

**Application for Employment**

**New Mexico**

Please Print

Equal access to programs, services, and employment opportunities is available to all persons without regard to race, religion, color, national origin, ancestry, sex (including pregnancy), disability, serious medical condition, spousal affiliation, sexual orientation, gender identity, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

|  |  |
| --- | --- |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle | Applicant ID #\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Code |
| Telephone # (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cellular / Other Phone # (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ | E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position(s) applied for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of application\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ |
| Referral Source (e.g. Walk-In, Job Posting, Company’s Website, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

AMPM

If necessary, best time to call you is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞎 Home 🞎 Cellular/Other

May we contact you at work?..........................................🞎 Yes 🞎 No

AMPM

If yes, work number and best time to call:

(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?................................................................🞎 N/A 🞎 Yes 🞎 No

If no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever submitted an application here before?.....🞎 Yes 🞎 No

If yes, give date(s) and position(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed here before?...................🞎 Yes 🞎 No

If yes, give dates: From: \_\_\_/\_\_\_/\_\_\_\_\_ To:\_\_\_/\_\_\_/\_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? 🞎 Yes 🞎 No

If yes, additional information may be requested.

Are you lawfully authorized to work in

the United States?............................................................🞎 Yes 🞎 No

Date available for work…………………………….……..\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

What is your desired salary range or hourly rate of pay?

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of employment desired:

🞎 Full-Time 🞎 Part-Time 🞎 Seasonal

🞎 Temporary 🞎 Educational Co-Op

Will you relocate if job requires it?..................................🞎 Yes 🞎 No

Will you travel if job requires it?......................................🞎 Yes 🞎 No

If they have been explained to you, are you able to meet the attendance requirements of the position?......... 🞎 N/A 🞎 Yes 🞎 No

Will you work overtime if required?................................🞎 Yes 🞎 No

If no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you able to perform the “essential functions” of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant’s disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

🞎 Yes 🞎 No 🞎 Need more information about the

job’s “essential functions to respond.

Driver’s license number required if driving may be required in the job for which you are applying”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_

Have you ever been bonded?...........................................🞎 Yes 🞎 No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?........🞎 Yes 🞎 No

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

Starting with your most recent employer, provide the following information.

|  |  |  |
| --- | --- | --- |
| Employer Telephone # ( ) | Dates Employed:**Compensation (Starting)** | Month Year Month Year ⁄ to ⁄ |
| Street Address City State | 🞎 Hourly 🞎 Salary | $ per  |
| Starting Job Title / Final Job Title**Compensation (Final)** | Commission/Bonus/Other Compensation $ |
| Immediate Supervisor and Title (for most recent position held)  | May we contact for reference?🞎 Yes 🞎 No 🞎 LaterE-mail: | 🞎 Hourly 🞎 Salary | $ per |
| Why did you leave? | Commission/Bonus/Other Compensation $ |
| Summarize the type of work performed and job responsibilities.  |
| What did you like most about your position? |
| What were the things you liked least about the position? |
| Employer Telephone # ( ) | Dates Employed:**Compensation (Starting)** | Month Year Month Year ⁄ to ⁄ |
| Street Address City State | 🞎 Hourly 🞎 Salary | $ per  |
| Starting Job Title / Final Job Title**Compensation (Final)** | Commission/Bonus/Other Compensation $ |
| Immediate Supervisor and Title (for most recent position held)  | May we contact for reference?🞎 Yes 🞎 No 🞎 LaterE-mail: | 🞎 Hourly 🞎 Salary | $ per |
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| Why did you leave? | Commission/Bonus/Other Compensation $ |
| Summarize the type of work performed and job responsibilities.  |
| What did you like most about your position? |
| What were the things you liked least about the position? |

**Employment History (continued)**

|  |
| --- |
| Explain any gaps in your employment, other than those due to personal illness, injury, or disability. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| If not addressed on previous page, have you ever been fired or asked to resign from a job?..................................................................🞎 Yes 🞎 No |
| If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Skills and Qualifications**

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| Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| --- | --- | --- | --- | --- | --- |
| 🞎 Word Processing | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level: \_\_\_\_\_\_\_ | 🞎 Internet | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level: \_\_\_\_\_\_\_ |
| 🞎 Spreadsheet | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level: \_\_\_\_\_\_\_ | 🞎 Other | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level: \_\_\_\_\_\_\_ |
| 🞎 Presentation | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level: \_\_\_\_\_\_\_ | 🞎 Other | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level: \_\_\_\_\_\_\_ |
| 🞎 E-mail | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level: \_\_\_\_\_\_\_ | 🞎 Other | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Level: \_\_\_\_\_\_\_ |

**Educational Background**

Starting with your most recent school attended, provide the following information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School (Include City and State)** | **# of Years****Completed** | **Completed** | **GPA****Class Rank** | **Major/Minor** |
|  |  | 🞎 Diploma 🞎 GED🞎 Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | 🞎 Diploma 🞎 GED🞎 Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | 🞎 Diploma 🞎 GED🞎 Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | 🞎 Diploma 🞎 GED🞎 Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**References**

List names and telephone numbers of three business/work references who are ***not*** related to you are ***not*** previous supervisors. If not applicable, list three school or personal references who are ***not*** related to you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Title** | **Relationship****To You** | **Telephone** | **E-mail** | **# of Years** **Known** |
|  |  |  | ( ) |  |  |
|  |  |  | ( ) |  |  |
|  |  |  | ( ) |  |  |

**Related Information**

When answering these questions, please exclude any information that would reveal race, age, religion, color, national origin, ancestry, sex (including pregnancy), disability, serious medical condition, spousal affiliation, sexual orientation, gender identity, genetic information, or other similarly protected status.

|  |
| --- |
| To what job-related organizations (professional, trade, etc.) do you belong?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| List special accomplishments, publications, awards, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| List any relevant volunteer work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |
| Is there any other job-related information you want us to know about you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provide by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer’s affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, age, religion, color, national origin, ancestry, sex (including pregnancy), disability, serious medical condition, spousal affiliation, sexual orientation, gender identity, genetic information or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer’s service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_



**LICENSURE DECLARATION**

|  |  |
| --- | --- |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle | Professional License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Do you currently hold an Associate’s Degree in Nursing or higher, or have you completed an LPN/LVN program……………………………………………………………………………………………………………………………...........................🞎 Yes 🞎 No |
| ***NOTE: Answering “Yes” to any of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*** |
| Are you now, or have you ever, been sanctioned or reprimanded by a state or federal licensing or certification agency/authority?............................................................................................................................................🞎 Yes 🞎 No |
| Have you ever had your professional license/registration and/or certification reprimanded, sanctioned, suspended, revoked, placed on probation, limited, or has it ever been voluntarily surrendered/relinquished?..............🞎 Yes 🞎 No |
| Are your professional license, registration, or certification currently under investigation?...........................🞎 Yes 🞎 No |
| If yes to any of the above questions, please explain below **and include dates**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that as part of the employment process, Mountain Shadows Home Care, Inc. needs to complete a background check on me regarding:

1. Personal/Professional Reference; Verification 5. Fingerprinting

2. Employment Verification 6. Nation & Statewide Criminal Screening

3. RN & LPN License Verification 7. Citizenship

4. Motor Vehicle Records

⭘ I authorize all federal and state agencies, persons and organizations that may have information relevant to this

 research to disclose such information to Mountain Shadows Home Care, Inc. or its authorized agent(s).

⭘ I understand that this authorization is to be part of the written and signed employment application.

⭘ I also understand that I do not have to give authorization for a background check but if I don’t give permission,

 my employment application will not be processed further.

⭘ I further authorize that a photocopy of this authorization may be considered as valid as the original.

⭘ I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief.

 I understand that employment with Mountain Shadows Home Care Inc. is contingent upon successful

completion of a background check.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date**

|  |  |  |
| --- | --- | --- |
| **First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Former Name(s) and Date(s) Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Country You Were Born In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Current Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Race/Ethnicity: 🞎 White 🞎 Black / African American 🞎 American Indian / Alaskan Native** **🞎 Asian 🞎 Hispanic / Latino 🞎 Native Hawaiian / Pacific Islander** **🞎 Two or More Races** |
| **List any other cities, states, and dates of residency during the last 7 years (Use back of sheet, if necessary)** |
| **City State** | **From: Month / Year To: Month / Year** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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**CONDITIONS OF EMPLOYMENT**

***All of the “Pre-Employment” checks and testing must be in compliance with State and Federal laws, program requirements, and company policies. If your pre-employment requirements meet standards, you may then be eligible to receive an offer of employment. The normal wait time for the following processes is 48-72 hours.***

|  |
| --- |
| **Pre-Employment Requirements** |
| **Competency Exam** • You must pass the exam with 80% or better. |
| **Employment Reference Check** • The Agency will contact your former employers to verify your dates of employment and other pertinent  employment information. |
| **In order to comply with the Immigration Law Act, each potential employee must provide proof of citizenship or legal right to work in this country. Anyone who is not a legal resident in this country does not qualify to work.** |
| **COR – Caregiver Online Registry** • The Corporate Office will check the caregiver registry to ensure you have no disqualifying reports. |
| **Nursing Licenses (If applicable)** • The Nursing Supervisor will check with the State Board of Nursing online for clearance. |
| **New Mexico Background Clearance** • The Corporate Office performs the New Mexico background clearance check. |
| **Employment Requirements** |
| **TB Clearance** • We will send you to our local TB testing facility. You must have it read within 48-72 hours of testing and have  this clearance prior to an offer of employment. |
| **Motor Vehicle Record (MVR)** • The Agency will print off your MVR to ensure there are no violations which may disqualify you from employment. |
| **CPR & First Aid** • You must maintain a current CPR & First Aid certificate. The class is provided to you by the Agency. You must complete the certification within the first 60 days of employment and maintain certification throughout  employment. |
| **Fingerprinting** • Prior to employment, applicants must submit to a nationwide and statewide criminal history screening in  accordance with the CCHSP regulations 7.1.9.8 **A:** “The responsibility for compliance with the requirements of the act applies to both  the care provider and to all applicants and caregivers. All applicants for employment to whom an offer of employment is made to caregivers  employed by or contracted to a care provider must consent to a nationwide and statewide criminal history screening.” **C:** “Conditional  Employment: Applicants and caregivers who have submitted all completed documents and paid all applicable fees for a nationwide and  statewide criminal history screening, may be deemed to have conditional supervised employment pending receipt of written notice given  by the department as to whether the applicant or caregiver has a disqualifying conviction.” **Process:** You must provide a copy of your current Driver’s License for the Nationwide clearance to the Agency, then go to the  local fingerprinting company to get your fingerprints taken. Return the proof of completion of the fingerprint process to the  agency office. After proof is received, it takes up to 48 hours to receive the report. |
| **In compliance with the Americans with Disabilities Act, each job description has physical requirements designated as a part of the job description. In accepting a position with Mountain Shadows Home Care, Inc. the employee must indicate his/her ability to meet the physical demands of the job and complete a medical questionnaire.** |

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_



**LICENSED NURSE PRE-EMPLOYMENT COMPETENCY TEST**

|  |  |  |
| --- | --- | --- |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Test Score:****Must pass with a minimum score of 80% or higher** |

***Please select only one answer for the following questions.***

Basic Medication Administration

 1. Coumadin is classified as:

 a. \_\_\_\_an antihypertensive

 b. \_\_\_\_an anticoagulant

 c. \_\_\_\_a calcium channel blocker

 d. \_\_\_\_a cardio tonic

2. Lanoxin is classified as:

 a. \_\_\_\_an antihypertensive

 b. \_\_\_\_an anticoagulant

 c. \_\_\_\_a calcium channel blocker

 d. \_\_\_\_a cardio tonic

3. Cardizem is classified as:

 a. \_\_\_\_an antihypertensive

 b. \_\_\_\_an anticoagulant

 c. \_\_\_\_a calcium channel blocker

 d. \_\_\_\_a cardio tonic

4. The patient is to receive 75mg of an oral medication. The medication is available in 50mg per scored tablet. The nurse should administer:

 a. \_\_\_\_half a tablet

 b. \_\_\_\_one tablet

 c. \_\_\_\_one and one-half tablets

 d. \_\_\_\_two tablets

5. The patient is to receive 30mg of an IM medication. The medication is available in 50mg/mL. The nurse should administer:

a. \_\_\_\_0.2mL

b. \_\_\_\_0.4mL

c. \_\_\_\_0.6mL

d. \_\_\_\_0.8mL

6. The patient is to receive 200mg of an oral medication. The medication is available in 250mg/10mL. The nurse should administer:

 a. \_\_\_\_5mL

 b. \_\_\_\_6mL

 c. \_\_\_\_7mL

 d. \_\_\_\_8mL

7. One grain is equal to:

 a. \_\_\_\_30mg

 b. \_\_\_\_60mg

 c. \_\_\_\_90mg

 d. \_\_\_\_100mg

8. One teaspoon is equal to:

 a. \_\_\_\_5mL

 b. \_\_\_\_10mL

 c. \_\_\_\_15mL

 d. \_\_\_\_30mL

9. One ounce is equal to:

 a. \_\_\_\_1 tablespoon

 b. \_\_\_\_2 teaspoons

 c. \_\_\_\_2 tablespoons

 d. \_\_\_\_1 dessert spoon

10. Digoxin is generally withheld for which of the following reasons:

 a. \_\_\_\_blood pressure of 150/90

 b. \_\_\_\_pulse of 55 BPM

 c. \_\_\_\_temperature of 99.6° F

 d. \_\_\_\_respiratory rate of 24 breaths/min

Recording of Information for Patient/Client Records

11. All paperwork should be done in:

 a. \_\_\_\_red pencil

 b. \_\_\_\_led pencil

 c. \_\_\_\_black ball point pen

 d. \_\_\_\_whatever you have available

12. When should you document and report verbally about your client’s care?

a. \_\_\_\_change of physical, mental, and

emotional status

b. \_\_\_\_change of environment such as

heating or air conditioning isn’t working

 c. \_\_\_\_your client is in possible danger

 d. \_\_\_\_all of the above

Nutrition and Meal Preparation

13. Your client has a low sodium diet, therefore should avoid:

 a. \_\_\_\_butter

 b. \_\_\_\_salt

 c. \_\_\_\_sugar

 d. \_\_\_\_oil

14. If your client is diabetic, what foods should they avoid?

 a. \_\_\_\_salt

 b. \_\_\_\_sugar

 c. \_\_\_\_fats

 d. \_\_\_\_vegetables

Care of the Ill and Disabled & Special Needs Populations

15. Normal changes during the aging process may include:

 a. \_\_\_\_decreased hearing ability

 b. \_\_\_\_forgetfulness

 c. \_\_\_\_decreased appetite

 d. \_\_\_\_all of the above

16. In caring for a client with a Foley Catheter, it is important to:

 a. \_\_\_\_give thorough and frequent perineal

care

b. \_\_\_\_be sure catheter bag is always below

the level of the bladder

 c. \_\_\_\_check the amount and color of the

urine in the catheter bag often during

your shift

 d. \_\_\_\_all of the above

17. Which of these statements describes good body mechanics?

 a. \_\_\_\_carry heavy objects as far away from

your body as you can

 b. \_\_\_\_bend your knees when you lift heavy

objects off the floor

c. \_\_\_\_bend at the waist when lifting heavy

objects off the floor

 d. \_\_\_\_lift rather than push a heavy object

Emergency Response (Including CPR & First Aid)

18. Your client has tripped and fallen to the floor, is in a great deal of pain and can’t move her leg. You should:

 a. \_\_\_\_call 911

 b. \_\_\_\_make the client comfortable by

offering a blanket until the paramedics

arrive

 c. \_\_\_\_provide the client’s medication list for

the paramedics

 d. \_\_\_\_call your supervisor to report the

incident

 e. \_\_\_\_go into the office and complete a

Department of Health Incident Report

within 24 hours of the incident

 f. \_\_\_\_all of the above

19. Who should provide CPR?

 a. \_\_\_\_only paramedics

 b. \_\_\_\_only nurses and physicians

 c. \_\_\_\_anyone who knows how

20. Your patient starts to have a seizure, you should:

 a. \_\_\_\_try to make him/her sit down and hold

them still

 b. \_\_\_\_put a spoon in their mouth to keep

them from biting their tongue

 c. \_\_\_\_protect patient by moving objects out

of the way and turn him/her on their

side

 d. \_\_\_\_splash cool water on their face to bring

them out of it

21. Which method should be used first to stop bleeding?

 a. \_\_\_\_direct pressure

 b. \_\_\_\_elevation

 c. \_\_\_\_pressure points

 d. \_\_\_\_bandage

22. In an emergency when should a client be moved?

 a. \_\_\_\_when he/she is injured in an auto

accident

 b. \_\_\_\_when you have established that

he/she is breathing

 c. \_\_\_\_when the client is in immediate danger

 d. \_\_\_\_when someone arrives to help you

Universal Precautions and Basic Infection Control

23. What is the most important means of protection from contamination and infection?

 a. \_\_\_\_good hand washing

 b. \_\_\_\_staying home when you are sick

 c. \_\_\_\_wearing gloves

24. To prevent exposure from AIDS and Hepatitis, the Center for Disease Control recommends the use of:

 a. \_\_\_\_fluid isolation

 b. \_\_\_\_wound isolation

 c. \_\_\_\_skin isolation

 d. \_\_\_\_universal precautions

Home Safety, Oxygen, & Fire Safety

25. You smell smoke while you are at the client’s house. Your first action is to:

 a. \_\_\_\_run out of the house and yell, “Fire”

 b. \_\_\_\_look for a fire extinguisher

 c. \_\_\_\_make sure your client is safe and out of

danger

 d. \_\_\_\_call the fire department

26. If you are caring for a client on oxygen, you should report the following:

 a. \_\_\_\_blue fingertips

 b. \_\_\_\_gasping for breath

 c. \_\_\_\_blue lips

 d. \_\_\_\_all of the above

Incident Management & Reporting

27. You should report to your supervisor all of the following except:

 a. \_\_\_\_any evidence of or suspicion of

neglect or abuse of the client

 b. \_\_\_\_a change in client condition

 c. \_\_\_\_a temperature of 98.6° F

d. \_\_\_\_blood in the client’s urine

28. Abuse means: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.

 a. \_\_\_\_true

 b. \_\_\_\_false

29. Neglect means: The failure of a caregiver to provide necessary care and services to avoid harm, mental anguish, or deterioration in the health of the client.

 a. \_\_\_\_true

 b. \_\_\_\_false

30. Exploitation means: The deliberate misplacement or wrongful use of a client’s belongings or money without the client’s consent or the consent of the client’s legal representative.

 a. \_\_\_\_true

 b. \_\_\_\_false

31. If your client has unexplained bruises, burns, poor hygiene, and is withdrawn, you should:

 a. \_\_\_\_tell the client’s family

 b. \_\_\_\_report to your supervisor immediately

 c. \_\_\_\_tell your best friend

 d. \_\_\_\_call the police

Confidentiality

32. What is NOT client protected health information?

 a. \_\_\_\_name of your client

 b. \_\_\_\_address and phone number of your

client

 c. \_\_\_\_fax or email of your client

 d. \_\_\_\_favorite football team of your client

 e. \_\_\_\_social security number of your client

33. You CAN share your client’s protected health information with:

 a. \_\_\_\_the healthcare team of the agency

 b. \_\_\_\_your family

 c. \_\_\_\_neighbors of the client

 d. \_\_\_\_co-workers that work with another

**EMPLOYEE DEMOGRAPHIC UPDATE**

|  |  |  |
| --- | --- | --- |
| **First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Race/Ethnicity: 🞎 White 🞎 Black / African American 🞎 American Indian / Alaskan Native** **🞎 Asian 🞎 Hispanic / Latino 🞎 Native Hawaiian / Pacific Islander** **🞎 Two or More Races** |

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| --- |
| **Emergency Contact** |
| **First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Middle Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



**APPLICANT’S WRITTEN REFERENCE RELEASE**

I have applied for employment at Mountain Shadows Home Care, Inc. and request that you supply them with information regarding my work records. I hereby authorize you to release any and all information pertaining to my employment history with your company. I promise to hold harmless and not pursue legal action against Mountain Shadows Home Care, Inc. or any other previous or present employers on the basis of its disclosure of this information to Mountain Shadows Home Care, Inc.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

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| --- |
| **Applicant to Complete 1-3** |
| 1. Printed Applicant Name: |
| 2. Social Security Number: |
| 3. Employer: |
| **Former / Current Employer to Complete 4-10** |
| 4. Position(s) Held: |
| 5. Employment Dates: From: Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_ To: Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. Is the Applicant Eligible for Re-Hire? | 🞎 Yes | 🞎 No |
| 7. Would You Re-Hire This Person? | 🞎 Yes | 🞎 No |
| 8. Was the Applicant Committed to Quality Work? | 🞎 Yes | 🞎 No |
| 9. Was the Applicant on Time for Work? | 🞎 Yes | 🞎 No |
| 10. Was the Applicant a Team Player? | 🞎 Yes | 🞎 No |
| Comments: |
|  |
|  |

Signature of Reference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

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| **REFERENCE CHECK TO BE COMPLETED BY THE HIRING PERSON:** |
| Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position Applying for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PHONE # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| • Please confirm the applicant’s employment dates: | From :\_\_\_\_\_\_\_\_\_\_\_\_\_ To :\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| • Was the applicant’s attendance: 🞎 Regular 🞎 Irregular 🞎 Poor |
| • Is the applicant re-hirable? 🞎 Yes 🞎 No If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PHONE # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| • Please confirm the applicant’s employment dates: | From :\_\_\_\_\_\_\_\_\_\_\_\_\_ To :\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| • Was the applicant’s attendance: 🞎 Regular 🞎 Irregular 🞎 Poor |
| • Is the applicant re-hirable? 🞎 Yes 🞎 No If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PHONE # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| • Please confirm the applicant’s employment dates: | From :\_\_\_\_\_\_\_\_\_\_\_\_\_ To :\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| • Was the applicant’s attendance: 🞎 Regular 🞎 Irregular 🞎 Poor |
| • Is the applicant re-hirable? 🞎 Yes 🞎 No If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Reference Check Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**APPLICATION PROCESS AND REQUIREMENTS**

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| --- | --- | --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **PROCESS AND REQUIREMENTS** | **YES** | **NO** |
| Application & Driver’s License |  |  |
| Pre-Employment Background Check Authorization |  |  |
| Conditions of Employment |  |  |
| Paraprofessional Pre-Employment Competency Test |  |  |
| Nurse Pre-Employment Competency Test |  |  |
| ***Application In the Pre-Employment Interview Hire-In Process*** |  |  |
| Employment Candidate Interview (If Applicable) |  |  |
| Employment Job Reference (If Applicable) |  |  |
| Identify If Being Hired for Specific Client.Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Delegated \_\_ Directed |  |  |
| Consumer Direct Care Attendant Waiver of Training and Testing (to be signed by the client prior to orientation) |  |  |
| Job Description (Give Applicant Copy to Review) |  |  |
| ***Applicant Pre-Employment Requirements*** |  |  |
| Competency Test Passed With 80% or Better |  |  |
| NM Background Clearance (Checked By: Initials\_\_\_\_\_\_\_\_\_\_) |  |  |
| ***Offer Employment Contingent on Passing the Following*** |  |  |
| CCHSP Clearance (Fingerprints) |  |  |
| CCHSP New Hire or Re-Hire |  |  |
| MVR Clearance |  |  |
| Auto Insurance |  |  |
| TB Clearance (Direct Care May Choose No TB Testing) |  |  |
| CPR/First Aid Certificate (Direct Care May Choose No CPR) |  |  |
| Professional License Clearance (RN & LPN) |  |  |
| Date of Hire: Month\_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_ |  |  |
| Assign Username and Password for Online Training |  |  |

**If all of these documents are in the employee file, you may then schedule him/her for orientation**

**Site Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Keep this document on the outside of the employee file until all is completed, then maintain this copy behind the employee application in their file.*