

Work History

Please provide information of current employer or last position held, if applicable.

Employer: _____ Title: _____

Dates of Employment: _____ to _____

Supervisor: _____ Email: _____

Address: _____
Street Address City State Zip Code

Phone #: _____

Emergency Contact

In the case of an emergency, please list who to contact.

Name #1: _____

Address: _____
Street Address City State Zip Code

Cell Phone #: _____ Alternate #: _____

Email Address: _____

Certification

Please check for those applicable:

Basic Life Support (BLS) / CPR Expires: _____
*Required for students if observing more than 4 hours.
*American Heart Association only.

Advanced Cardiac Life Support (ACLS) Expires: _____

****Please attach photo of certification card and include with application submission.***

References

You may include previous supervisors and/or instructors, but we ask that you do not list relatives.

Reference #1: _____

Cell Phone #: _____ Alternate #: _____

Email Address: _____

Reference #2: _____

Cell Phone #: _____ Alternate #: _____

Email Address: _____

Release of Information

- (a) The applicant specifically authorizes the hospital and its authorized Representatives to consult with any third party who may have information bearing on the applicant's professional qualifications, credentials, clinical competence, character, health status, ethics, behavior, or any other matter reasonably having a bearing on the applicant's qualifications. This authorization includes the right to inspect or obtain any and all communications, reports, records, and documents from said third parties. The applicant also specifically authorizes said third parties to release said information to the hospital and its authorized representatives upon request.
- (b) To the fullest extent permitted by law, the applicant releases from any and all liability, extends absolute immunity to, and agrees not to sue the hospital, its authorized Representatives and third parties with respect to any acts, communications or documents, recommendations or disclosures involving the applicant.

Printed Name

Signature

Date/Time

I acknowledge the receipt of the On–Line Orientation Manual. I have received various material and instructions on the topics listed below.

- Roles & Responsibilities
- Service Excellence
- Patient Rights & Responsibilities
- Cultural Diversity
- Professional Image
- Harassment Free & Workplace Violence
- Environmental/Occupational Safety
- Parking/Lost & Found
- Infection Prevention
- Corporate Compliance
- HIPAA Privacy & Security of Health Information
- Quality Improvement/Risk Management Program
- Tobacco Free Environment
- Document Management System

Printed Name

Signature

Date/Time

I agree to:

- Adhere to general rules, policies and regulations of the facility
- Abide by the Tobacco Free policy
- Abide by the cell phone and social media policy
- Act professionally and refrain from making inappropriate comments or gestures toward employees, patients, and family members
- Abide by the corporate compliance and infection prevention/control policies
- Respect patient's right to privacy and maintain confidentiality at all times
- Report any suspicious circumstances or patient/quality concerns to assigned staff member
- Work in collaboration with assigned staff member and treat individual with respect
- Wear proper identification badge and abide by facility dress code policy
- Notify assigned staff member when arriving and leaving facility
- Only use computer access as appropriate in order to carry out assigned duties
- Not share my password with anyone
- Participate in E-learning policy
- Attend required mandatory compliance meetings
- Treat hospital property with respect
- Return all property provided to assigned staff member at end of facility placement
- Understand that I will be responsible for the cost of any damaged or lost property
- Refrain from posting information on social media sites
- Refrain from cell phone usage and texting during placement at facility

Printed Name

Signature

Date/Time

Please note: Answers can be found by reviewing the orientation manual.

1. What is the mission of the facility? _____

2. Our facility is designed to contain a fire behind closed doors to allow firefighting efforts to occur. If you discover a fire recall the RACE acronym. What does it stand for?
R _____ A _____ C _____ E _____

3. What is the purpose of Standard Precautions?

4. Who is the Compliance Officer? _____

5. What is the purpose of the Code of Conduct?

6. What does PHI stand for? _____

7. How do you lock down your computer before leaving? _____

8. Who is the Privacy Officer? _____

9. What is the software product used for reporting an incident? _____

10. What committee is responsible for form changes/approvals? _____

Printed Name

Signature

Date/Time