

HI-POINTE CARE SOLUTIONS LLC

Dear Applicant:

Thank you for your interest in working with our agency. Please bring back completed application forms along with current copies of the following:

1. Resume
2. Driver's License
3. RN / LPN / CNA License
4. CPR and other nursing training certificates
5. Social Security Card
6. ***Car Insurance (applicable only to some clients)
7. Tuberculosis Screening (PPD) / Chest X-Ray / Current physical exam with immunization such as Rubella, Rubeola, Varicella, etc.

Once your application has been reviewed, you will be called for an interview. If we agree that you would be a good fit for our organization, you will receive a letter and will be asked to come in for an orientation and I.D. picture.

We look forward to reviewing your application package.

Sincerely,

HR Department
Hi-Pointe Care Solutions, LLC

Hi-Pointe Care Solutions LLC.

2 Pidgeon Hill Drive, Suite 540. Sterling, VA 20165 Ph: 703-544-2644 Fax: 703-552-2011

Application for Employment

Date: _____

Personal Data			
Last Name			First Name
Home Address		City	State
Home Phone		Cell Phone	Pager

Emergency Contact Information		
Name of Emergency Contact	Relation	Emergency Telephone Number

Job Information

Position (Job Class) Applying for:

- RN
 PT
 LP/VN
 CNA
 OT
 PTA
 Clerical
 Other _____
 Date Available: _____

Work Experience/Skills

Please list the number of years you have experience in each area (min 1 year exp.) and are clinically competent to work:

- | | | | |
|--------------------------------|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Burn | <input type="checkbox"/> ENT | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Detox/Drug Rehab |
| <input type="checkbox"/> L & D | <input type="checkbox"/> Rehab | <input type="checkbox"/> Telemetry | <input type="checkbox"/> Post Partum |
| <input type="checkbox"/> MICU | <input type="checkbox"/> Nursery | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> NICU | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Stepdown | <input type="checkbox"/> Mother/Baby |
| <input type="checkbox"/> PACU | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Oncology | <input type="checkbox"/> Recovery Room |
| <input type="checkbox"/> SICU | <input type="checkbox"/> Pedi ICU | <input type="checkbox"/> Neurology | <input type="checkbox"/> Operating Room |
| <input type="checkbox"/> CCU | <input type="checkbox"/> Med/Surg | <input type="checkbox"/> Open Heart | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Previous Facility Types Worked: Check All That Apply –

- Hospital
 Hospice
 Nursing Home
 Rehab
 Private Duty
 Assisted Living / Residential Treatment

<p>Check the type of assignment you are available for:</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Live-IN <input type="checkbox"/> weekends:</p>	<p>Notice to applicant: <i>Hi-Pointe Care Solutions is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, sex, creed, national origin, disability or medical condition and all other categories protected by law.</i></p>
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Application for Employment

Check the days of the week you are available to work:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday
 Holidays available to work: _____

License Type	License/Certification #	State	Expiration Date
License Type	License/Certification #	State	Expiration Date
License Type	License/Certification #	State	Expiration Date

Has your professional license ever been suspended, revoked or under investigation?
 Yes
 No
 If Yes, Please explain: _____

Work Experience: List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

Facility/Employer Name	Date Employed
Address	From: _____ To: _____
	Title
City/State/Zip	Country
Unit	Name of Current Immediate Supervisor
Number of Beds in Unit: _____	Telephone #:
In Hospital: _____	
Describe duties and specialty areas:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Pay Rate/Salary: Hourly _____ Yearly _____	If this was a travel assignment, name of agency:
Reason for leaving:	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	

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Facility/Employer Name 	Date Employed From: _____ To: _____
Address 	Title
City/State/Zip _____ Country _____	Unit
Number of Beds in Unit: _____ In Hospital: _____	Name of Current Immediate Supervisor
Describe duties and specialty areas: 	Telephone #:
Pay Rate/Salary: Hourly _____ Yearly _____	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Reason for leaving: 	If this was a travel assignment, name of agency:
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, what name?	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?
Facility/Employer Name 	Date Employed From: _____ To: _____
Address 	Title
City/State/Zip _____ Country _____	Unit
Number of Beds in Unit: _____ In Hospital: _____	Name of Current Immediate Supervisor
Describe duties and specialty areas: 	Telephone #:
Pay Rate/Salary: Hourly _____ Yearly _____	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Reason for leaving: 	If this was a travel assignment, name of agency:
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?

Please list any other work related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc.

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Additional Information:

1. Are you legally authorized to work in the USA? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Can you pass a pre-employment drug test? Yes No
4. How were you referred to Hi-Pointe Care Solutions, LLC?
 Newspaper Trade Publication Job Fair/Open House Internet Site
 Company Employee – Name: _____

I understand that I **must** report all accidents to my immediate supervisor **and** to Hi-Pointe Care Solutions, LLC - - No MATTER HOW SLIGHT. Yes

I also understand that I must wear all required personal protection equipment (PPE). Yes
The penalty for not wearing PPE is disciplinary action, up to and including termination.

Signature

ACKNOWLEDGMENT (*Please read carefully and sign*)

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Hi-Pointe Care Solutions, LLC permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Hi-Pointe Care Solutions, LLC with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Hi-Pointe Care Solutions, LLC may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Hi-Pointe Care Solutions, LLC, its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by Hi-Pointe Care Solutions, LLC, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Hi-Pointe Care Solutions, LLC or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Hi-Pointe Care Solutions, LLC, at any time, can constitute a contract of employment. No representative or agent of Hi-Pointe Care Solutions, LLC, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that Hi-Pointe Care Solutions, LLC is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies Hi-Pointe Care Solutions, LLC against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature _____ Date _____

Application for Employment

AFFIRMATION

Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license.

Hi-Pointe Care Solutions or Hi-Pointe Care Solutions contractors shall not hire for compensated employment, persons who have been convicted of murder, abduction for immoral purposes, assaults and bodily wounding, robbery, sexual assault, arson, pandering, crime against nature involving children, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offences, or abuse or neglect of an incapacitated adult.

However, Hi-Pointe Care Solutions may hire an applicant convicted of one misdemeanor specified in this section not involving abuse or neglect or moral turpitude, provided five years have elapsed.

Any person desiring to work at Hi-Pointe Care Solutions LLC, shall provide the organization with sworn statement of affirmation disclosing any criminal convictions or any pending criminal charges, whether within or without the Commonwealth. Any person making materially false statement when providing such sworn statement or affirmation regarding any such offense shall be guilty upon conviction of Class 1 misdemeanor.

SWORN STATEMENT

I, _____ do hereby swear under penalty of perjury that I DO or DO NOT (please circle one) have any pending charges within or without the Commonwealth of Virginia; I have never been convicted, either within or without the Commonwealth of Virginia.

If yes to above, please list in detail all convictions incurred:

Signature: _____ Date: _____