

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					
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		CELL PHONE NUMBER
PERSONAL EMAIL ADDRESS			NOTIFY IN CASE OF EMERGENCY		PHONE NUMBER
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	PHONE NUMBER
EMPLOYMENT START DATE	EMPLOYMENT END DATE	STARTING SALARY	IMMEDIATE SUPERVISOR
			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	PHONE NUMBER
EMPLOYMENT START DATE	EMPLOYMENT END DATE	STARTING SALARY	IMMEDIATE SUPERVISOR
			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	PHONE NUMBER
EMPLOYMENT START DATE	EMPLOYMENT END DATE	STARTING SALARY	IMMEDIATE SUPERVISOR
			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: *Licensed Practical/Vocational Nurse*

Reports To: *Clinical Supervisor/Nursing Supervisor*

JOB DESCRIPTION SUMMARY

The Licensed Practical/Vocational Nurse is responsible for providing direct patient care under the supervision of a registered nurse. Responsibilities include following the plan of care, providing treatments, and working collaboratively with the members of the team to help meet positive patient care outcomes.

ESSENTIAL JOB FUNCTIONS/RESPONSIBILITIES

1. Provides direct patient care as defined in State's Name Nurse Practice Act.
2. Implements plan of care initiated by the registered nurse.
3. Provides accurate and timely documentation consistent with the plan of care.
4. Assesses and provides patient and family/caregiver education and information pertinent to diagnosis and plan of care.
5. Participates in coordination of home health services, appropriately reporting the identified needs for other disciplines (HHA, OT, PT, MSW, ST, Dietician) to the registered nurse and/or Clinical Supervisor/Nursing Supervisor.
6. Uses equipment and supplies effectively and efficiently.
7. Participates in personal and professional growth and development.
8. Performs other duties as assigned by the registered nurse.

The above statements are intended to be a representative summary of the major duties and responsibilities performed by incumbents of this job. The incumbents may be requested to perform job related tasks other than those stated in this description.

POSITION QUALIFICATIONS

1. Graduate of an accredited practical nurse or vocational nursing program.
2. Has three years nursing experience and, effective January 1, 1998, shall have one year prior professional nursing experience in Community/home health or medical/surgical experience.
3. Currently licensed as a licensed practical nurse or licensed vocational nurse in the state.
4. Complies with accepted professional standards and practice.
5. Demonstrates good verbal and written communication, and organization skills.
6. Must be a licensed driver with an automobile that is insured in accordance with state and organization requirements and is in good working order.
7. Possesses and maintains current CPR certification.

Employee Signature

Date

