



Dependable Nursing Services, Inc

“People Helping People”

Medical Home Care, Nursing Services
and
Wellness is our business

Thank you for choosing Dependable Nursing Services, Inc. We look forward to working with you. Our company is very flexible, and works hard to get you the hours you desire at the facilities you request. In addition to completing the hiring packet we will need copies of the following forms to complete your employee file:

- Driver’s License and SS Card
- Current RN / LPN / CNA License (if applicable)
- Current HHA Certificate (If applicable)
- Car Insurance • Background Check Level 2
- HIPAA Training (APD ONLY) / Infection Control
- Copy of TB (PPD Skin test) or CHEST X-RAY within one year
- Copy of Immunization record (Proof of MMR)
- Current ACLS/PALS/NRP (If applicable)
- AFFIDAVIT OF GOOD MORAL CHARACTER

CEU’s

- HIV
- 4 HR HIV/AIDS (UPDATE)
- DOMESTIC VIOLENCE
- ALZHEIMER’S PHYSICAL
- ASPECTS/RULES & REGULATION
- PREVENTION OF MEDICAL ERRORS
- RESIDENT/PATIENT RIGHTS
- ASSISTING WITH MEDICATION

The application process can seem overwhelming at first, but all of the documents required are the same that are needed for hospital employment. We have built a good reputation for our meticulous record keeping and meeting stringent nurse hiring requirements which has allowed us to gain more hospital contracts and offer more shifts with fewer cancellations. We are honored that you have decided to join our team and allowing us to represent you in the healthcare industry. If you have any questions please feel free to contact our office at (904) 201-1950.



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It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. The following must be filled out completely for your application to be considered.

Full Name: _____

Have you ever used another name? Yes No If yes, what: _____

Home Telephone: _____ - _____ Other Telephone: _____ - _____

Date of Birth: _____ Social Security #: _____

Have you ever used another Social Security Number? Yes No

Present Address: _____

Emergency Contact: _____

Phone: _____

Employment Desired:

Position applying for: _____

If hired, on what date can you start work? _____ Salary desired? _____

How did you hear about our company? _____

References:

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references that are not related to you.

Name	Address	Phone	Years Known
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____



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Education and Training

Name and State	Date Degree Obtained
High School: _____	_____
College/University: _____	_____
Vocational/Business: _____	_____

Employment History:

List below all present and past employment, starting with your most recent employer

Name of Employer: _____
Address: _____
Telephone: (_____) _____ Your Supervisor’s Name: _____
Position Held: _____
Date of Employment: From: _____ To: _____
Earnings: Starting: _____ / Ending: _____
Exact Reason for Leaving: _____

Name of Employer: _____
Address: _____
No. Street City State Zip
Telephone: (_____) _____ Your Supervisor’s Name: _____
Position Held: _____
Date of Employment: From: _____ To: _____
Earnings: Starting: _____ / Ending: _____
Exact Reason for Leaving: _____

Name of Employer: _____
Address: _____
No. Street City State Zip
Telephone: (_____) _____ Your Supervisor’s Name: _____

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Position Held: _____

Date of Employment: From: _____ To: _____

Earnings: Starting: _____ / Ending: _____

Exact Reason for Leaving: _____

License Information

Answer the following questions if applying for a professional position:

Are you licensed for the job applied for? Yes No

Type of license **RN/LVN/CNA**: Issuing state: _____ License/certificate number: _____

Has your license ever lapsed, been revoked or suspended? Yes No

If yes, state reason(s), date of lapse, revocation or suspension and date of reinstatement:

Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo contendere to) a Felony? Yes No

Have you ever, under your name or another name, been convicted of a crime, which resulted with you being in prison and released from prison or paroled? Yes No

(Do not identify convictions for marijuana-related offenses that are more than two years old; or convictions for which the criminal record has been expunged, sealed or eradicated by the court; or, misdemeanor convictions for which any

probation has been completed and the case dismissed by the court.) If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s):

Are you currently under arrest, or released on bond or your own recognizance, pending trial for a criminal offense? Yes No



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If yes, state the nature of the crime charged; and when and where trial is pending:

The following section is for employment within the healthcare industry in Florida Please answer the following only if:

1. The position for which you are applying will provide you access to patients.

Have you ever been arrested for a sex related crime? Yes No

If Yes, Please Explain:

2. The position for which you are applying will provide you access to drugs or medications.

Have you ever been arrested for a drug related crime? Yes No

If Yes, Please Explain:

Authorization

_____ **Personally completed this form honestly and accurately**

By my initials, and signature below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I understand that

any job offer is conditional based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.

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**_____ Drug and Alcohol screening**

I give permission for a pre-employment drug/alcohol screening exam, and, if the company makes a conditional job offer, I give permission for a complete employment physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary. (See separate Agreement)

_____ Authorization to obtain information

I voluntarily and knowingly authorize any present or past employer; supervisor; administrator; educational institution; law enforcement agency; state, local, or federal agency; credit bureau; collection agency; private business; military branch; the national personnel records center;

personal reference; and/or other persons; to give records or information they may have concerning my criminal history, motor vehicle report, educational history, licensing, employment (including character, earnings history and reasons for termination) or any other information requested by the company requested to determine my eligibility for employment.

_____ Release

I voluntarily waive all recourse and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use any information received which may have bearing on my application for employment.

_____ Notification and compliance

with rules I agree to immediately notify the company if I should be convicted of a crime while my job application is pending, or during my employment if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company. I certify that all of the information provided by me on this Application is true and accurate.

Signature: _____

Date: _____

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Employment Verification Form

I, _____ (Print Name) Voluntarily and knowingly authorize Dependable Nursing Services, Inc to contact the following employers listed in the “Company” box below to give records or information they may have concerning my present or prior employment (including character, earnings, history and reason for termination) and any other information requested by Dependable Nursing Services, Inc. to determine my eligibility for employment. Candidate - please complete the highlighted areas only below.

Signed: _____ Date: _____

Company:	Company:	Company:
Phone:	Phone:	Phone:
Position Held:	Position Held:	Position Held:
Dates Of Employment:	Dates of Employment:	Dates of Employment:
Attendance: Good Fair Poor	Attendance: Good Fair Poor	Attendance: Good Fair Poor
Eligible for Rehire Yes No	Eligible for Rehire Yes No	Eligible for Rehire Yes No
Contact /Title	Contact /Title	Contact /Title

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**Work Experience Checklist**

Clinical Skill		Dates of Experience (mm/YYYY) i.e. 01/2000 – 06/2005
I&O	Yes No	
Vital Signs	Yes No	
Acute Care	Yes No	
Private Duty	Yes No	
Hospice	Yes No	
Nursery	Yes No	
CPR	Yes No	
Blood Glucose	Yes No	
Monitor	Yes No	

Employee Signature: _____ Date: _____



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Reference Inquiry From

To: _____

I have applied for employment at Dependable Nursing Services, Inc. I authorize you to release all information requested below by Dependable Nursing Services, Inc, including information concerning my character, habits, abilities, and reason(s) for leaving your company. The following information may help in identifying my records:

Name		Social Security Number	
Position		Date of Employment	

Employment: Applicant’s Signature:

	Excellent	Good Standard	Faif	Poor	Job Performance
Attendance					
Quality of Work					
Ability to work with others					
Comments					
Signature of person completing this form					Date



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Name		Social Security #	
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Employment: Applicant's Signature:

	Excellent	Good Standard	Fair	Poor	Job Performance
Attendance					
Quality of Work					
Ability to work with others					
Comments					
Signature of person completing this form					Date



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Medical Release

Applicant Name

Position

Based on qualifications presented on your application form and/or in your job interview, you are hereby, offered a job with our organization conditional upon submitting to our standard medical review and the verification of your answers to the following questions. Your job offer cannot and will not be rescinded unless a medical review reveals that you cannot perform the essential functions of the job (with accommodations if requested), or you present a hazard to yourself or others. False or misleading statements are also grounds for rescinding this offer. This form must be accurate and complete for us to process. This information is considered personal and medical in nature and will be treated as such by handling it confidentially in strict compliance with the American with Disabilities Act.

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**What Happens Now?**

Thank you for applying with Dependable Nursing Services, Inc. Once we get your application, we begin the process of putting together your employee file, and completing a background check. In the meantime, please return to our office the following items which were not given in your initial visit:

-
-
-
-
-
-
-
-
-
-
-

Once your chart is complete, we will contact you to determine a start date. You can pre-book up to one year in advance, or call us an hour before a shift and inform us if you would like to work. You can also specify how frequently or infrequently you would like to be contacted by us.

Contact Information:

Dependable Nursing Services, Inc.,
 14659 Zachary Drive East, Jacksonville, FL 32218
 904-201-1950
dependablenursingservices@gmail.com

Once again, thank you, and please feel free to contact us at any time and let us know what we can do better to serve you.