

At Ease Home Care

1430 Pearl Street

Eugene, Oregon 97401

Office: (541) 344-3273 Fax: (541) 744-1213

www.ateasehomecare.com

Registered Nurse Application

Incomplete Applications Will Not Be Considered.

Please Read Entire Application.

Void 6 months after the "Date" entered below and will be shredded after 14 months.

According to Oregon Administrative Rules, Division 536; 333-536-0050, 9, "The in home care agency must insure that a criminal background check has been conducted on all individuals employed by or contracting with the agency..." AEHC holds to the DHS guidelines ORS 443.004 regarding specific convictions that prevent them from working with an in-home care agency.

Name: _____ Date: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

How or Who Referred You? _____ Former AEHC Employee? Y N

Application at a Glance: (Check the box: Y = Yes and N = No)

1) In Home Care Experience? Y N 6) Current Drivers License? Y N

2) Elderly Care Experience? Y N 7) Reliable Vehicle? Y N

3) Infant Care Experience? Y N 8) Current Automobile Insurance? Y N

4) RN License? Y N 9) Bus / Bike / Non-Driver? Y N

License #: _____ 10) Current TB Screening? Y N

Expires: _____ 11) Oregon Food Handler's Certificate? Y N

5) Other Certifications: _____ 12) Can You Pass A Drug Test? Y N

Skills Overview: (Check the Box: Y = Yes and N = No, You may be asked where you received training / experience)

Charting Y N Alzheimer's Disease Y N

Gate Belt Y N Dementia Y N

Wheelchair Transfers Y N Hospice Y N

Hoyer Lift Y N Stroke Y N

Toilet / Incontinent Asst Y N Wound Care Y N

Bathing Y N Cancer Y N

Medication Y N Catheter Y N

Range of Motion Y N Colostomy Y N

Developmental Disabilities Y N Feeding Tube Y N

Infant Care Y N Other: _____

Availability: (Check Shift Preference) Daytime Shifts Overnights 12-hr Shifts 24-hr Shifts
Shifts Indicate Days and Provide Times Available including am/pm: (Example: ✓ Monday: 7am-10pm)

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

Education:

High School Diploma or GED Y N

List College or Program Name, City and State, Dates, Subject or Degree

Personal References: (Incomplete Applications will not be considered. Phone numbers must be current.)

Provide three Personal References including Name, Relationship and Reliable Phone Number. No family members or former employers.

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Emergency Contact:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____

Question:

Why do you want to work as a Registered Nurse for AEHC and what makes you a good Registered Nurse?

Employers References: (Incomplete Applications will not be considered.)

- Please explain gaps longer than 6 months in employment
- Provide three Employer References from the last ten years in relation to the Caregiver position you are applying for. **Phone and Fax Numbers must be current.** Provide most recent employer first.

Employer: _____ Your Job Title: _____

Phone: _____ **Fax:** _____

Address, City and State: _____

Dates Employed From: _____ to: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Reason for Leaving / Are you eligible for rehire? Y N

Job Duties: _____

May we contact employer? Y N

Employer: _____ Your Job Title: _____

Phone: _____ **Fax:** _____

Address, City and State: _____

Dates Employed From: _____ to: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Reason for Leaving / Are you eligible for rehire? Y N

Job Duties: _____

May we contact employer? Y N

Employer: _____ Your Job Title: _____

Phone: _____ **Fax:** _____

Address, City and State: _____

Dates Employed From: _____ to: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Reason for Leaving / Are you eligible for rehire? Y N

Job Duties: _____

May we contact employer? Y N

Personal History: (Provide the Following In Order to Accurately Complete Your Required Background Check.)
List Street Addresses, Cities and States, and Dates Residing At These Locations:

Addresses

Dates

List Other Names You Have Used and Dates You Used Them - Including Maiden Name:

Have You Been Convicted of a Crime, Pleaded Guilty, or No Contest? Y N

Explain:

Authorization to Obtain Your Identity Verification Report / Background Check:

I hereby certify that the answers given by me to all the questions contained on this Employment Application are true and correct to the best of my knowledge. If employed by At Ease Home Care, I will comply with all rules and regulations of the company. I agree to submit to a physical and/or drug examination if required. I have read and understand the purpose of this Employment Application. I also understand that if any fraudulent information is given on this Application it may be grounds for immediate termination from my position. I am providing complete and accurate information. Pre-employment screening fees may be applied.

I authorize At Ease Home Care to obtain an Employment/Identity Report for employment purposes. I understand that these inquiry reports may include, but are not limited to: conviction records, motor vehicle records, references, and copies of prior personnel files. I understand that providing my Social Security number and birthday is voluntary. I authorize the use of this information for the purpose of national and/or state criminal history and background checks. I understand that I may be asked to provide further proof of Identity obtained from the Social Security Department if requested. At Ease Home Care, Inc. is an Equal Opportunity Employer. I understand that the job position I am applying for is placed equally without discrimination due to race, creed, color, religion, sex, national origin, sexual preference, handicap, or age.

Name: _____ Date: _____

Signature: _____

Social Security Number: _____ - _____ - _____

Birthday: _____ - _____ - _____

This Authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C.1681b(b)(2)(B) .Note: The FCRA requires that an applicant must authorize in advance the procurement of an Employment/Identity Verification Report for employment purposes.

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This Authorization to Obtain Employment Verification / History must be signed before we can conduct References Checks on all Applicants.

AUTHORIZATION TO OBTAIN EMPLOYMENT VERIFICATION / HISTORY

I authorize my former and current employers to give any information they have regarding my employment, whether or not it is on their records, to At Ease Home Care. I hereby release At Ease Home Care and former and current employers from all liability and any damages for issuing said information.

Name: _____ Date: _____

Signature: _____

Section 5: Completed by subject individual

15. Name: (last, first, middle) 16. Date of birth: 17. Gender: M F 18. Social Security or INS number: (voluntary)

19. All other names used: (Include maiden name.) 20. Driver's license or ID card:
Number: State:

21. Mailing address: 22. Home or message phone:

Street: Apt: 23. During the past 5 years, have you been outside Oregon 60 days or more in a row? Yes No
City: If yes, list where:

State: ZIP: City/state/country: From: (month/year) Until: (month/year)

24. Street address: (if different than mailing address)

Street: Apt:

City:

State: ZIP:

25. Have you ever been charged, arrested and/or convicted of a crime? Yes No

If you answered yes, list all charges, arrests and/or convictions (adult and juvenile) and the outcome regardless of how long ago. Attach additional pages if needed.

Date: (or estimate)	List each charge, arrest or conviction:	County:	State:	Outcome:
1.				
2.				
3.				
4.				
5.				

26. Provide a detailed explanation of all charges, arrests and convictions. (See "Questions to answer" in instructions.) This information may directly affect the outcome of this background check. Add additional pages if needed.

I have read and understand the instructions for completing this form. I understand that a criminal records and abuse check will be completed on me and that the information may be shared with the person listed in section 1, box 1. My signature authorizes the Background Check Unit to request and receive any juvenile, police, court or investigation reports needed to complete this background check. In the event potentially disqualifying abuse is discovered, I will be notified at the address listed above and asked to provide additional information. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, my application may be closed or I may be denied the position. I understand the check may be repeated during the time I hold this position.

27. Signature: 28. Date: