



**EMPLOYMENT APPLICATION**  
**CNA**

**Applicant Information**

**Date:**

Last Name:		First:		M:	
Address:					
Mailing Address:					
City:		State:		Zip:	
Phone:		Emergency Phone:			
Position Applying For: CNA PSS		Desired Salary:		Date Available:	
Social Security Number:				DOB:	
Have you ever been convicted of a felony?		YES NO		Details:	
Are you a citizen of the USA?		YES NO		If NO are you authorized to work in the United States? YES NO	
Have you ever worked for Spectrum Staffing Solutions?		YES NO		If YES, when?	

**Email**

**Education**

High School:		Address:			
From:	To:	Did you Graduate?		YES	NO
Degree:					
College:		Address:			
From:	To:	Did you Graduate?		YES	NO
Degree:					
Other:		Address:			
From:	To:	Did you Graduate?		YES	NO
Degree:					

**Previous Employment**

Company:		Phone:			
Address:		Supervisor:			
Job Title:		Starting Salary:		Ending Salary:	
From:	To:	Reason for leaving:			
Responsibilities:					
May we contact your previous employer for a reference? YES NO					

Company:		Phone:			
Address:		Supervisor:			
Job Title:		Starting Salary:		Ending Salary:	
From:	To:	Reason for leaving:			
Responsibilities:					
May we contact your previous employer for a reference? YES NO					

## Previous Employment

Company:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
From:	To:	Reason for leaving:	
Responsibilities:			
May we contact your previous employer for a reference? YES NO			

## Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

## Disclaimer Signature

"I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at either my or the company's or my option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice at any time by the company. I understand that no company representative other than its president, and the only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing."	
Signature:	Date:



## CONDITIONS OF EMPLOYMENT

PLEASE INITIAL EACH LINE

\_\_\_\_\_ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or work sites shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to a physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free work place. Violations of our drug and alcohol policy will result in dismissal.

\_\_\_\_\_ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

\_\_\_\_\_ I give the Employer the right to investigate all police, driving and personal, DHHS, professional license verifications; and references listed, if job related. I hereby release from liability, the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

\_\_\_\_\_ 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's consideration for employment on a basis prohibited by local, state or federal law.

\_\_\_\_\_ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation and failing settlement in mediate, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company pf panel or mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act, 9 U.S.C. Section 1- et seq. The parties hereto stipulation that this agreement involves matters affecting interstate commerce.

\_\_\_\_\_ This application is current for 60 days. 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.

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



CRIMINAL HISTORY SEARCH CONSENT FORM

Applicant Information

\_\_\_\_\_

Last Name

First

MI

I \_\_\_\_\_ have had no prior convictions of an offense described in the **Health and Safety Code** which would bar or potentially bar employment as listed below:

- Criminal Homicide
- Indecency With A Child
- Solicitation Of A Child
- Arson
- Aggravated Robbery
- Burglary & Criminal Trespass
- Weapons
- Public Lewdness
- Public Indecency

- Kidnapping and False Imprisonment
- Agreement To Abduct From Custody
- Sale Or Purchase Of A Child
- Robbery
- Assaultive Offenses
- Theft
- Fraud
- Indecent Exposure

I UNDERSTAND THAT THE HOME HEALTH AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK BEFORE OFFERING ME EMPLOYMENT. I, THE UNDERSIGNED, HEREBY AUTHORIZE THIS AGENCY TO CONDUCT AND VERIFY MY CRIMINAL HISTORY BY PERFORMING A CRIMINAL HISTORY CHECK.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date





PSS & CNA SKILLS CHECKLIST

Name \_\_\_\_\_

Date \_\_\_\_\_

Please place a check-mark in the appropriate box using the Self-Rating Key below:

- 0 – No experience
- 1 – Minimal experience/works with supervision
- 2 – Independent/works without supervision in most cases
- 3 – Senior/works at supervisory or teaching level

I have knowledge of and can provide care and assist patients with the following tasks:

	0	1	2	3
<b>AMBULATION</b>				
Crutches				
Walker				
Cane				
Gait Belt				
Personal Care				
Bath:				
a. Bed				
b. Tub				
c. Shower				
Skin Care				
a. Back Rub				
b. Decubitus				
Dress				
a. Assist as Needed				
b. Use of Assistive Devices				
Hair Care				
Nail Care				
a. Clean/file/trim with clippers				
Oral Hygiene				
a. Mouth Care				
b. Brush Teeth				
c. Denture Care				
Shaving: Safety Razor/Electric Razor				
<b>NUTRITION HYDRATION</b>				
Feeding Techniques				
Assist with Eating				

	0	1	2	3
Use of Feeding Assistive Devices				
Measure & Record Intake				
Encourage Fluids				
<b>BASIC INFECTION CONTROL PROCEDURES</b>				
Hand Washing				
Universal Precautions				
Use of Warm & Cool Water Applications				
<b>ELIMINATION</b>				
Bedpan / Urinal				
Bedside Commode				
Care of Incontinent Patient				
Stoma Care				
Measure & Record Output				
<b>URINARY CATH CARE</b>				
Perineal Hygiene				
Foley Catheter				
Supra Public Catheter				
<b>TRANSFER TECHNIQUES</b>				
User of Transfer Gait Belt				
Weight Bearing				
Non-Weight Bearing				
Mechanical Lift				
Wheelchair				
<b>TURNING / POSITION</b>				
Supine				
Side-lying				
In Chair				



	0	1	2	3
In Bed				
Use of Lift Sheet				
<b>COMMUNICATION</b>				
Verbal				
Non-Verbal with Cognitively Impaired Patients				
<b>ROM EXERCISES</b>				
Active				
Passive				
Combination				
<b>VITAL SIGNS</b>				
Temperature				
1. Oral				
2. Rectal				
3. Ear Canal				
Pulse				
1. Apical				
2. Radial				
3. Pedal				
Respirations				
Blood Pressure				
Height				
Weight				
1. Standing				
2. Bed Scale				
3. Chair Scale				
<b>SAFETY DEVICES</b>				
Vest Restraint				
(Soft) Wrist / Ankle Restraint				
Padded Side Rail				
Side Rails				
<b>MENTAL HEALTH SOCIAL SERVICE NEEDS</b>				
Demonstrates principles of behavior management				
Provides emotional support to patient				
Encourages Family Support				
Encourages Patients to Make Personal Choices				

	0	1	2	3
<b>MENTAL HEALTH SOCIAL SERVICE NEEDS, Continued</b>				
Respect Patient's Rights & Dignity Including Privacy & Confidentiality				
Encourages Self-Care as Ability Allows				
Knowledge of Adult, Child and Elder Abuse Reporting Statutes				
Knowledge of Domestic Violence and Violent Injury Reporting Statutes				
<b>SAFETY EMERGENCIES</b>				
Recognizes & Reports Safety Hazards				
Recognizes & Reports Emergencies & Responds Appropriately				
Handles O <sub>2</sub> Safely				
Observes, Reports & Documents Changes in Body Functions & Behavior				
<b>CARE OF PROSTHETIC DEVICES</b>				
Limbs				
Eye Glasses				
Hearing Aids				
<b>SPECIMEN COLLECTION</b>				
Urine				
Stool				
Sputum				
<b>UNDERSTAND &amp; CAN PERFORM</b>				
Binders & Bandages				
ACE Bandages				
Support Stockings				
Care of the Deceased				
<b>ASSIST THE CARE OF PATIENT WITH</b>				
Diabetes				
Cancer				
Heart Disease				
O <sub>2</sub> Therapy				
Respiratory Disease				
Terminal				
Infections Disease				

To the best of my knowledge, information provided on this PSS & CNA skills checklist is true and accurate. My signature indicates that I have read this document in its entirety and understand its contents.

Signature

Date



REFERENCE CHECK 1

Applicant Name: \_\_\_\_\_  
Last First MI

Position Applied For: \_\_\_\_\_

Contact Information

Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For Office Use ONLY

Was the applicant an employee of your company?  Yes  No

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

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

What was the applicant's position on the last day of employment? \_\_\_\_\_

What were the applicant's responsibilities?

What are the applicant's strengths and weaknesses?

How would you characterize the applicant's technical skills?

What was the applicant's reason for leaving?

Would you rehire this person?  Yes  No

Is there anything you would like to add?



Completed by: \_\_\_\_\_

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



REFERENCE CHECK 2

Applicant Name: \_\_\_\_\_  
Last First MI

Position Applied For: \_\_\_\_\_

Contact Information

Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For Office Use ONLY

Was the applicant an employee of your company?  Yes  No

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

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

What was the applicant's position on the last day of employment? \_\_\_\_\_

What were the applicant's responsibilities?

What are the applicant's strengths and weaknesses?

How would you characterize the applicant's technical skills?

What was the applicant's reason for leaving?

Would you rehire this person?  Yes  No

Is there anything you would like to add?

Completed by: \_\_\_\_\_

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



REFERENCE CHECK 3

Applicant Name: \_\_\_\_\_  
Last First MI

Position Applied For: \_\_\_\_\_

Contact Information

Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For Office Use ONLY

Was the applicant an employee of your company?  Yes  No

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

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

What was the applicant's position on the last day of employment? \_\_\_\_\_

What were the applicant's responsibilities?

What are the applicant's strengths and weaknesses?

How would you characterize the applicant's technical skills?

What was the applicant's reason for leaving?

Would you rehire this person?  Yes  No

Is there anything you would like to add?



## **Certified Nurse's Assistant Job Description**

Paraprofessional personnel consist of Certified Nurse's Assistants who are listed on the Maine Registry of Certified Nursing Assistants. Verification with Maine Registry of Certified Nursing Assistants and criminal history is obtained by the agency prior to hiring.

### **Duties**

- Helping client with bathing, mouth/skin/hair care
- Observes Universal Precautions
- Helping client in and out of bed and assisting with ambulation
- Helping with health care treatment as determined in the client's plan of care
- Preparing meals and assisting with feeding or food set up
- Helping client to bathroom, commode or on the bedpan
- Performing household services which support the client's self-care program to promote independence and prevent or postpone institutionalization
- Reporting to RN/supervisor, changes in client's condition, unmet needs and assisting in emergencies to get help
- Completing the appropriate documentation with signature, title and date
- Attending all mandatory agency in-services and meetings
- Is knowledgeable of client's rights and ensures their dignity, safety and privacy
- Demonstrates excellent attendance, complies with dress codes including personal hygiene
- Reports to and is supervised by Director of Clinical Services or Designee.

### **Physical/Emotional Effort Required**

- Regular standing, walking, squatting, stooping, kneeling, crouching, reaching
- Regular pushing/pulling of wheelchairs across tiled/carpeted surfaces
- Regular lifting of turning clients usually weighing between 100-300 pounds with assistive devices (gait belt/mechanical lift)
- Ability to lift up to 50 pounds
- Manipulating equipment such as blood pressure monitoring devices and medication packaging
- Reading and writing, such as pertinent clinical care information, in English
- Comprehension, such as understanding verbal or written assignments, safety-related information in English and medication orders/medical terminology
- Visual and hearing skills, such as observing, listening and responding to clients and care situation
- Coping skills such as flexibility in dealing with constant change, difficult client behaviors, emergency situations and client death



**I acknowledge and understand that:**

- Receipt of the job descriptions does not imply nor create a promise to employment, nor an employment contract of any kind and that my employment is at-will
- The job description provides a general summary of the position in which I am employed, that the contents of the job description are job requirements and at this time, I am able to perform these essential functions with or without accommodation. I further understand that it is my responsibility to inform my supervisory if at any time I am unable to perform these functions.
- Job duties, tasks, work hours and work requirements may be changed at any time
- I have read and understand this job description

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Signature of Employee

Date

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Signature of Employer

Date