BLOODBORNE PATHOGENS, SECTION 1910.1030 OF TITLE 29, CODE OF FEDERAL REGULATIONS)

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I, \_\_\_\_\_, am aware and understand that due to my occupation, I am  
*(Applicant's Name, Please Print)*  
at risk for exposure to blood or other potentially infectious materials. Therefore, I have been given proper instruction on OSHA regulation and requirements. I also understand and I am aware of Universal Precautions and know that as a requirement of my job description I will practice Universal Precautions as described in my job description.

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

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

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

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Witness: \_\_\_\_\_  
*(RSA Agency Service Representative)*

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



Name (Last Name): \_\_\_\_\_

## IN-SERVICE REQUIREMENT

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It is the policy of RSA Agency Service at each licensed employee or independent contractor attends a minimum of four in-service hours per year. This is best accomplished by doing one (3) hour in-service every three (3) months, for a total of 12 hours per year.

RSA Agency Service offers a variety of in-services throughout the year. You will be notified of scheduled in-services by memo in your paycheck. OSHA, Infection Control, and Tuberculosis are required annually. These courses must be home care focused. Should you attend an in-service elsewhere (i.e. hospital, nursing home, and/or other agencies), we will gladly accept a copy of your attendance record/certificate and will credit you with that in-service requirement.

By signing below, you acknowledge and understand that you must comply with the above requirement to remain in an "Active Status" with RSA Agency Service.

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

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

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

Name (Last Name): \_\_\_\_\_

## HEPATITIS B VACCINE 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 (HBV) infection. It is strongly suggested that I be vaccinated for HBV. I understand that I may decline the vaccination and I also understand that not being vaccinated; I continue to at risk for acquiring and remain susceptible to HBV, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with the HBV vaccine, I can receive the vaccination series at no charge to me.

RSA Agency Service has explained to me that I continue to be at risk for HBV until such time that I am immunized.

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

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

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

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Authorized Signature: \_\_\_\_\_  
(RSA Agency Service Representative)

Title: \_\_\_\_\_

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

# DRUG AND ALCOHOL POLICY

## Informed Consent and Release of Liability

I authorize RSA AGENCY SERVICE or Client Company ("Company") to obtain a specimen of my urine for chemical analysis. I understand that this analysis is to determine or exclude the presence of alcohol, drugs or other substances, in accordance with the Substance Abuse and drug Testing Policy of Company. I understand that decisions regarding my continued employment may be made as a result of this analysis. I understand that test results will be divulged only to authorized personnel. I hereby consent to this test and release Company from any liability for decisions resulting from this test.

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee/Applicant Printed Name

## Policy and Procedure Agreement

**ALL STAFF:**

I, \_\_\_\_\_ have read, understand and agree to abide by the policies  
(please print)

and procedures set forth by RSA AGENCY SERVICE.

I also understand that I may view or copy any or all of RSA AGENCY SERVICE's policy and procedure manual for review or retention.

I also agree to adhere to all local, state, and federal procedures regulated as precedent for the home health care industry for compliance in providing care to Agency clients as designated.

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

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

**EMPLOYMENT OFFER**

Congratulations. We are pleased to inform you that you have been offered part time full time employment with RSA Agency Service as a

Registered Nurse LPN CNA CMT responsible to provide services to RSA Agency Service.

**Duties and Responsibilities:** During the period of this employment, employee/contractor shall perform His/her duties and responsibilities diligently and consistent with RSA Agency Service Agency policies and procedures and practices in accordance with accepted professional practices. While providing services at clients work site, employee/contractor shall work under the supervision of Agency Director of Nursing and or Client and shall be required to abide by all the client's needs.

**Compensation:** Employee/contractor shall be compensated at regular per dime or hourly rate of \$----- .00. Your compensation shall be paid in by weekly remuneration and shall be in accordance with the company normal payroll cycle (biweekly).

**Confidentiality:** Except as authorized, employee/contractor shall not directly or indirectly publish or disclose any confidential information of the company neither shall employee abuse a client's information due to their privileged position.

**General Conditions:** This agreement may be terminated by either party upon written or verbal notice to other party. Upon termination, the employee/contractor shall prepare and submit final invoice for final services rendered.

In witness thereof, the parties hereto execute this agreement.

\_\_\_\_\_  
RSA Agency Service, Representative

Employee/Contractor      Name: \_\_\_\_\_      Date: \_\_\_\_\_