



8130 S.E. FEDERAL HWY, HOBE SOUND, FL 33455
772-245-8390; fax 772-600-8474

ITEMS REQUIRED BEFORE YOU ARE ABLE TO START WORKING:

CHECK LIST

- Current Driver's License**
- Social Security or Current Work Authorization or Current Perm Resident Card**
- Current Auto Insurance**
- HHA Certificate and/or State License**
- (2 Part) TB Testing or Chest X-ray prior to hire**
- Current CPR**
- Level II Fingerprinting through ACHA**
- Alzheimer's Certificate/CEU (authorized by DOEA)**
- HIV Certificate**

RN/LPN ADDITIONAL REQUIREMENTS

- Domestic Violence Certificate**
- Medical Errors Certificate**



EMPLOYMENT APPLICATION

Nightingale Private Care, Inc.
 8130 S.E. Federal Hwy., Hobe Sound, FL 33455
 Phone 772-245-8390; Fax 772-600-8474

This is an equal opportunity employer. Federal and State laws prohibit discrimination in employee practices because of race, color, religion, age, sex or national origin. No question on this application is asked for the purpose of limiting or excluding any applicant consideration for employment. (Because of his/her race, color religion, age, sex or national origin.)

POSITION APPLIED FOR _____ DATE _____

Referral Source: Advertisement Employee Walk-In
 Relative Internet Website Other _____

NAME
 (Last) _____ (First) _____ (Middle) _____

HOME ADDRESS _____ CITY _____
 STATE _____ ZIP CODE _____ SS # _____

MAILING ADDRESS _____

HOME PHONE () _____ CELL PHONE () _____

Date of Birth _____ E-MAIL ADDRESS: _____

Have you ever applied for employment with us? _____ If yes, month and year _____

Have you ever been employed here before? Yes No - If yes, list dates _____

Are you authorized to work in the United States? Yes No

Date available to begin work: _____

Availability: Days Nights Weekends Live-ins Weekend On-Call

Will you travel if client requires it? Yes No

Driver's license number: _____ State _____

Are you a high school graduate? Yes No If yes, year graduated _____

If not graduated, do you have a G.E.D.? Yes No

Do you have any objection caring for clients with pets? Yes No

****Are You In Compliance With The Palm Beach County HHA/Companion Ordinance? **** YES ___ or NO ___

Education	Name of School	City	State	Phone
High School/ GED				
CNA/HHA				
RN/LPN				
College				
Other				

EMPLOYMENT HISTORY

List Most Recent Employer First

Please print clearly and fill out completely

1. Employer: _____ Telephone # () _____
Address: _____ Employed (Month and Year): _____
From: _____ To: _____
Position/Title _____ Salary/Hourly Rate: _____
Supervisor: _____ Starting: _____ Final: _____
Detailed Duties and/or Responsibilities: _____

Reason for Leaving: _____
May we contact for reference? Yes No, Explain: _____

2. Employer: _____ Telephone # () _____
Address: _____ Employed (Month and Year): _____
From: _____ To: _____
Position/Title _____ Salary/Hourly Rate: _____
Supervisor: _____ Starting: _____ Final: _____
Detailed Duties and/or Responsibilities: _____

Reason for Leaving: _____
May we contact for reference? Yes No, Explain: _____

3. Employer: _____ Telephone # () _____
Address: _____ Employed (Month and Year): _____
From: _____ To: _____
Position/Title _____ Salary/Hourly Rate: _____
Supervisor: _____ Starting: _____ Final: _____
Detailed Duties and/or Responsibilities: _____

Reason for Leaving: _____
May we contact for reference? Yes No, Explain: _____

MISCELLANEOUS INFORMATION

Notify in Case of Emergency _____	Relationship _____
Address _____	
City _____	State _____ Zip Code _____
Phone () _____	

Have you ever been convicted or plead guilty of a crime other than a misdemeanor or summary offense?

Yes No If yes, please explain: _____

State any additional information you may feel may be helpful to us in considering your application. _____

List additional skills (example: computer skills, Hoyer experience, Vera lift, etc.)

MILITARY STATUS

Have you ever served in the US Armed Forces?

Yes No Branch: _____

Describe any training received relevant to the position for which you are applying:

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all statements made by me on this application are true and correct to the best of my knowledge. I authorize Nightingale Private Care, Inc. to make a thorough investigation of my previous employment history and all other facts stated on my application for employment.

NOTICE TO EMPLOYEES WITH DIRECT CLIENT CONTACT

I understand that a complete background screening will be conducted as a prerequisite for employment to include license/certification, employment verification, sex offender registry, MVR check, and criminal background check in order to determine the minimum standards of good moral character have been met. I hereby release from liability or responsibility all individuals, establishments, employers, educational institutions and/or agencies supplying such information.

If I am employed, I agree to abide by the policies and rules outlined by the employer. My employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either employer or myself. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand that no employee or representative of employer, other the Administration has the authority to enter into any agreement or contract for employment for any specified period of time or to make any employment agreement or contract contrary to the forgoing.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant consideration for employment on a basis prohibited by local, state or federal law.

This application is valid for 90 days. I understand that at the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

CONFIDENTIALITY STATEMENT

By this statement, I have been informed regarding client confidentiality. I have been advised that, except as needed to conduct the business, medical and all other information must not be discussed with anyone inside or outside the office. It is understood that materials, forms and manuals are the exclusive property of Agency, in addition to business practice and information which is kept confidential. I understand that any breach of this policy is cause for dismissal.

I represent and warrant that I have read and fully understand the forgoing and seek employment under these conditions.

SIGNATURE OF APPLICANT: _____ **DATE** _____

NIGHTINGALE PRIVATE CARE, INC.

8130 S.E. FEDERAL HWY., HOBE SOUND, FL 33455

(772-245-8390; fax (772) 600-8474

VERIFICATION OF EMPLOYMENT

NAME OF APPLICANT: _____

ADDRESS: _____ PHONE: _____

SIGNATURE OF APPLICANT _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION: I AUTHORIZE NIGHTINGALE PRIVATE CARE, INC. TO MAKE A THOROUGH INVESTIGATION OF MY PREVIOUS EMPLOYMENT HISTORY AND ALL OTHER FACTS STATED ON MY APPLICATION FOR EMPLOYMENT. I HEREBY RELEASE FROM LIABILITY OR RESPONSIBILITY ALL INDIVIDUALS, BUSINESS ESTABLISHMENTS, EDUCATION INSTITUTIONS AND/OR AGENCIES SUPPLYING SUCH INFORMATION.

PLEASE LIST BELOW THE NAME OF PREVIOUS/CURRENT EMPLOYER THAT WE MAY CONTACT.

NAME _____ COMPANY NAME _____

ADDRESS: _____

PHONE# _____

*****FOR OFFICIAL USE ONLY – APPLICANT DO NOT WRITE BELOW THIS LINE*****

Dear Sir or Madam:

The above named applicant has indicated that they are currently or were previously employed by you. Your evaluation of them will be sincerely appreciated and will be held in the strictest confidence.

EMPLOYER REFERENCE:

Dates of Employment: START: _____ END: _____ Position held: _____

Did he/she perform satisfactorily in this position? YES NO

Would you rehire? YES NO If No, why? _____

If permitted, please share any comments regarding the applicant? _____

INFORMATION PROVIDED BY: _____

NAME

TITLE

DATE

VERIFIED BY: _____ DATES OF ATTEMPTS: _____

NIGHTINGALE PRIVATE CARE, INC.
8130 S.E. FEDERAL HWY., HOBE SOUND, FL 33455
772-245-8390; fax 772-600-8474

VERIFICATION OF HISTORY

NAME OF APPLICANT: _____

ADDRESS: _____ PHONE: _____

SIGNATURE OF APPLICANT _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION: I AUTHORIZE NIGHTINGALE PRIVATE CARE, INC. TO MAKE A THOROUGH INVESTIGATION OF MY HISTORY AND ALL OTHER FACTS STATED ON MY APPLICATION FOR EMPLOYMENT. I HEREBY RELEASE FROM LIABILITY OR RESPONSIBILITY ALL INDIVIDUALS, BUSINESS ESTABLISHMENTS, EDUCATION INSTITUTIONS, AGENCIES, AND/OR PERSONAL REFERENCE SUPPLYING SUCH INFORMATION.

PLEASE LIST BELOW THE NAME OF EMPLOYER OR PERSONAL REFERENCE THAT WE MAY CONTACT.

NAME _____

ADDRESS: _____

PHONE# _____

*****FOR OFFICIAL USE ONLY – APPLICANT DO NOT WRITE BELOW THIS LINE*****

Dear Sir or Madam:

The above named applicant has indicated that they were previously employed by you or you know them as a personal reference. Your evaluation of him/her will be sincerely appreciated and will be held in the strictest confidence.

EMPLOYER REFERENCE:

Dates of Employment: START: _____ END: _____ Position held: _____

Did he/she perform satisfactorily in this position? YES NO

Would you rehire? YES NO If No, why? _____

PERSONAL REFERENCE:

How long have you known the applicant? _____

What is your relationship to applicant? _____

Please share any comments regarding the applicant? _____

INFORMATION PROVIDED BY: _____

NAME TITLE DATE

VERIFIED BY: _____ DATES OF ATTEMPTS: _____

NIGHTINGALE PRIVATE CARE, INC.
8130 S.E. Federal Hwy., Hobe Sound, FL 33455
AGREEMENT OF HIRE

Thank you for your interest in employment with Nightingale. *Below is a list of items needed prior to hiring for the personnel chart and important information:*

- Current Driver's License or FL Identification Card (must be kept current)
- Current Auto Insurance (must be kept current)
- Social Security or Current Work Authorization or Current Resident Card (must be kept current)
- HHA Certificate or State License (must be kept current)
- Physical (within 6 months prior to hire) with TB Testing or Chest X-Ray & free of communicable diseases
- Alzheimer's Certificate/CEU (authorized by State of Florida, Dept of Elders Affair)
- HIV Certificate
- Current CPR (must be kept current)
- Level II Fingerprinting screening through ACHA

In addition to the Level II Fingerprinting, because Nightingale is nationally accredited, NPC also require records search to include, but not limited to MVR, Social Security, Criminal History, Sex Offender Registry, and Workman's Comp. There is an additional \$40.00 charge for these background checks and it will be deducted from my first paycheck.

I understand all work with NPC is per diem and work is schedule based on work availability and my availability.

It is my responsibility to inform NPC of my current contact phone numbers. It is expected that any message left by the office staff or on-call staff be returned in a timely manner or it will be understood it will be a loss of work available to me.

Tardiness, no call/no show or unexcused absences may be cause for termination.

I understand and agree that I will not solicit or accept private employment from any client of NPC. Should I solicit or accept an offer of employment from a NPC client, I agree to pay NPC immediately the sum of \$5,000 placement fee, be terminated and render me ineligible for rehire.

Nightingale Private Care, Inc. is a drug free corporation, and reserves the right to conduct random drug testing without warning.

I have read and understand the above information.

Applicant Signature: _____ Date _____

Please print name: _____

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HEPATITIS B VACCINE INFORMATION ACCEPTANCE – DECLINATION

I, _____, HAVE BEEN INFORMED THAT THE HEPTA – VAC SERIES (HEPATITIS B VACCINE) WILL BE AVAILABLE TO ALL EMPLOYEES OF NIGHTINGALE PRIVATE CARE, INC. THIS VACCINE WILL BE OF NO COST TO ME. THE VACCINE PROVIDES IMMUNIZATION AGAINST INFECTION FROM ALL KNOWN TYPES OF HEPATITIS B. IT INCLUDES AN INITIAL DOSE, FOLLOWED BY A SECOND DOSE 30 DAYS LATER. A THIRD DOSE IS CUSTOMARILY ADMINISTERED SIX MONTHS AFTER THE INITIAL DOSE.

I UNDERSTAND THAT DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIAL INFECTIOUS MATERIALS, I MAY BE AT RISK OF ACQUIRING HEPATITIS B (HBV) INFECTION. I HAVE BEEN GIVEN THE OPPORTUNITY TO BE VACCINATED WITH HEPATITIS B VACCINE AT NO CHARGE TO MYSELF. I UNDERSTAND THAT IF I DECLINE THIS VACCINE, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE. IF I DECLINE THE VACCINE, I UNDERSTAND THAT IF IN THE FUTURE I WANT TO BE VACCINATED WITH THE HEPTA-VAC SERIES, I CAN RECEIVE THE VACCINATION SERIES FROM MY EMPLOYER AT NO CHARGE TO ME.

_____ I **DO WISH** TO RECEIVE THE ABOVE MENTIONED VACCINE SERIES.

_____ I **DO NOT** WISH TO RECEIVE THE ABOVE MENTIONED VACCINE SERIES.

_____ I **DO WISH** TO RECEIVE THE **SURFACE B ANTIGEN** BLOOD TEST PRIOR TO VACCINE SERIES.

_____ I **HAVE PREVIOUSLY** RECEIVED THE HEPTA VAC SERIES.

DATES: _____

EMPLOYEE SIGNATURE

DATE

AGENCY REPRESENTATIVE SIGNATURE

DATE

NIGHTINGALE PRIVATE CARE, INC.
8130 SE Federal Hwy., Hobe Sound, FL 33455

**2 PART PPD REQUIREMENT PER ACCREDITATION
COMMISSION FOR HEALTH CARE**

Per Accreditation standards, Nightingale Private Care employees may be required to receive a (2) part PPD test for Tuberculosis testing. Please answer the following questions for the purpose of final determination regarding this requirement:

_____ I HAVE received a previous PPD test within the last year.

_____ I HAVE received a chest X-Ray with the last 5 years.

IF YOU HAVE ANSWERED YES TO EITHER OF THE ABOVE, PLEASE SUPPLY THE DATE AND ATTACH A COPY OF EITHER TEST TO THIS QUESTIONNAIRE.

Date of PPD: _____

Date of Chest X-Ray: _____

EMPLOYEE SIGNATURE

DATE

AGENCY REPRESENTATIVE SIGNATURE

DATE

**EMPLOYEE START UP COST
FOR BACKGROUND CHECKS**

IF YOU NEED LEVEL II FINGERPRINTING:

PLEASE CALL **1-800-528-1358** OR GO ON-LINE TO **WWW.L1ENROLLMENT.COM** TO SCHEDULE FINGERPRINTING AT A LOCAL LOCATION. YOU WILL NEED A DEBIT OR CREDIT CARD TO MAKE THE APPOINTMENT. CURRENTLY THE COST IS BETWEEN \$80.00 & \$90.00.

ALL EMPLOYEES WILL NEED

AFTER EMPLOYED WITH NIGHTINGALE PRIVATE CARE, INC.

\$40.00 – THERE IS AN ADDITIONAL FEE THAT WILL BE TAKEN OUT OF YOUR FIRST PAYCHECK. (BECAUSE WE ARE A **NATIONALLY ACCREDITED AGENCY**, WE ARE REQUIRED TO PERFORM A MVR CHECK, SOCIAL SECURITY CHECK CRIMINAL HISTORY AND SEX OFFENDER REGISTRY CHECK.

**THE LEVEL II FINGERPRINTING WILL NEED TO BE DONE ONCE, AND THE RESULTS CAN BE ACCESSED BY ANY OTHER HEALTH CARE AGENCY AFTER FINGERPRINTS HAVE BEEN PROCESSED.*