

CHEROKEE NATION HOME HEALTH SERVICES, INC.

CNHHS MISSION IS TO PROVIDE LIFE ENHANCING HOME AND COMMUNITY BASED HEALTH SERVICES WITH PRIDE, COMPASSION, AND INTEGRITY TO THOSE IN NEED

UNIFORM EMPLOYMENT APPLICATION FOR NURSE AIDE & PERSONAL CARE AIDE STAFF



CNHHS, Inc.

**MAILING ADDRESS:
ONE PLAZA SOUTH PMB #374
TAHLEQUAH, OKLAHOMA 74464**

**918-456-5051
TOLL FREE: 1-800-307-4768
FAX: 918-456-1120**

NOTICE TO APPLICANTS AND EMPLOYEES:
SCREENING TESTS FOR ALCOHOL AND ILLEGAL DRUG USE MAY BE
REQUIRED BEFORE HIRING AND DURING YOUR EMPLOYMENT HERE.

PLEASE RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS.

NAME: _____

DATE: _____

ADDRESS: _____

CITY: _____

COUNTY: _____

COMMUNITY: _____

IF YOU ARE A MEMBER OF A NATIVE AMERICAN TRIBE, WHAT TRIBE? _____

****APPLICATIONS ARE KEPT ON FILE FOR 90 DAYS THEN DESTROYED****

CHEROKEE NATION HOME HEALTH SERVICES, INC.

A Tribal Corporation wholly owned by Cherokee Nation

**Acting in accordance with Legislative Act 8-04 of the Cherokee Nation
Tribal Council provides this**

Notice to Workers

Effective June 13, 2004

All covered workers are hereby notified that the Cherokee Nation is a sovereign Nation for purposes of workers' compensation, governed by the laws set forth by the Tribal Council of the Cherokee Nation and that no other workers' compensation law, including that of the State of Oklahoma, is applicable to injuries or death sustained by a covered worker. If you do not fully understand the terms, conditions, and provisions of the Cherokee Nation Workers' Compensation Act, contact your supervisor or the human resources office for further details. The right to receive workers' compensation pursuant to the provisions of the Act for injuries or death sustained by a claimant shall be the exclusive remedy against the employer. The employer shall not be required to pay for an injury, death, or disability if (1) an injury is occasioned by the willful intention of the injured employee to bring about injury to himself or herself or another; or (2) if an injury results directly from the willful failure of the injured employee to use a guard or protection against accident furnished for use by the employer; or (3) such claim is otherwise excluded by the Act.

Signature

Date

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: _____

Uniform Employment Application for Nurse Aide Staff

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): _____

Uniform Employment Application for Nurse Aide Staff

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?

Uniform Employment Application for Nurse Aide Staff

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 _____	Program Name _____	Start Date _____	End Date _____
Category _____	Program Name _____	Start Date _____	End Date _____
Category _____	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 _____

Uniform Employment Application for Nurse Aide Staff

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):

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Assault, battery, or assault and battery with a dangerous weapon, B. Aggravated assault and battery, C. Murder or attempted murder, D. Manslaughter, except involuntary manslaughter, E. Rape, incest or sodomy, F. Indecent exposure and Indecent exhibition, G. Pandering, H. Child abuse, | <ul style="list-style-type: none"> I. Abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person, J. Burglary in the first or second degree, K. Robbery in the first or second degree, L. Robbery or attempted robbery with a dangerous weapon, or imitation firearm, M. Arson in the first or second degree, N. Unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substance Act, O. Grand larceny, or 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

Prior Work History (List the last 10 years of your past employment not included on previous sheet, if applicable)

Employer's Name and Address: _____ Phone Number: _____

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To: (month/year) _____

Reasons for leaving: _____

Employer's Name and Address: _____ Phone Number: _____

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To: (month/year) _____

Reasons for leaving: _____

Employer's Name and Address: _____ Phone Number: _____

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To: (month/year) _____

Reasons for leaving: _____

Employer's Name and Address: _____ Phone Number: _____

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To: (month/year) _____

Reasons for leaving: _____

Employer's Name and Address: _____ Phone Number: _____

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To: (month/year) _____

Reasons for leaving: _____

List name(s) of all other employers beyond the last employer listed:

