

# PALMEIRA HEALTHCARE SERVICES

## Application for Employment

### 1. APPLICANT INFORMATION

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Position Applying for \_\_\_\_\_  FULL TIME  PART TIME  PER DIEM

Date Available to Start \_\_\_\_\_ Desired Pay \_\_\_\_\_ Currently employed?  YES  NO

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Are you 18 years of age or older?  YES  NO **NURSING ONLY:** Years of Experience: \_\_\_\_\_

### 2. EDUCATION

High School \_\_\_\_\_ City & State \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?  YES  NO Qualifications \_\_\_\_\_

College \_\_\_\_\_ City & State \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?  YES  NO Qualifications \_\_\_\_\_

University \_\_\_\_\_ City & State \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?  YES  NO Qualifications \_\_\_\_\_

Other \_\_\_\_\_ City & State \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate?  YES  NO Qualifications \_\_\_\_\_

### 3. PROFESSIONAL LICENSES / CERTIFICATIONS

Type	Number	State	Date of Issue (From)	Expiration Date (To)
<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA	_____	_____	_____	_____
CPR	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# PALMEIRA HEALTHCARE SERVICES

## Application for Employment

### 4. PREVIOUS EMPLOYMENT *[Please list your work experience for the past five (5) years beginning with the most recent.]*

Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Duties & Responsibilities \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO Phone No. \_\_\_\_\_

Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Duties & Responsibilities \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO Phone No. \_\_\_\_\_

Company \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Duties & Responsibilities \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO Phone No. \_\_\_\_\_

If any of your previous employment listed above was performed under a different name to the name listed on the front page of this Application for Employment, please provide that name:

\_\_\_\_\_

Were you terminated (or involuntarily separated) from any of your previous employment listed above?

YES  NO If YES, please provide details: \_\_\_\_\_

\_\_\_\_\_

# PALMEIRA HEALTHCARE SERVICES

## Application for Employment

### 5. REFERENCES *[Please list three (3) professional and/or personal references.]*

Full Name \_\_\_\_\_

Company / Relationship \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Full Name \_\_\_\_\_

Company / Relationship \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Full Name \_\_\_\_\_

Company / Relationship \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

### 6. DISCLAIMER AND SIGNATURE

I certify that my answers and the information presented herein are/is true and correct/complete to the best of my knowledge.

I authorize investigation of all information and statements contained in this application. I understand that the misrepresentation or omission of facts may be cause for separation/termination without notice. I hereby authorize Palmeira Home Health Care, Inc. (dba Horizon Home Health)(“HHH”) to contact any of the above listed education institutions, previous employers (unless otherwise indicated), references, and others that HHH may wish to contact, and I hereby release HHH from any liability whatsoever as a result of such contact.

I understand that an investigative report (background check) will be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such investigative report is made, I understand that I may receive notice that such a report has been requested and I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand that (i) HHH has a drug and alcohol policy that provides for testing before and during employment; (ii) continued compliance with this policy is a condition of my employment; and (iii) my continued employment is based upon passing any and all testing under this policy. I consent to this policy unequivocally and without condition.

I consent to take the pre-employment physical examination (and I understand that passing this physical is a condition of my employment by HHH, and any such offer of employment is contingent upon passing this physical as it relates to essential duties I will be required to perform).

Additionally, I consent to any future physical examinations and drug screening that may be required by HHH (and I understand that passing these is a condition to my continued employment by HHH).

# PALMEIRA HEALTHCARE SERVICES

## Application for Employment

### 7. WRITTEN STATEMENT OF CRIMINAL HISTORY

If PHH learns from the Department of Public Safety or any other source that an individual has been convicted of a crime listed in NRS 449.174 then we may not employ that individual.

**Statements 1-14 below refer to NRS 449.173 disqualifying criminal convictions (which may be either a felony or a misdemeanor).**

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure or any other sexually related crime that is punished as a felony (including felony prostitution)
4. I have not been convicted of prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding seven (7) years;
5. I have never been convicted of a crime involving domestic violence that is punished as a felony.
6. I have not been convicted of a crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding seven (7) years.
7. I have never been convicted of abuse or neglect of a child or contributory delinquency.
8. I have not been convicted of any violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding seven (7) years.
9. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct.
10. I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding seven (7) years).
11. I have never been convicted of a violation of any provision of NRS 422.450 to 422.590, inclusive (statutory provisions relating to Nevada's State Plan for Medicaid).
12. I have not been convicted of a criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding seven (7) years.
13. I have not been convicted of any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding seven (7) years.
14. I have not been convicted of any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or an attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding seven (7) years.

I \_\_\_\_\_ affirm that the statements 1-14 above are true and correct.

I understand that a criminal background check is a condition of my employment at PHH. I consent to having my finger prints taken for this purpose, and I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.

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

### 8. REFERENCE REQUEST AUTHORIZATION

1028 W. Town and Country Road Bldg. G, Orange, Ca 92868  
TELEPHONE (714) 406-2025 | FAX (702) 259-6810

# PALMEIRA HEALTHCARE SERVICES

## Application for Employment

I \_\_\_\_\_ hereby authorize (i) Palmeira Home Health Care (PHH) to request the following information from any and all of my former employers; and (ii) upon receipt of a request from HHH, any and all of my former employers to provide to HHH, the following information:

- Date of hire
- Date of termination
- Position / Title (most recent)
- Salary information / hourly rate of pay (most recent)
- Any other information requested by HHH

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

I understand that my employment by Palmeira is "AT WILL", and that either party is free to terminate the employment relationship at any time without cause. I also understand that in addition to being "AT WILL", my employment is also probationary for a period of up to one hundred eighty (180) days following my date of hire, and that HHH may terminate my employment with or without cause during this period.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release/separation/termination.

Palmeira is an equal opportunity employer. We adhere to a policy of making employment decisions based solely on experience and qualifications, and without regard to race, color, religion, sex (including pregnancy), marital status, sexual orientation, national origin, age, disability or any other genetic information.

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

# PALMEIRA HEALTHCARE SERVICES

## Application for Employment

### Availability

Name (First / Last) \_\_\_\_\_

*If you are available to work anytime, please check **ANYTIME**. If not, please indicate specific days & shifts you are available to work.*

DAY	_____		
SUNDAY	<input type="checkbox"/> NOT AVAILABLE	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> _____ to _____
MONDAY	<input type="checkbox"/> NOT AVAILABLE	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> _____ to _____
TUESDAY	<input type="checkbox"/> NOT AVAILABLE	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> _____ to _____
WEDNESDAY	<input type="checkbox"/> NOT AVAILABLE	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> _____ to _____
THURSDAY	<input type="checkbox"/> NOT AVAILABLE	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> _____ to _____
FRIDAY	<input type="checkbox"/> NOT AVAILABLE	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> _____ to _____
SATURDAY	<input type="checkbox"/> NOT AVAILABLE	<input type="checkbox"/> ANYTIME	<input type="checkbox"/> _____ to _____

What is your desired Work Schedule? \_\_\_\_\_  Full Time  Part Time  Per Diem

#### **HOLIDAYS**

Are you available to work on HOLIDAYS?  YES  NO  \_\_\_\_\_ to \_\_\_\_\_

#### **OVERTIME**

Are you available to work OVERTIME hours?  YES  NO  \_\_\_\_\_ to \_\_\_\_\_

By signing below I acknowledge the above is my current work availability. If my schedule is to change I will provide Human Resources two weeks' written notice.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# PALMEIRA HEALTHCARE SERVICES

## Application for Employment

### Skills Checklist (for Nursing Applicants only)

#### 1. NURSING SKILLS

Name (First / Last) \_\_\_\_\_  RN  LPN  CNA

Description of Patient Care Activity / Task	1	2	3	4
---	---	---	---	---

#### ALL NURSES

Blood Glucose Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw Blood for Lab Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer Medications via GT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Heparin/Saline Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral IV Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusion Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Certified [ <input type="checkbox"/> Yes   <input type="checkbox"/> No ]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Bladder Scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrostomy Tube Monitor/Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straight/Foley Catheter – Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straight/Foley Catheter – Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When (and when not) to call CODE BLUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### RN'S ONLY

Pronouncement of Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing Blood from PICC line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PICC line dressing change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legend: [Please rate your experience/skills level according to the legend below]

- 1. No experience.** You have no practical experience with the activity/task.
- 2. Some experience.** You are familiar with the activity/task but you would like more supervised experience.
- 3. Experienced.** You have performed the activity/task several times in your recent work history and you feel proficient and able to practice the activity/task without supervision.
- 4. Expert.** You have performed the activity/task routinely and often in your recent work history and you feel completely comfortable with your ability and skills; including supervising others in the performance of the activity/task.