RN's and LP/VN's

EXPERIENCE — PLEASE	(X)	How Long	When	Preference (X)	EXPERIENCE — PLEASE	(X)	How Long	When	Preference (X)
General Hosp. Staff					Neurosurgical				
Hosp. Charge Nurse					Operating Room				
Medication Nurse					Emergency Room				
Unit Dose Med. System					Recovery Room				
Emergency Room					Psychiatric				
I.C.U.					Geriatric				
C.C.U.					Nursing Home Staff				
Medical Staff Nurse					Kidney Dialysis				
Surgical Staff Nurse					Isolation				
Burns					IV Therapy				
Pediatrics					Industrial				
Obstetrics					Team Leader				
Orthopedics					Private Duty				
F.E.N.T.					Teaching				
Urology					Other				

Have you attended continuing education courses in the last year? ☐ Yes ☐ No   Refresher Course? ☐ Yes ☐ No

Given by: ____________________

Do you have certificates or written documentation of completion of specialized training that may be copied and placed in your personal file? ☐ Yes ☐ No   If yes, for what specialized training? ____________________

If LP/VN, are you certified to administer medications? ☐ Yes ☐ No

AIDE/ASSISTANT/ORDERLY

Please indicate the areas in which you have actual working experience:

T.P.R.	Yes ☐	No ☐	Irrigate Foley Cath.	Yes ☐	No ☐	Administer Oxygen	Yes ☐	No ☐
Enema	Yes ☐	No ☐	Simple Dress. Chg.	Yes ☐	No ☐	Psych. Patients	Yes ☐	No ☐
Bed Bath	Yes ☐	No ☐	Tube Feeding	Yes ☐	No ☐	Alcoholic Patients	Yes ☐	No ☐
Blood Pressure	Yes ☐	No ☐	Prepare Meals	Yes ☐	No ☐	Charting	Yes ☐	No ☐

Have you had experience as a Live-in? ☐ Yes ☐ No   Would you accept a short or long term Live-in assignment? ☐ Yes ☐ No

Where did you receive training? ____________________ Date completed: ____________________

How long were you in training? ____________________

Describe any physical disabilities such as back injuries: ____________________

Describe any major illness, mental illness or disabling accident in the past 5 years: ____________________

Have you received compensation for injuries? ____________ If so, describe nature and date(s) of injuries: ____________________

Have you ever been convicted of a crime? ____________ If so, advise date and charge: ____________________

I hereby authorize S.F.N.S., and also authorize and request each former employer and person, firm or corporation given as reference, to answer all questions that may be asked, and give all information that may be sought in connection with this application or concerning me, my work, habits, character, skill or my action in any transaction. If employed, I agree that if at any time I shall make claims against the company for personal injuries, upon written request I will submit myself to examination by a physician or physicians of the company's selection as often as may be requested. If I am given employment by S.F.N.S., either the position applied for, or some other now or hereafter, I agree that such employment may be terminated by S.F.N.S. at any time my job performance is unacceptable, or fails to meet H.R.S. licensure standards without liability to S.F.N.S. for wages or salary except such as may have been earned as of the date of such termination.
I AGREE NOT TO WORK IN ANY CAPACITY FOR ANY CLIENT THAT S.F.N.S. SENDS ME TO FOR A PERIOD OF TWELVE (12) MONTHS AFTER MY S.F.N.S. ASSIGNMENT IS FINISHED. FAILURE TO COMPLY WILL RESULT IN A $10,000.00 PENALTY TO MYSELF.

Signature: ____________________ Date: ____________

Personal Appearance **Personality** **Alertness** **Cooperativeness** **Overall**

Interviewer: ____________________ Date: ____________