



# CARE STAFFING

Professionals

## Employment Application Packet Checklist

To ensure our compliance with the standards of both our clients and the Joint Commission, Care Staffing Professionals, Inc., require the following documentation in our system.

### Application Requirements:

- Application for Employment **Care Staffing Professionals** Application form

### Personal Profile:

- Resume
- Professional References
- Job Description Form (Classification Check: Clerk\_\_\_ MA\_\_\_ CNA \_\_\_ CMA\_\_\_ LVN\_\_\_ RN\_\_\_ PHB\_\_\_)
- Clinical Skills Checklist (Complete & Signed) Classification Check: Clerk\_\_\_ MA\_\_\_ CNA \_\_\_ CMA\_\_\_ LVN\_\_\_ RN\_\_\_ PHB\_\_\_
- Specialty: ER\_\_\_ ICU\_\_\_ OR\_\_\_ TELE\_\_\_ MED/SUR\_\_\_ L&D\_\_\_ PP\_\_\_ PEDS\_\_\_ HH\_\_\_ SPD\_\_\_ BH\_\_\_  
Other: \_\_\_\_\_

### Professionals Credentials: (please attach the following when submitting this Application)

- CA Professionals License (front & back copies with signature)
- Driver's License (front & back copies)
- Social Security Card (front & back copies)
- BLS/CPR (front & back copies with signature)
- First Aid (front & back copies with signature)
- ACLS Certification (LVN/RN) (front & back copies with signature)
- PALS Certification (LVN/RN) (front & back copies with signature)
- MAB Certification (All Applicant) (copy of Certification, with date. If online, show all requirements met)
- Basic Dysrhythmia (LVN/RN) (front & back copies with signature)
- NRP (front and back with a signature) \*EVERY 4 YEARS\*
- NIH (front and back with a signature) \*ANNUALLY\*
- Fetal Monitoring (front and back with a signature) \*EVERY 2 YEARS\*
- NAC (front and back with a signature)
- S.T.A.B.L.E. (front and back with a signature) \*EVERY 4 YEARS\*
- Fire and Safety Card (front and back with a signature)
- Diploma

**Medical Clearance:**

- Physical Statement, taken within the last 60 days. \*Physician Statement with signature of MD and must state that you are free of communicable diseases and in good physical and mental health (within a year)
- TB Questionnaire (Annually with signature)
- TB Test/Chest X-ray (with complete **Radiology Report** or **PPD** test (within a year with Lot No.)
  - TB Fit Test (annually)
- MMR Vaccine (must have two sets with proof) or Titer
- Varicella Vaccine (must have two sets with proof) or Titer
- TDAP Vaccine or Declination (within the last 10 years)
- Hepatitis Vaccine (proof of series within the last 10 years) or Declination or Titer
- Flu/H1N1 Vaccine (annually) or Declination

**Federal Requirements:**

- Form I-9
- Direct Deposit
- Form W-4

**Phase II File Requirement:**

- Permanent Tax Home Notification
- Registry Confidentially Pledge
- Meal Waiver
- JCAHO-OSHA Review
- JCAHO Acknowledgment
- HIPPA Acknowledgment
- General Safety Acknowledgment
- Conflict of Interest & Solicitation Policy
- Sexual Abuse Molestation Policy