

Keno Home Health Agency, LLC does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, ancestry, sex, or on the basis of age or physical or mental handicap unrelated to the ability to perform the work required. No question on this application is intended to obtain information to be used for such discrimination. This application will be given every consideration. However, its acceptance does not imply that the applicant will be employed.

CONFIDENTIAL (PLEASE PRINT CLEARLY)		HIRE DATE	TODAY'S DATE	
PERSONAL	LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NO.
STREET ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NUMBER		CELL PHONE NUMBER		PHONE NUMBER
ANOTHER NAME USED IF DIFFERENT FROM PRESENT		CAN YOU FURNISH PROOF THAT YOU ARE LEGALLY PERMITTED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PERSONAL EMAIL ADDRESS		NOTIFY IN CASE OF EMERGENCY		
ARE YOU 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF HIRED, YOU WILL BE REQUIRED TO PROVIDE PROOF OF AGE		HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? IF YES, PLEASE EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO		
EDUCATION	NAME OF SCHOOL	LOCATION	DIPLOMA/DEGREE	DATE COMPLETED
HIGH SCHOOL				
COLLEGE				
VOCATION/BUSINESS				
PROFESSIONAL				
OTHER EDUCATION, SPECIAL COURSES OR SPECIAL HONORS _____				
U.S. MILITARY EXPERIENCE	BRANCH OF SERVICE	INITIAL RANK	FINAL RANK	
SERVICE SCHOOLS ATTENDED _____				
PROFESSIONAL LICENSE AND/OR CERTIFICATION				
TYPE		NUMBER	DATE ISSUED	STATE ISSUED
DESIRED EMPLOYMENT	FIRST CHOICE	SECOND CHOICE	DATE AVAILABLE	SALARY DESIRED
				<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM
HAVE YOU WORKED FOR THIS COMPANY BEFORE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____	to _____
HAVE YOU EVER RECEIVED WORKER'S COMPENSATION?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____	to _____
HAVE YOU EVER RECEIVED DISABILITY INSURANCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____	to _____

EMPLOYMENT HISTORY			
MOST RECENT EMPLOYERS FIRST			
COMPANY NAME	MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM
ADDRESS		JOB TITLE	IMMEDIATE SUPERVISOR
EMPLOYMENT START DATE	EMPLOYMENT END DATE	STARTING SALARY	SALARY AT THE END

COMPANY NAME	MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM
ADDRESS		JOB TITLE	IMMEDIATE SUPERVISOR
EMPLOYMENT START DATE	EMPLOYMENT END DATE	STARTING SALARY	SALARY AT THE END

COMPANY NAME	MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM
ADDRESS		JOB TITLE	IMMEDIATE SUPERVISOR
EMPLOYMENT START DATE	EMPLOYMENT END DATE	STARTING SALARY	SALARY AT THE END

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and I agree to have any of the statements checked by the Agency unless I have indicated to the contrary. I authorized the references listed above to provide the Agency any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Agency as well as from the use of disclosure of such information by the Agency or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Agency and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, either at my option or at the option of the Agency. I understand that no employee or representative of the Agency other than the President of Keno Home Health Agency, LLC has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President of Keno Home Health Agency, LLC may not alter the at-will nature of the employment relationship unless he does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal right to work in the U.S.

I understand that any offer of employment with the Agency may be conditioned completing a pre-employment medical examination. Purpose of medical examination is to determine whether I am able to perform the essential functions of the job I am offered with or without reasonable accommodation, to identify any reasonable accommodation if such is warranted, and to ensure that my performance of the essential functions does not present a direct threat to my health and safety of others. I agree to forego such pre-employment medical examination. If hired by the Agency, I further agree to undergo any periodic medical examinations, which are permitted or required by Law.

Signature: _____ Date: _____

Print Name: _____

BACKGROUND CHECK AUTHORIZATION

Authorization

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize Company to procure consumer report(s), criminal background check(s), consumer credit report(s), Investigative consumer report(s) (as defined by the Federal Fair Credit Reporting Act) and/ or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency (“CRA”) or from an investigative consumer reporting agency (“ICRA”), **as described in the Background Check Disclosures, the State Disclosures, and the California State Law Disclosures** (all of which I have received separately from the Company). I have reviewed and understand the information, statements, and notices in the **Background Check Disclosures, the State Disclosures, and the California State Law Disclosures, as well as this Background Check Authorization**. My authorization remains valid throughout my employment with the company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), consumer credit report(s), and/or investigative consumer report(s) during my employment without providing additional disclosures or obtaining additional authorizations.

Except as otherwise prohibited by state law, I consent to and authorize the Company to share information contained in and/ or results from a consumer report(s), criminal background check(s), consumer credit report(s), and/or investigative consumer report(s) to Company’s clients, customers, others with a need to know basis, and/or their agents (including but not limited to vendor credentialing companies), as applicable, for business reasons.

For **California, Minnesota, or Oklahoma applicants/employees only**: If you would like to receive from the CRA, ICRA, or Company a copy of the background check report that Company may procure in connection with your application for employment, please check this box.

Signature: _____ Date: _____

Print Name: _____

Job Title/Position: *Registered Nurse (RN)*

Reports To: *Clinical Supervisor/Nursing Supervisor*

JOB DESCRIPTION SUMMARY

The registered nurse plans, organizes and directs home care services and is experienced in nursing, with emphasis on community health education/experience. The professional nurse builds from the resources of the community to plan and direct services to meet the needs of individuals and families within their homes and communities.

ESSENTIAL JOB FUNCTIONS/RESPONSIBILITIES

Patient Care

1. Completes an initial assessment of patient and family to determine home care needs. Provides a complete physical assessment and history of current and previous illness(es).
2. Regularly re-evaluates patient nursing needs.
3. Initiates the plan of care and makes necessary revisions as patient status and needs change.
4. Uses health assessment data to determine nursing diagnosis.
5. Develops a care plan, which establishes goals based on nursing diagnosis and incorporates therapeutic, preventive, and rehabilitative nursing actions. Includes the patient and the family in the planning process.
6. Initiates appropriate preventive and rehabilitative nursing procedures. Administers medications and treatments as prescribed by the physician.
7. Counsels the patient and family in meeting nursing and related needs.
8. Provides health care instructions to the patient as appropriate per assessment and plan of care.
9. Identifies discharge planning needs as part of the care plan development and implements prior to discharge of the patient.
10. Acts as Case Manager when assigned by Clinical Supervisor/Nursing Supervisor and assumes responsibility to coordinate patient care for assigned caseload.

Communication

1. Prepares clinical notes and updates the primary physician when necessary and at least every sixty days.
2. Communicates with the physician regarding the patient's needs and reports any changes in the patient's condition; obtains/receives physician's orders as required.
3. Communicates with community health related persons to coordinate the care plan.

Additional Duties

1. Participates in on-call duties as defined by the on-call policy.
2. Ensures that arrangements for equipment and other necessary items and services are available.
3. Instructs, supervises and evaluates home health aide care provided every two (2) weeks.

POSITION QUALIFICATIONS

1. Registered nurse with current licensure to practice professional nursing in the state.
2. Graduate of National League for Nursing accredited school of nursing.
3. Maintains a current CPR certification.
4. Must be a licensed driver with an automobile that is insured in accordance with state/or organization requirements and is in good working order.
5. Minimum of two years' experience, at least one of which is in the area of public health or home care nursing is preferred.
6. Self-directed and able to work with minimal supervision.
7. Demonstrates excellent observation, problem solving, verbal and written communication skills; nursing skills per competency checklist.
8. Shows ability to organize and prioritize workload independently.
9. Management experience not required. Responsible for supervising home health aides.
10. Prolonged or considerable walking or standing. Able to lift, position, or transfer patients. Able to lift supplies and equipment. Considerable reaching, stooping, bending, kneeling, or crouching. Visual acuity and hearing to perform required nursing skills.

Employee Signature

Date