Elite Healthcare Nursing Services, Inc.

"We provide excellency for your loved ones"

APPLICATION FOR NURSING/ ADMINISTRATIVE INDEPENDENT CONTRACTOR

Personal Information:

Date: _________________________

Last Name: _____________________________ First name: ________________________ Middle name: ___________

Street address:____

City: ______________________________ State: _______ Zip code: ___________ S.S.#: ________________________

DOB: _____/_____/_______

Drivers License #: _______________________________ Exp. Date: ___________________ Issuing State: _________

Home Tel: (_____)__________________ Cell #: (______)____________________ Work #: (_____)_____________

Position desired: ______________________________ Availability: ____

What is your primary interest: ________ Live in. ________ Pediatric Private Duty. ________ Staff Nursing

________ Administrative.

Are you legally eligible for employment? Yes ______ No _____ If Yes your permit #: _________________________

Are you a legal resident of U.S.A? Yes ______ No _____ If Yes your Naturalization #: _________________________

Are you a U.S Citizen? Yes _____ No _______

ANY ADDITIONAL SKILLS:

Can you type? Yes ______ No ______ Can you take diction? Yes ______ No _____ Experience with Microsoft office software? Yes _____ No _______

MILITARY SERVICE:

Date of veteran's service: From: _______________________________ To _________________________________

Are you currently on active duty? Yes __________ No _________

Have you had any convictions other than minor traffic violations? Yes ______ No ______ If Yes give completed details on the other side:____

____

____

Please answer questions by an "X" in the appropriate box.

A. Are you?

B. Are you handicapped?

1. ( ) Male	1. ( ) Yes
2. ( ) Female	2. ( ) No

C. Race / Ethic identification – Please check only one.

1. (   ) White (not of Hispanic origin) Include persons having origin in any of the original peoples of Europe, North America of Middle East.
2. (   ) Black (not of Hispanic origin) Include persons having origins in the Black racial group of Africa.
3. (   ) Asian or Pacific Islanders: Include persons having origins in any of the original peoples of the far East, South East Asia, the Indian Subcontinent or the Pacific Islands. This area includes, e.g China, Japan, Korea, the Philippine Islands and Samoa.
4. (   ) American Indian or Alaskan Native: Includes persons having origins in any of the original peoples of North Antarctica, and who maintain cultural identification through tribal affiliation.
5. (   ) Hispanic: Include persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
6. (   ) Other.

INDEPENDENT CONTRACTOR EDUCATIONAL PROFILE

School	Name and Location of School	Course of study	No. of years completed	Did you Graduate?	Degree or Diploma
Graduate				Yes ( ) No ( )	
Business / Trade / Technical				Yes ( ) No ( )	
High School				Yes ( ) No ( )	
Elementary				Yes ( ) No ( )	

Additional comments: ____

____

____

____

I here authorize EHCNS, Inc. to release the above information or former and current educational, employment and medical organizations for the purpose of potential credential verification.

____   ____________________

Independent contractor's signature   Date

CLASSIFICATION OF INDEPENDENT CONTRACTOR:

_______ RN ______ LPN ______ CNA / GNA _______ Office Manager ______ RN Supervisor

_______ Companionship _______ Administrative Assistant

INDEPENDENT CONTRACTOR EMPLOYMENT PROFILE (Start with present company first)

Company name: ____

Address: ____

Name of Supervisor: ____

Phone #: ____________________ Employed From: ______________ to ______________

Weekly pay: Start: ________________________ Last: ________________________

State job title and describe your work: ____

Reason for leaving: ____

Company name: ____

Address: ____

Name of Supervisor: ____

Phone #: ____________________ Employed From: ______________ to ______________

Weekly pay: Start: ________________________ Last: ________________________

State job title and describe your work: ____

Reason for leaving: ____

Company name: ____

Address: ____

Name of Supervisor: ____

Phone #: ____________________ Employed From: ______________ to ______________

Weekly pay: Start: ________________________ Last: ________________________

State job title and describe your work: ____

Reason for leaving: ____

PERSONAL REFERENCES (3 Personal references, excluding relatives)

Name: ____

Address: ____

Telephone #: ______________________________

Name: ____

Address: ____

Telephone #: ____

Name: ____

Address: ____

Telephone #: ____

INCASE OF AN EMERGENCY WE CONACT (2 Person contacts)

Name: ____

Relationship: ____

Telephone #: ____

Name: ____

Relationship: ____

Telephone #: ____

I agree that the information in this application is true, correct, and complete.

I understand that as an independent contractor with EHCNS, Inc. does not make me an employee of EHNS, Inc.

____ ____________________

Applicant's signature Date.

Elite Healthcare Nursing Services, Inc.

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INDEPENDENT CONTRACTOR AGREEMENT

The undersigned independent contractor acknowledges attainment for one or several of the following contractual services for Elite Healthcare Nursing Services, Inc.

Healthcare Provider: __________
(RN, LPN, CNA/GNA, Home Health Aide, Companionship)

Office Manager: _________

Administrative Assistant: _________

RN Supervisor: __________

It is further acknowledged that:

1. The undersigned shall be deemed an independent contractor and is not bided for any length of time with EHCNS, Inc for employment, partnership, joint venture or other agency association.

2. The relationship between the undersigned contractor and EHCNS, Inc is based on the independent contractor's decision to work at his/her discretion with regards to self-scheduling on shifts available to any case/cases or required position.

3. Consistent with the foregoing EHCNS, Inc will not be responsible or held liable for the following: Federal Medical State, FICA and any other Tax deductions. The undersigned independent contractor acknowledges his/her responsibility to pay all of the above mentioned tax liabilities.

4. The understand independent contractor further acknowledges that he/she is not entitled to any employee benefits of EHCNS, Inc pension, profit sharing, IRS's, Works' Compensation Insurance, Unemployment Insurance, Professional Liability, overtime pay, bonuses, sick leave, vacation leave, family leave, tuition reimbursement and travel reimbursement.

5. The undersigned independent contractor accepts the mentioned terms for referral of services by EHCNS, Inc. and payment strictly for hours worked at the rate of $ _______ per hour.

Signed on this (date) ________day of (month) _________________ of year __________

______________________________	______________________________________
Independent contractor signature	EHCNS, Inc Representative signature
______________________________	______________________________________
Independent contractor printed name	EHCNS, Inc Representative printed name.

Elite Healthcare Nursing Services, Inc.
5411 Old Frederick Road, Suite 2
Baltimore, Maryland 21229
(Phone) 410-455-6418 (Fax) 410-455-6419

**AUTHORIZATION TO PROVIDE
PROFESSIONAL REFERENCE INFORMATION**

Dear Applicant:
Please clearly and completely fill out the information in this section.

Date: ____________________ My classification was (please check appropriate Box)

ATTN: _______________________ ------ RN -----LPN ----- N/A ----- Other

Company: ____

Address: ____

Employment from: _________________________ to ________________________

Phone #: __________________________________

Fax#: _____________________________________

____ _________________________

Applicant's Name Signature

Dear Employer:
The applicant listed above has applied to EHCNS, INC. for employment and furnished your name as a reference. Please note the applicant's signature as notice to authorize release of the information below. Please check the appropriate boxes.

	Outstanding	**Excellent**	**Good**	**Fair**
Knowledge				
Appearance				
Initiative				
Punctually				
Performance				
Cooperation				
Dependability				
Personality				

Type of Work Performed: ____
Reason for Leaving: ____
Would you Consider Applicant for Rehire? ______________________________________

____________________________ _________________________ _______________

Signature Position Date

Elite Healthcare Nursing Services, Inc.
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Signature Position Date

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I, ____, hereby release any and all prior employers or current employers from liability or claims arising out of the provision of information about my employment with such employer. I hereby waive any case of action I might otherwise have against such employer arising out of the provision of information concerning my employment.

____
Print Name

______________________________________ __________________________
Signature Date

Elite Healthcare Nursing Services, Inc.

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-NURSING CHECKLIST-

SPECIFIC CARE	YES	NO	COMPETENT	INCOMPETENT	SUPERVISOR INITIAL	DATE OBSERVED
ASSESMENT						
Neurological						
Respiratory						
- Identify breath sounds						
- Identify abnormal breath sounds						
Identify Respiratory Distress						
Cardiovascular						
Skeletal						
Integumentary						
Gastrointestinal						
SUCTIONING						
Oral Suctioning						
Nasal Suctioning						
Tracheal Suctioning						
Perform Chest PT						
TRACHEOSTOMY CARE						
Clean Trach Site						
Clean Cannula						
Change Trach Inner Cannula						
Change Trach ties						
Replace Trach Callor						
WOUND CARE						
Dressing Change						
Preparing Sterile Field						
Hot and Cold Application						
Assessing a wound						
Irrigating a wound						
Performing wound measurement						
Applying a transparent wound dressing						
Packing a wound						
Applying a bandage						
INJECTIONS						
Administering IM Injection						
Sub-Q Injections						
Intrademal						
Z-Track						
INSULIN						
Prepare Insulin						
Administering Insulin						
One solution & Two Solution Injection						
TUBE FEEDING						
Bolus Feed						

	YES	NO	COMPETENT	INCOMPETENT	SUPERVISOR INITIAL	DATE OBSERVED
TUBE FEEDING (Cont.)						
Use of feeding pump						
Medication via GT/NGT						
Providing GT/JT Care						
Checking for GT/NGT						
Placement and Patercy						
ADMINISTERING 02 THERAPY						
With humidity						
Via mask						
Nasal canula						
Trach collar						
Determining 02 amt						
02 concentrator						
EQUIPMENT						
Pulse oximetry						
Apnea monitor						
Feeding pump						
Nebulizer machine						
Chest vest						
Compressor						
URINARY CARE						
Foley catheter care						
Insertion of Foley catheter						
Straight catheterization						
Giving vaginal medication						
Performing a douche						
Giving an enema						
CARE OF CLIENT ON VENTILATOR						
LTV-950-1000						
TBird Legacy						
LP-10						
VITAL SIGNS						
Oral temp						
Rectal temp						
Axillary temp						
Ear						
Pulse-brachial						
Pulse-radial						
Pulse-apical						
Respirations						
Blood pressure						
ACTIVITIES						
Applying brace						
Applying splints						
Applying passive ROM						

	YES	NO	COMPETENT	INCOMPETENT	SUPERVISOR INITIAL	DATE OBSERVED
ACTIVITIES (Cont.)						
Applying active ROM						
Using crib						
Using stroller						
Using wheelchair						
Hoyer lift						
OSTOMY CARE						
Caring for a colostomy						
Caring for a ileostomy						
Irrigating the colostomy						
Irrigating the ileostomy						
Care of the stoma						
Applying an ostomy bag						
Teaching clients/family about ostomies						
ACTIVITIES OF DAILY LIVING						
Bathing the client						
Changing the diaper						
Performance of mouth care						
Dressing the client						
MEDICATION ADMIN						
Administering medication by mouth						
Administering IM medication						
Administering Sub Q medication						
Documenting medications						
Performing narcotic counts						
Administering narcotics						
WRITING NURSES NOTES						
Documenting of 2-hours						
Head-to-toe assessment						
Documenting family teaching						

______________________________ ______________________

Nurse Signature Date

______________________________ ______________________

RN Supervisor Signature Date