

Staffing Partners, LLC

Employee Orientation and Audit Checklist (office use only)

Name: _____

- Y N - Job Application completed and signed
- Y N - Resume / Additional work history (as needed) _____
- Y N - Two completed positive references
- Y N - W-4/ I-9
- Y N - Signed Acknowledgement of Job Description
- Y N - Signed Acknowledgement you received Handbook
- Y N - Verification of License/Certification
- Y N - CPR/BLS
- Y N - ACLS / PALS (as required)
- Y N - Completed skills checklist(s)
<http://sp.nursecompetency.com>
- Y N - Clinical Competency Exams with minimum passing score of 80%
- Y N - Insight Worldwide
- Y N - Alzheimer's, JCAHO, OSHA Acknowledgement
- Y N - Hep B, MMR, Varicella Status/Declination
- Y N - TB Screening: Negative/Positive PPD results
 - If history of positive PPD, statement of most recent negative chest X-Ray
 - TB Questionnaire
 - Missing: _____
- Y N - Drug Screen
- Y N - I-9 completed with 2 forms of ID
- Y N - E-Verify must have copy of photo ID
- Y N - OIG
- Y N - DHS 301 Form completed
 - Fingerprints
 - Probationary status can work
 - No Probationary status can't work
 - Reason for not qualifying for Probation Status: _____

Medical Applicant Pre-Application Questionnaire

Name: _____

1. Telephone # _____ Cell # _____

2. Emergency Contact (name, phone number, and relationship to you): _____

3. Email Address: _____

4. Is texting okay to reach you for shifts? Yes No

5. How did you hear about us?

Job Posting? _____

Referral ? _____

6. Have you been convicted of a felony in the last 10 years? No Yes
If yes please explain: _____

7. What states have you lived for the last 10 Years?

8. What is your area of Specialty: CNA CMA LPN RN

9. How many years in your area of Specialty? _____

10. Within what setting(s) is your current licensed experience?

Clinic

Skilled Nursing Facility

Assisted Living Facility

Memory Care

Psychiatric

Group Home

Surgery Center

Hospital

Other? Please Specify Below:

11. Within your area of specialty, what state(s) are you licensed to work in?

12. Are you seeking Per Diem Contract Other? _____

13. Shifts Availability: Day Eve NOC Any Shift

- Reason for this availability -

14. Availability: Mon Tues Wed Thurs Friday Sat Sun

- Reason for this availability

15. Are you willing to work same day assignments (ASAP Assignments)?

Yes No

16. Transportation : Car Bus

17. The facilities we work with range from Hood River, Vancouver, to Pendleton, to the Coast, and down to Eugene. Are you willing to travel to assignments outside of Portland? Yes No

- What areas of Portland / Oregon / Washington are you willing to work?

18. Have you worked for other medical staffing agencies? No Yes

- If yes, what facilities and what type of work for the facility?

- Are there any facilities you would rather not be assigned to? If so, please explain why:

19. Within your area of specialty, what has been your pay range for your last three positions? Please specify the area of specialty with each pay range?

Applicant Signature: _____ Date: _____

Work History for last 5 years

Employer _____
Hire Date: _____ Date Ended: _____
Title: _____ Pay _____
Duties: _____ _____ _____
Reason for Leaving _____ _____

If there is a gap in employment from the employer above and the employer below, please explain:

Employer _____
Hire Date: _____ Date Ended: _____
Title: _____ Pay _____
Duties _____ _____ _____
Reason for Leaving _____ _____

If there is a gap in employment from the employer above and the employer below, please explain:

Work History for last 5 years

Employer _____
Hire Date: _____ Date Ended: _____
Title: _____ Pay _____
Duties _____ _____ _____
Reason for Leaving _____ _____

If there is a gap in employment from the employer above and the employer below, please explain:

Employer _____	Date of Employment _____
Title: _____	Pay _____
Duties: _____ _____ _____	
Reason for Leaving _____ _____	

If there is a gap in employment from the employer above and the employer below, please explain:

Reference Request

Employee, please provide the information requested in the box below.

Employee Name: _____

Social Security # Last Four Digits: _____

Former Employer: _____

Supervisor: _____ Telephone: _____ Fax: _____

Job Title: _____ Ending Salary: _____

Dates Employed: _____ to _____

Signature: _____ Today's date: _____

Dear _____,

The above named person has applied for employment with our company and has given your name as a former employer. We request your assistance in determining the qualifications of the applicant by providing the information requested below. **Please note the applicant has authorized you and your company to release this information.** Please check the appropriate box for each work quality stated below.

	Excellent	Good	Average	Below average	Poor	Not Allowed to Disclosed
Performance						
Attitude						
Attendance						
Teamwork						

1. Is this person's job title listed above correct?
 - Yes
 - No, if no: please correct job title: _____
2. Is this person's ending salary listed above correct?
 - Yes
 - No, if no: please correct ending salary: _____
3. Are this person's dates of employment listed above correct?
 - Yes
 - No, if no: please correct dates of employment: _____
4. Is this person eligible for re-hire?
 - Yes
 - No
 - Not allowed to disclose

Signature: _____ Date: _____

Title: _____

Thank you very much for your time and effort. If we can ever return the favor, please call us at 503.644.1945. Please fax this form to 503.644.1475.

Reference Request

Employee, please provide the information requested in the box below.

Employee Name: _____

Social Security # Last Four Digits: _____

Former Employer: _____

Supervisor: _____ Telephone: _____ Fax: _____

Job Title: _____ Ending Salary: _____

Dates Employed: _____ to _____

Signature: _____ Today's date: _____

Dear _____,

The above named person has applied for employment with our company and has given your name as a former employer. We request your assistance in determining the qualifications of the applicant by providing the information requested below. **Please note the applicant has authorized you and your company to release this information.** Please check the appropriate box for each work quality stated below.

	Excellent	Good	Average	Below average	Poor	Not Allowed to Disclosed
Performance						
Attitude						
Attendance						
Teamwork						

5. Is this person's job title listed above correct?
 - Yes
 - No, if no: please correct job title: _____
6. Is this person's ending salary listed above correct?
 - Yes
 - No, if no: please correct ending salary: _____
7. Are this person's dates of employment listed above correct?
 - Yes
 - No, if no: please correct dates of employment: _____
8. Is this person eligible for re-hire?
 - Yes
 - No
 - Not allowed to disclose

Signature: _____ Date: _____

Title: _____

Thank you very much for your time and effort. If we can ever return the favor, please call us at 503.644.1945. Please fax this form to 503.644.1475.

Reference Request

Employee, please provide the information requested in the box below.

Employee Name: _____

Social Security # Last Four Digits: _____

Former Employer: _____

Supervisor: _____ Telephone: _____ Fax: _____

Job Title: _____ Ending Salary: _____

Dates Employed: _____ to _____

Signature: _____ Today's date: _____

Dear _____,

The above named person has applied for employment with our company and has given your name as a former employer. We request your assistance in determining the qualifications of the applicant by providing the information requested below. **Please note the applicant has authorized you and your company to release this information.** Please check the appropriate box for each work quality stated below.

	Excellent	Good	Average	Below average	Poor	Not Allowed to Disclosed
Performance						
Attitude						
Attendance						
Teamwork						

9. Is this person's job title listed above correct?
 - Yes
 - No, if no: please correct job title: _____
10. Is this person's ending salary listed above correct?
 - Yes
 - No, if no: please correct ending salary: _____
11. Are this person's dates of employment listed above correct?
 - Yes
 - No, if no: please correct dates of employment: _____
12. Is this person eligible for re-hire?
 - Yes
 - No
 - Not allowed to disclose

Signature: _____ Date: _____

Title: _____

Thank you very much for your time and effort. If we can ever return the favor, please call us at 503.644.1945. Please fax this form to 503.644.1475.

Behavioral Interview Questions

1. What expectations do you have working with a Staffing Agency?
2. Sometimes it is challenging to act strictly in accordance with policies and procedures. Give me an example when you were expected to act in accordance with a policy, even when it was not convenient for you. What did you do?
3. Sooner or later, we all have to deal with demanding people. Tell me about a time when you were irritated or annoyed by demanding coworkers or supervisors. What did you do and why?
4. Tell me about a time you had to bounce back from a big disappointment at work. What was the situation and how did you bounce back?

Staffing Partners, LLC

Drug Consent, Criminal Release, Medical Records, Education and Employment Verification

I hereby authorize, and give full permission to have Staffing Partners, LLC and/or their medical physician to send a specimen of my urine and/or blood to a laboratory for a screening test using the Substance Abuse and Mental Health Services Administration Standards for the presence of illegal drugs, alcohol and prescription medication.

I also hereby authorize and give full permission to have Staffing Partners, LLC to examine any and all criminal records and arrests on file in the state of Oregon and the United States of America. In doing so, I understand that I am waving my right of confidentiality concerning my criminal history.

I authorize Staffing Partners, LLC to receive copies of any medical records required for pre-employment credentialing. This includes, but not limited to, records of my previous PPD's, Titers, Immunizations, and Physicals.

I also authorize Staffing Partners, LLC to receive pre-employment verification for any employer listed on my reference forms, application, or my resume. And I authorize Staffing Partners to verify my education listed on my application or resume.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the drug screen, criminal check, and/or results of either. This includes, but not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language I understand and told if I have any questions they will be answered. I understand this is a legal binding document which is binding because Staffing Partners, LLC is administering and paying for my screening.

I understand Staffing Partners, LLC will require a Drug Screen test whenever a work related job accident or injury is reported in accordance with Staffing Partners, LLC policy. This authorized and consent this action. My refusal to submit to drug testing will be grounds for termination.

Printed Name: _____

Employee Signature: _____

Date of Consent and Release: _____

Driver's License Number _____

Nursing License Number(s) _____

Social Security Number: _____

Address: _____

City, State and Zip: _____

Staffing Partners, LLC

Acknowledgment Form

I acknowledge that I have received a Staffing Partners, LLC Employee Orientation Handbook, and I understand that it is my responsibility to read and abide by its contents. The employee handbook and fall protection handout are available on our website at www.staffingoregon.com located under the employee's page. I understand that I can request a copy at any time.

I acknowledge that I have received a Job Description and I understand that it is my responsibility to read and abide by its contents. I will not accept any assignment outside my scope of practice. If I am asked to perform duties outside my scope of practice, I will notify Staffing Partners, LLC at 503-626-2068 immediately.

I acknowledge that I have read (or will read) the following handbooks and understand that it is my responsibility to abide by its contents. The following copies are located within the three ring binders in the application room. I understand that I can request a copy at any time.

- JCAHO Core Mandatory Handbook
- OSHA Core Mandatory Handbook
- Alzheimer's Training Handbook

My signature on this employment application authorizes Staffing Partners, LLC. (SP) to investigate all statements and information given on this application and to check professional and personal references. I understand and agree that SP reserves the right to at-will employment in all cases; no employment contracts are allowed at anytime, implied or otherwise. SP is the common law employer of temporary employees. I understand and agree that my employment may be contingent on successful completion of drug and alcohol evaluation and other physical ability evaluations and I agree to undergo said evaluations upon request by SP. If I am ever unable to perform my job duties because of a job related injury, I agree to immediately report to SP and perform modified work as assigned. I understand and agree that falsification of information, misleading statements, misrepresentation, or omission of facts called for anywhere on this application or other employment related forms is cause for denial of employment, or if employed, cause for termination regardless of when discovered. I understand and agree that SP is my employer of record. SP does not discriminate among applicants or employees on the basis of race, color, age, sex, religion, national origin, marital or veteran status, the presence of medical condition or disability, or any other legally protected status.

Signature of Employee

Date

Staffing Partners, LLC

Declinations

I understand, that due to my occupational exposure to blood, bodily fluids, or other potentially infectious materials, I may be at risk of acquiring Mumps, Measles & Rubella(MMR), Hepatitis B Virus(HBV), and Varicella Virus(Chicken Pox).

I acknowledge that I am fully aware of the vaccines available and that I will be solely responsible for any exposure. If I decline the vaccinations at this time I am aware of the potential risk of acquiring the disease and viruses.

In the future, if I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated, I can receive the vaccination at any healthcare provider at my expense.

Reason for Declination MMR

- I do not wish to be vaccinated at this time
- The vaccine is contraindicated for medical reasons
- I have received MMR immunizations and will provide records to you today

Reason for Declination HBV

- I do not wish to be vaccinated at this time
- The vaccine is contraindicated for medical reasons
- I have received HBV immunizations and will provide records to you today

Reason for Declination of Varicella

- I do not wish to be vaccinated at this time
- The vaccine is contraindicated for medical reasons
- I have received Varicella immunizations and will provide records to you today
- Had Varicella as a child and have records to provide to you today

Reason for Declination of Flu Shot

- I do not wish to be vaccinated at this time
- The vaccine is contraindicated for medical reasons
- I have received this year's flu shot and will provide records to you today

Signature of Employee

Date

Staffing Partners LLC

Annual TB Questionnaire

Name: _____

This form is to be completed (only) by applicants with a positive PPD testing in the past and is no longer required to have annual TB testing. If you have tested positive for PPD, please answer the questions below:

Positive TB skin test (PPD) Date: _____

Last Chest X-Ray Date: _____

Please indicate if you are having any of the following problems for three to four weeks or longer:

- | | | |
|---|-----------|----------|
| 1. Chronic Cough (greater than 3 weeks) | Yes _____ | No _____ |
| 2. Production of Sputum | Yes _____ | No _____ |
| 3. Blood-Streaked Sputum | Yes _____ | No _____ |
| 4. Unexplained Weight Loss | Yes _____ | No _____ |
| 5. Fever | Yes _____ | No _____ |
| 6. Fatigue/Tiredness | Yes _____ | No _____ |
| 7. Night Sweats | Yes _____ | No _____ |
| 8. Shortness of Breath | Yes _____ | No _____ |

If you checked yes to any questions above, are you being treated by a physician?

Yes _____ No _____ If no, please explain

If you develop any symptoms listed above please contact your physician and Staffing Partners immediately.

I certify that the information set forth in this document is true and complete to the best of my knowledge and that I am the individual completing this form.

Signature

Date

Responsibilities For Calling In Available

Calling in Available is required to remain active on our list: Every Monday morning, all medical staff must call in their availability for the week. The time to call in (your weekly availability) is on Mondays between 8am – 12noon. If you are unable to call in available during these hours, please email us your availability on the Saturday or Sunday before. Emails must be sent to: pdx@staffingoregon.com

- Calling in available (or emailing) on Mondays will give you “First Call” status for the entire week.
- If you do not call in (or email) your availability by Monday 12noon each week, you will be moved to “Second Call” status until you update us on your availability.
- If you do not call in (or email) your availability for 3 consecutive weeks, you will be inactivated from the call list - until you update us on your availability.

I have read the above responsibilities sheet. I have been given an opportunity to ask questions about my responsibilities. I agree to follow all of these responsibilities and understand that failure to consistently follow these guidelines may result in termination, or may adversely affect my compensation benefits. I have been given a copy of this document.

Name (Print): _____

Employee Signature: _____ Date: _____

Staffing Partners Representative: _____ Date: _____

Self-Cancelation of your Shift

Once you are booked for a shift, you cannot cancel your shift: Staffing Partners recognizes that circumstances may arise, making it difficult for you to fulfill your confirmed shift (Sick, Transportation, Daycare, etc.,) Canceling yourself is not accepted at Staffing Partners, and is classified as an unexcused absence of your shift. When you are in a situation where you need to cancel your shift, Staffing Partners will make every attempt to cover your shift, but in the event that we cannot – **you are still 100% responsible for your shift.** If we cannot find coverage for your shift, you are required to make it to your confirmed shift – on time!

- If you are canceling your shift due to illness or medical reasons, a doctor's note may be required. This note is required even if Staffing Partners finds coverage for your shift. This note is given to the facility (you were assigned to) to verify your medical emergency.
- If you are canceling your shift due to transportation issues, proof of car repair may be required. This proof can be a receipt from a mechanic, parts purchased to repair the vehicle, etc., This proof is required even if Staffing Partners finds coverage for your shift. This proof will be given to the facility (you were assigned to) to verify your transportation issues.

I have read the above responsibilities sheet. I have been given an opportunity to ask questions about cancelation responsibilities. I agree to follow Staffing Partners' cancelation policy and understand that failure to consistently follow our cancelation guidelines may result in termination, or may adversely affect my compensation benefits. I have been given a copy of this document.

Name (Print): _____

Employee Signature: _____ Date: _____

Staffing Partners Representative: _____ Date: _____

Annual Updates and Evaluation

1. As an employee of Staffing Partners, you will be required to have annual evaluations covering your skill set, attendance, quality of patient care, documentation compliance, and working relationships with peers and our clients.
2. If you have not worked for our company, for at least one shift for a year, you will be categorized as an inactive employee. If you wish to reactivate your status with Staffing Partners, you will be required to retest on your skills, provide current TB, and will need to provide updated credentials.
3. If you have expired credentials, you will be categorized as an incomplete candidate and you will not be allowed to be dispatched to any client.

I have read the above responsibilities sheet. I have been given an opportunity to ask questions about my responsibilities. I agree to follow all of these responsibilities and understand that failure to do so may result in termination of, or may adversely affect my compensation benefits. I have been given a copy of this document.

Employee Signature: _____ Date: _____

Staffing Partners Representative: _____ Date: _____

Timecard Responsibilities

Properly filling out a timecard is your responsibility. Timecards that are not complete or do not have the appropriate authorizations signed, will be sent back to you and will not be processed until you complete the missing information.

1. Your Name
2. Facility Name
3. Client / Facility signature
4. Your signature
5. Date of the shift. For NOC shifts, use the shift date at the beginning of the shift.
6. Circle the day of the shift and the specified shift (Day, Eve, NOC)
7. Time in, lunch out, lunch in, time out. If you do not take a lunch break, it must be signed on the timecard why you did not take the lunch break.
8. Maximum total hours for CNA's will be 7.5 hours. If you have a different "scheduled" total hours that falls below or above the allotted 7.5 hours, you need to indicate this on your timecard and have the Charge RN initial the difference. Failing to do this will result in your shift only being paid for the allotted 7.5 hours for each shift.
9. Maximum total hours for a LPN/RN will be 8 hours. In the event that you work 9 – 12 hours, you need to indicate why on your timecard. For instance, if the shift was scheduled past 8 hours "when you were booked", you need to indicate this on your timecard. Or, if your charting takes you past your 8 hours, you need to also indicate this on your timecard. Either way, when work past your 8 hours on the timecard, you are required to have the appropriate Charge RN / DNS / Administrator initial the difference and reason on your timecard. Failing to do get the proper authorization for a shift past 8 hours will result in only being paid for the allotted 8 hour shift.
10. Late Calls – are only considered late calls when our staffing coordinator indicates it is a late call – this will be told during the initial booking of the shift.
11. Mileage – will only qualify for facilities located 30 or more miles outside of the Portland metro area. With this being said, not all contracts are the same. Some facilities still will not pay mileage! Staffing Partners will let you know during the booking if mileage is included. However, you are always welcomed to inquire (if the scheduled facility you are being booked) qualifies to earn mileage - before you confirm the shift.
12. Time cards must be faxed, e-mailed or dropped off no later than **9am on Wednesdays.**

I have read the above responsibilities sheet. I have been given an opportunity to ask questions about my responsibilities. I agree to follow all of these responsibilities and understand that failure to consistently follow these guidelines may result in termination, or may adversely affect my compensation benefits. I have been given a copy of this document.

Employee Signature: _____ Date: _____

Staffing Partners Representative: _____ Date: _____

Employee Acknowledgement

The employee handbook describes important information about Staffing Partners, LLC, and I understand that I should consult the Staffing Partners, LLC Office regarding any questions not answered in the handbook.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Chief Executive Officer of Staffing Partners, LLC has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Policies and Procedures

1. I understand that I am to complete any job assignment I accept. If I do not complete the assignment, Staffing Partners, LLC can assume that I have voluntarily quit.
2. I understand that I am an employee of Staffing Partners, LLC, I and or Staffing Partners, LLC can terminate my employment. When an assignment ends, I must report to a Staffing Partners, LLC office for my next job assignment. Failure to do so or to accept my next job assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.
3. Staffing Partners, LLC has a very strict “NO DRUG POLICY”, and I have signed a consent form to submit to testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.
4. Once I have accepted an assignment, I am responsible for my timecard. I understand that Staffing Partners, LLC will not recognize or pay for any hours worked by an employee without the timecard being signed by both the client and the employee.
5. If for any reason, I cannot make it to work, or will be late, I will contact Staffing Partners, LLC one hour prior to the start time. My failure to do so may be grounds for dismissal and/or indicate that I have voluntarily quit.

6. If I sustain an injury, or have an accident, while on the job, I will inform the client and Staffing Partners, LLC immediately after the incident.
7. I understand and will comply with Staffing Partners, LLC safety rules and regulations and hazardous communication program explained to me in the safety orientation.
8. Staffing Partners, LLC pays its employees once a week. Our pay period starts on Sunday and ends on Saturday. My check will be ready after 11am the Friday following the week worked.
9. I understand that in order to be paid in a timely manner, timecards must be turned in no later than **9am on Wednesday** following the week worked. Any late timecards will not be paid until the next payroll week.
10. I understand that I am to wear my Staffing Partners, LLC.ID badge at all times while working, and if it is not available I will have a government issued picture ID on my persons as proof of my identity.
11. We take a number of steps to ensure that customer information is adequately safeguarded. These steps include the following: 1) implementing a number of physical and electronic security features to prevent unauthorized access; 2) limiting employee access to customer information; and 3) conducting periodic reviews of our computer systems, including security features. Additionally, our employees are required to acknowledge their responsibility to maintain the confidentiality of customer information.
12. I have read and fully understand the above statements regarding Staffing Partners, LLC policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.

Employee Signature

Date

Staffing Partners Representative

Date

DRUG SCREEN RESULTS FORM

Test Date: _____
Employee Name: _____
Employee SS #: _____
Tester: _____ **Date:** _____

Staffing Partners
8625 SW Cascade Ave.
Beaverton, OR 97008
Phone: 503-542-2690
Fax: 503-644-1475

	NEGATIVE	POSITIVE		NEGATIVE	POSITIVE
COC			OPI		
AMP			OXY		
M-AMP			PPX		
THC			PCP		
MTD			BAR		
MDMA			BZO		

Test Results: _____

Photocopy Employees' Panel-Dip screening device below:

I verify the photo taken of the attached drug screen belongs to me. If I wish to challenge the results of the drug screen, I confirm the same specimen will be used for testing. If I am not present for the results of my drug screen, my signature below allows Staffing Partners to finalize and document the results of my drug screen on this form.

Employee Signature: _____ Date: _____

Please Print Employee Name: _____

Staffing Partners Representative Signature _____ Date: _____