

# Uniform Employment Application for Nurse Aide Staff

This application form is required by Title 63 O.S. § 1-1950.4 of state law and by the Oklahoma State Board of Health Rules OAC 310-2-15-3. This uniform application shall be used as the *only* application for employment of nurse aides in nursing and specialized nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies.

This employer does not discriminate in its hiring decisions or in any other employment decision on the basis of race, color, sex, religion, citizenship, national origin, veteran status, age or upon a physical or mental disability which is unrelated to the applicant's/employee's ability to perform the essential functions of the position.

**ATTENTION NURSE AIDES: RETURN YOUR COMPLETED APPLICATION TO EMPLOYER.**

Date of Application: \_\_\_\_\_

Date Available to Start Work: \_\_\_\_\_

## 1. Personal Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last) (First) (Middle)

List any other name(s) you have previously worked under, such as maiden name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address (if different than present address): \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F Race: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
(Name) (Address) (Phone Number)

## 2. Employment Desired

Position applied for: \_\_\_\_\_ Salary required: \_\_\_\_\_

Hours available to work: \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Weekends

Will you accept employment of: \_\_\_\_\_ Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_ Occasional Part Time?

## 3. U.S. Military Record

Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

## 4. Prior Work History (List your last four (4) jobs beginning with your most recent or current employer.)

Employer's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List name(s) of all other employers for the last five (5) years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact your present employer?  Yes  No  Not applicable

Have you ever been terminated or asked to resign from any position?  Yes  No

If yes, provide reason. \_\_\_\_\_

**5. Educational Background** (List all educational schools attended with degrees, diplomas or certificates received.)

Name of Institution (High School, Technical School, College)	Type of Studies	Dates Attended & Diplomas, etc.

If your school or employment records are under another name(s), indicate that name(s): \_\_\_\_\_

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6. **Certification**

If you hold a current certification as a nurse aide (CNA), check the appropriate certification(s) below:

- Long Term Care (LTC) Home Health Aide (HHA) Adult Day Care (ADC)
Residential Care Aide (RCA) Developmental Disability Aide (DDA) Certified Medication Aide (CMA)
Certified Medication Aide-Gastrostomy (CMA-G) Certified Medication Aide-Glucose Monitoring (CMA-GM)
Certified Medication Aide-Respiratory (CMA-R) Certified Medication Aide-Insulin Administration (CMA-IA)

List all technical special skills or education honors, certificates, licenses, memberships or Medication Administration Technician (MAT) certification not previously listed:

If you are a CMA, have you obtained your 8 hours of continuing education for the current 12-month certification period before your certification expires? Yes No

If yes, where and when did you obtain.

7. **References** (List name, address and telephone number of three (3) references who are not relatives or former employers.)

8. **Background Information**

If you answer YES to any of the questions below, explain in the space after the question. The explanation for a YES answer should include, but not be limited to:

- 1. State and/or jurisdiction.
2. Nature of complaint/offense.
3. Disposition of complaint and/or offense (e.g., "dismissed insufficient evidence", "deferred sentence").
4. Date of disposition.
5. Attach copy of any correspondence received by you, the applicant, regarding the complaint/offense.

a. Yes No Have you ever: 1) been arrested; 2) been charged; 3) pled guilty or no contest; 4) been convicted; 5) received a deferred sentence; and/or 6) been sentenced, for any criminal offense in any state or US jurisdiction?

b. Yes No Have you ever been found in violation of any state, US jurisdiction, or federal law regulating the practice of a health care profession?

c. Yes No Are any disciplinary actions or allegations, pending or substantiated, against you or your CNA certification or health care professional license in any state or U.S. jurisdiction?

d. Yes No Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state or US jurisdiction, federal or foreign authority or have you ever surrendered such credential to avoid, or in connection with, action by such authority?

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9. **Applicant's Certification and Agreement**

**Please Read Carefully** - If you answer 'No' to any of the questions below, explain in the space after the question.

a.  Yes  No I understand the employer has the right to proceed with any criminal background check.

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

b.  Yes  No I understand as a part of the job selection process, I may be required to take a drug-screening test at the time of employment and if requested in accordance with the state and federal law at anytime during my employment. A test result that has been confirmed as positive will eliminate me from employment. If I refuse to sign this form and submit to drug testing, the employer will reject my application.

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

c.  Yes  No I understand I may be required to have a physical examination and I hereby consent to take a physical examination and any future physical examinations as required by the employer.

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

d.  Yes  No I understand if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the IRCA of 1986.

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

e.  Yes  No I understand this form is not an employment contract.

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

10. **Previous CNA Training** - Complete this section only if you will require training.

Please complete the following if you have had CNA Training in the past for any of these categories: LTC, HH, ADC, RC, or DDDC.

Category <input type="checkbox"/>	Program Name _____	Start Date _____	End Date _____
Category <input type="checkbox"/>	Program Name _____	Start Date _____	End Date _____
Category <input type="checkbox"/>	Program Name _____	Start Date _____	End Date _____

11. **Important Information for the Job Applicant**

It is unlawful for any person to provide false information regarding a criminal conviction on this uniform employment application for nurse aides. Providing false information regarding a criminal conviction is a misdemeanor under Title 63 of the Oklahoma Statutes, Section 1-1950.4a. Providing false information about a criminal conviction on this application is punishable by a fine not to exceed Five Hundred Dollars (\$500.00), by imprisonment in the county jail for a term of not more than one (1) year, or by both such fine and imprisonment.

**\*\*\* NOTICE \*\*\***

I UNDERSTAND PROVIDING FALSE OR MISLEADING INFORMATION TO A TRAINING PROGRAM, A FACILITY, OR THE DEPARTMENT IS GROUNDS FOR DENIAL, SUSPENSION, WITHDRAWAL, AND/OR NONRENEWAL OF CERTIFICATION. I ALSO UNDERSTAND PROVIDING FALSE INFORMATION OR OMISSION OF FACTS MAY DISQUALIFY ME FROM EMPLOYMENT AND MAY CAUSE TERMINATION IF DISCOVERED AT A LATER DATE.

INITIAL HERE \_\_\_\_\_

**I certify I have read and completed this application and that the information I have provided on this application is true and complete.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

**12. Criminal Arrest Check List**

Employment at this employer shall **not be** considered if the below signed individual has been convicted of, pled guilty or no contest to, or received a deferred sentence for any of the following offenses as stated by Oklahoma Statute, Section 1-1950.1(F)(1) Title 63 (A through P of the list in this section):

- |  |  |
|--|--|
| A. Assault, battery, or assault and battery with a dangerous weapon, | I. Abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,  |
| B. Aggravated assault and battery,                                   | J. Burglary in the first or second degree,   |
| C. Murder or attempted murder,                                       | K. Robbery in the first or second degree,  |
| D. Manslaughter, except involuntary manslaughter,                    | L. Robbery or attempted robbery with a dangerous weapon, or imitation firearm,   |
| E. Rape, incest or sodomy,   | M. Arson in the first or second degree,  |
| F. Indecent exposure and Indecent exhibition,                        | N. Unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substance Act, |
| G. Pandering,  | O. Grand larceny, or   |
| H. Child abuse,  | P. Petit larceny or shoplifting within the past seven (7) years.   |

It is further understood that if I am hired, it will be as a temporary employee until the employer receives my criminal background check. If I have no criminal record in accordance with state law, I may be considered for employment, subject to training requirements and other requirements of the job for which I am applying with this employer.

**I hereby certify I have no previous convictions as listed in the Oklahoma Statute § 1-1950.1(F)(1) Title 63 (A through P of the list in this section). My signature below authorizes the employer to run a check with the Nurse Aide Registry of the Oklahoma State Department of Health for notations of abuse, neglect or misappropriation of resident's property. I hereby give the Oklahoma State Bureau of Investigation authority to proceed with criminal record history checks as required by law.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

**Traditions Corporate Office**  
**100 S. 3<sup>rd</sup> Street**  
**McAlester, OK. 74501**  
**Phone: 918-426-0983 Fax: 918-426-7673**

**CONFIDENTIAL REFERENCE REQUEST**

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ have applied to This Agency for employment. I hereby release from all liability the company and/or person completing this form, and authorize them to release all information regarding my employment with them.

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position held: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\*\*\*\*\*

This Agency conducts a complete reference check, prior to hiring, on each applicant for employment. All information you supply is confidential. Any statements you wish to make that would help us determine a placement for this applicant may be entered in the space provided for "Comments." We appreciate your prompt reply.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Is the above information correct?  Yes  No If no, explain: \_\_\_\_\_

Please rate the applicant using the following guidelines.

**A = Above average    B = Satisfactory    C = Unsatisfactory    U = Unable to evaluate**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>U</b>	<b>Comments</b>
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperation/Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Technical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Follows Directions (Verbal and Written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effective use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would you rehire? \_\_\_\_\_ If not, why? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

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Effective use of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would you rehire? \_\_\_\_\_ If not, why? \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature and Title

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 Date

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Personal Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Would you rehire? \_\_\_\_\_ If not, why? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following requested information is **voluntary and confidential**. It will be kept separately from your application and any subsequent personal file. We collect this information for the sole purpose of creating and maintaining Equal Employment Opportunity and Affirmative Action records. We appreciate your cooperation with our EEO/AA efforts.

Name: \_\_\_\_\_

Job Held/Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

Sex:      Female      Male

	<b>RACE</b>	<b>Description</b>
<input type="checkbox"/>	<b>African American (Black)</b>	Persons having origins in any of the Black African racial groups: not of Hispanic origin.
<input type="checkbox"/>	<b>Asian or Pacific Islander</b>	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islander.
<input type="checkbox"/>	<b>Caucasian (White, not of Hispanic origin)</b>	Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/>	<b>Hispanic</b>	Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	<b>Native American (American Indian or Alaskan Native)</b>	Persons having origins in any of the original peoples of North America and who maintain identifiable tribal affiliations through membership, participation or recognition.
<input type="checkbox"/>	<b>Two or more races</b>	Persons who consider themselves members of two or more races.
<input type="checkbox"/>	<b>Other</b> (Please explain at right)	