



Platinum Choice Staffing, Inc.

Application for Employment

Date: ____/____/____

Social Security Number: ____-____-____

Name: _____

Address: _____

Phone: _____ Cell: _____ Other: _____

E-mail Address: _____

In case of emergency notify: (name, address, relationship, and phone number)

Position for which you are applying: _____

What is your desired salary for this position? _____

Your professional title(s): _____ (R.N., L.P.N., C.N.A., etc.)

Any other titles, degrees, certifications or licenses in any state that you possess:

_____ State held _____

License # _____ Expires ____/____/____

_____ State held _____

License # _____ Expires ____/____/____

_____ State held _____

License # _____ Expires ____/____/____

_____ State held _____

License # _____ Expires ____/____/____

Have you ever had any action taken against any of your licenses? If so, please explain the circumstances and outcome.

Have you ever been convicted of a felony? If so, please explain.

How did you hear about our agency? _____

Employment Checklist

In almost all cases, the following items must be submitted in order to complete the employment process.

- Two forms of ID, one being a photo ID
- Current PPD
- Current CPR/BLS
- All employment forms filled out legibly including forms I-9 and W-4
- A voided check to accompany the direct deposit form
- Cooperation with the background check process (varies with type of employment)

Applicant Signature

Date

Please tell us about your Employment History

If you are applying for a Corrections Travel Assignment, please list ALL of your corrections experience over any other employment history. All fields must be filled out completely and accurately. Falsification of any information disqualifies your application for employment. If you need more pages, reprint page 4.

Employer: _____

Address: _____

Supervisor or Director of Nursing: _____

Dates Employed: _____ to _____ Reason for leaving: _____

Job Title and Duties: _____

Starting Salary: _____ Ending Salary: _____ Hours per week: _____

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Address: _____

Supervisor or Director of Nursing: _____

Dates Employed: _____ to _____ Reason for leaving: _____

Job Title and Duties: _____

Starting Salary: _____ Ending Salary: _____ Hours per week: _____

Consent to Release Reference Information

PCS applicant should fill out the fields below and sign this authorization form so we can contact the correct person(s) to obtain reference information. If you are applying for a Corrections Travel Assignment, please provide as many references **from your corrections experience** over any other references. If you need more pages, reprint page 6 or 7.

Your Name: _____

Facility/Company you worked for: _____

Your Supervisor or Director of Nursing: _____

Phone Number(s): _____

Dates of your employment: _____

Your Position: _____ Reason you left: _____

I, _____ hereby authorize the above mentioned person(s)/Employer to release any and all reference information concerning my current and/or past employment to Platinum Choice Staffing, Inc.

Signed: _____ Date: _____

Reference, please provide as much of the following information as possible. PCS relies on reference information as part of its hiring process. It is very important that you provide as much information as possible concerning the applicant above. **THANK YOU! This form can be emailed to HR@PCMedStaff.com**

| Subject | Excellent | Above | Average | Poor |
|---------------|-----------|-------|---------|------|
| Dependability | | | | |
| Punctuality | | | | |
| Responsible | | | | |
| Ambition | | | | |
| Appearance | | | | |
| Attitude | | | | |

| | Yes | No |
|--|-----|----|
| Has the applicant provided the correct dates? | | |
| Has the applicant provided the correct Job Description? | | |
| Is this person eligible for rehire at your organization? | | |

Additional Comments from Previous/Current employer (add a page as needed):

Signed: _____ Title: _____ Date: _____

Consent to Release Reference Information

Your Name: _____

Facility/Company you worked for: _____

Your Supervisor or Director of Nursing: _____

Phone Number(s): _____

Dates of your employment: _____

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| Ambition | | | | |
| Appearance | | | | |
| Attitude | | | | |

| | Yes | No |
|--|-----|----|
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| Attitude | | | | |
| | | | Yes | No |
| Has the applicant provided the correct dates? | | | | |
| Has the applicant provided the correct Job Description? | | | | |
| Is this person eligible for rehire at your organization? | | | | |

Additional Comments from Previous/Current employer (add a page as needed):

Signed: _____ Title: _____ Date: _____

Communication

PCS utilizes office phones and various cell phones to conduct business. Please do not capture random phone numbers to call us back. You might be dialing a person's personal cell phone, or you might be dialing one of the on-call cell phones that may be turned off and charging. The only phone number you will ever need to contact this company is 877-687-7385.

Voice: 877-687-7385 (877-NURSE-85)

Criminal Background Check

All field staff employees of PCS are subject to criminal background checks at any time in accordance with applicable state laws and client policies. PCS retains the right to require further background inquiries in the future, with or without cause.

Employment Qualifications

PCS is highly motivated in providing its clients with qualified, experienced applicants. Therefore, PCS will actively and rigorously pursue the compliance of any client's policies, procedures, rules or requirements. At the present time, PCS requires the following from its field staff in order to be actively employed:

- 1) a completed application
- 2) a Criminal Background Check
- 3) an I-9 form with two appropriate forms of identification
- 4) a W-4 form
- 5) evidence of a P.P.D. or other active T.B. testing (within one year)
- 6) proper license and/or certification in the state of practice with no issues recorded
- 7) a provable minimum one-year work history in field applying for, with at least two verifiable references
- 8) applicant must be able to effectively communicate using the English language
- 9) a minimum of two favorable references from other medical professionals

PCS will, at any time, support its clients if their requirements for placement require more extensive laboratory drug testing, a more inclusive Criminal Background Check or any additional requirements. PCS employees retain the right to refuse assignments with certain clients. However, all PCS field staff must satisfy the policies and procedures of PCS at all times.

Referral Bonus

Intermittently throughout the year, PCS offers referral bonuses for employees who successfully recruit the kind of staff we are trying to obtain. When these referral bonus programs are available, you will be made aware. You can easily earn extra money by referring needed employees. When bonuses are earned, they will be distributed into your next paycheck and subject to tax as any other income. PCS will not issue a check based solely on a Referral Bonus.

Time Slip Submission

All PCS travel nurses on travel assignments are expected to follow the time slip submission routine already in place at the facility you are working your travel assignment. Each traveler will have a brief orientation concerning how to coordinate your time slip submissions with at your facility.

Whether you are per diem or a traveler, the deadline for submitting time slips is 12 pm eastern on Monday. Any signed/approved time slips that successfully make it into our office before noon on Monday will be paid the following Friday or before.

I certify that I have read, fully understand and accept all of the policies and procedures herein.

Signature

Date

Platinum Choice Staffing, Inc.

Hepatitis B Virus Vaccine Acknowledgment and Consent

I have completed reading the materials I have been provided concerning Hepatitis B and its vaccinations. Due to my occupational risks, PCS has offered to pay for my Hepatitis B vaccination series if I request it.

Please check one:

- I hereby request to have the series of Hepatitis B Vaccines. I understand that if I remain an employee of PCS, I must return to the vaccination site at one month and six month intervals after the initial dose to complete the series of three injections required for full immunity. I hereby release PCS, its agents, employees or associates from any liability resulting from complications arising from the administration of the Hepatitis B Vaccine. The independent injection site will provide me with a schedule of appointment times for my return.

- I have been offered the Hepatitis B Vaccine by PCS at no charge. I understand that I have occupational exposure risk, but regardless, I decline at this time. I understand that at any time during my employment with PCS I may request and receive the hepatitis B Vaccine.

Signature

Date

Platinum Choice Staffing, Inc.

Substance Abuse Policy

PCS recognizes the dangers of substance abuse while working in the health care field. Due to such concerns, we have enacted the following policies.

- 1) As a PCS employee, you agree to undergo drug testing at any time during your employment with us. Drug testing may be performed due to certain laws in your area, client policies, or reasonable suspicion. Employees who refuse to submit themselves for drug testing will be rendered ineligible for work assignments or activity with PCS.
- 2) Your test results will be submitted to the administrator of your local office of PCS from the testing agency. If your drug screen results are positive, the sample will be subject to another drug screen. At this time the employee may offer explanations as to why the results were positive. If the second test comes back positive, the employee will be suspended from all staffing activities with PCS and offered drug treatment or other appropriate therapy.
- 3) The employee may be subject to random drug testing during the drug treatment period. If at any time during that period or after, the employee has a positive drug screen result, the sample will be submitted a second time for evaluation. If the second result remains positive, the employee will be terminated.
- 4) In any case of a positive drug test, PCS reserves the right to offer drug treatment or other appropriate therapy. You have the right to refuse drug treatment and/or appropriate therapy, however this will result in you being ineligible for work assignments or activity with PCS.
- 5) Any information concerning an employee's drug screen, or request of such screening, and the results of such screening will be held under strict confidentiality. These test results may be shared with clients if required. (Hospitals or any other Clients, at any time may require drug screens with results on file)
- 6) Any obvious substance abuse while on assignment for PCS is grounds for immediate dismissal from employment. There is no excuse for this activity or exception to this rule.

I have read and understand the substance abuse policy of PCS and understand that I am subject to all of its provisions.

Signature

Date

Platinum Choice Staffing, Inc.

Injury Reporting

In compliance with the law, you are provided Workers Compensation Insurance as a PCS employee.

IF YOU ARE INJURED ON THE JOB, or exposed to possible blood or other risk factors, you are to take appropriate action.

Example: You were cleaning and dressing wounds on an individual. During the procedure, blood spatters in your mouth and eye.

Action: Your training would compel you to immediately be taken to the nearest hospital emergency room to undergo appropriate treatment. After you have been treated (or at least stabilized) it's time to think about reporting the injury to your employer.

REPORTING THE INJURY/INCIDENT TO YOUR EMPLOYER

An injury or incident that occurs on the job should always be reported to your employer during business hours. PCS is compelled by insurance regulation to report injuries/incidents as soon as possible but can only report them to the insurance company between 9am and 5pm Monday through Friday. Therefore, we ask that you report the injury at an appropriate time. On-call personnel will take all of your information, but you will have to speak with office staff during business hours on the next business day to report the injury/incident.

When dealing with a work-related injury/incident, please remember the following:

- 1) Seek proper medical treatment without delay.
- 2) Once you are in a stable situation, consider your schedule, if you will need to call out the next day, and where you will be the first moment of the next business day so you can call and report the incident.
- 3) Remember that your safety and well-being come first, but you **MUST** report the injury/incident **the next business day** to ensure you receive the proper insurance coverage that you are entitled to by law.

Please ask for clarification if needed.

Signature

Date