



Thank you for your interest in Peak Nursing. When you have completed the application packet, please call our office to schedule a time that is convenient for your interview 303-300-3455. When you come in for your interview please have the following items with you or you may fax or email them ahead of time to start the application process quicker.

1. Copy of your **Current** CO Nursing License
2. Copy of your **Current** BLS certification
3. Copy of any other **Current** certifications (ACLS, TNCC, PALS, NRP, etc..)
4. Copy of your Drivers License and SS card
5. Copy of your **Current** PPD-TB Test or current chest x-ray (this will be done annually)
6. Copy of your Hepatitis B series or signed declination form
7. Copy of Immunizations (**MMR** vaccination or titer, Tetanus, **FLU** vaccination or declination, Chicken Pox vaccination or titer)
8. Copy of a **Current** Physician's Statement (within past 12 months)
9. Completed Skills Assessment (this will be done annually)
10. Completed Job Application
11. Resume with References
12. Completed W-4 and I-9
13. Completed Direct Deposit Form with a voided check
14. Completed Signed Page
15. Completed Test Answer Sheets **~Nursing Comps & OSHA~** (this will be done annually)
16. Completed Background Check Consent form

For Hospital Candidates the following information is also needed in additional to the above items.

- Job Description (first page) (this will be done annually)
- Restraints Checklist & Test (this will be done annually)
- TB Questionnaire
- Drug Policy Form
- Orientation Verification Form
- Floating Policy Form
- Security Agreement Form
- Swedish Orientation Form (RNs only)
- MRSA Test
- Core Test (RNs Only)
- Basic Meds Test (RNs Only)
- RN Specialty Paperwork

**All information must be completed and returned prior to working for Peak Nursing**

**Thank You**

[www.peaknursing.com](http://www.peaknursing.com) ~ 303-512-0125 Fax ~ 303-300-3455 Office

[hiring@peaknursing.com](mailto: hiring@peaknursing.com)

Team Member Name: \_\_\_\_\_



## Contract Application

Today's Date: \_\_\_\_\_ Date Available For Work: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell : \_\_\_\_\_ Other Phone: \_\_\_\_\_

Can you provide eligibility to work in the United States: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Type of Licensure: RN: \_\_\_\_\_ LPN: \_\_\_\_\_ CNA: \_\_\_\_\_ Other: \_\_\_\_\_

Shift Preferences: Days: \_\_\_\_\_ Eves: \_\_\_\_\_ Nocs: \_\_\_\_\_ Other: \_\_\_\_\_ (doubles, 12's, etc...)

Day of the week preferences: M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ Thur: \_\_\_\_\_ F: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Are you available for Late Calls: YES: \_\_\_\_\_ NO: \_\_\_\_\_

How far are you willing to travel for shifts: \_\_\_\_\_

Referred By: \_\_\_\_\_

Has your license or certification ever been under investigation: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If YES, please

explain: \_\_\_\_\_

Have you ever been convicted of a Felony: YES: \_\_\_\_\_ NO: \_\_\_\_\_

### EDUCATION

High School Name \_\_\_\_\_

Address \_\_\_\_\_ City\* \_\_\_\_\_

State/Zip\* \_\_\_\_\_

Highest Grade Completed-Year Graduated \_\_\_\_\_

### Higher Education

College/Vocational Name \_\_\_\_\_

Address \_\_\_\_\_ City\* \_\_\_\_\_

State/Zip\* \_\_\_\_\_

Degree Received & Date \_\_\_\_\_

Team Member Name: \_\_\_\_\_

**LICENSE AND CERTIFICATIONS**

State  Expiration Date

License Type  License/Certification Number

State  Expiration Date

**List all of your work experience for the past 7 Years beginning with your most recent job. You will be asked to explain all gaps in employment and what you were doing during that time. Include military experience, summer jobs, part-time jobs and any verifiable work performed on a voluntary basis.**

Company Name  Address

Title  From  To

Salary

Describe your most recent job duties and accomplishments

Name of Supervisor  Phone  May We

Contact?

Are your employment records listed under another

name?

Explain your reason for leaving

Company Name  Address

Title  From  To

Salary

Describe your job duties and accomplishments:

Name of Supervisor  Phone  May we Contact?

Are your employment records under another

name

Explain your reason for leaving

Team Member Name: \_\_\_\_\_

Company Name  Address   
Title  From  To   
Salary   
Describe your job duties and accomplishments

Name of Supervisor  Phone  May we  
contact?   
Are your employment records listed under another  
name?   
Explain your reason for leaving

Please list any other work related information you think would be helpful to us, such as specialized training, certifications, additional work experience, etc.

What is your level of commitment to working with us?

PRN  Part time  Full time  Short term assignment  Long term

How many times have you called in sick over the past year?

When you leave a position how much notice do you give?   
How would you describe your communication skills?

What's more important, your job performance or your pay? Why?

If you make a mistake what would you do?

When you have a question about a procedure or policy what do you do?

How many hours do you want to work per week?

Have you or are you currently working for an agency? YES \_\_\_ NO \_\_\_  
If so which one and at what facilities?

What did you like or dislike about working for them?

Do you have preferences to what facility or unit you would like to return to or not go to again?

How do you handle a bad experience at a worksite? How do you communicate this to your supervisors?

Team Member Name: \_\_\_\_\_

What is your schedule and your availability from month to month?

**REFERENCES:**

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

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

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination.

I authorize *PEAK NURSING TEAM, INC* to disclose this application in addition to any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit information. I authorize *PEAK NURSING TEAM, INC* to investigate my employment history, credentials and to obtain any relevant information including a criminal-background-check. I authorize *PEAK NURSING TEAM, INC* to disclose any of my performance appraisal, skills tests or disciplinary records for the purposes stated above. I release *PEAK NURSING TEAM, INC* and any individual or entity providing information to *PEAK NURSING TEAM, INC* from all liability for any damages from the disclosure of this information.

I understand that in the event I become employed by *PEAK NURSING TEAM, INC*, my work assignments, schedules and/or work locations are subject to change according to market demands and the need of the clients of *PEAK NURSING TEAM, INC*.

I understand that in the event I leave *PEAK NURSING TEAM, INC*, I am not eligible for employment within Peak Nursing's contract facilities for 90 days.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### **Sexual and Other Unlawful Harassment:**

Peak Nursing Team, Inc is committed to our employees and clients in providing a work environment free of all forms of discrimination and behavior that can be considered harassing, coercive or disruptive. This includes sexual harassment. Actions, words, jokes or comments that are based on a persons, race, color, religion, ethnicity, age, disability, sexual orientation and any other legally protected characteristic will not under any circumstances be accepted. Peak Nursing Team, Inc ensures you the opportunity to work in an environment free from any of form of sexual or other unlawful harassment.

Sexual harassment is defined as any unwanted sexual, visual, verbal or physical advances. This definition includes many forms of offensive behavior and also includes gender-based harassment of a person of the same sex as the harasser. The following is a partial list of sexual harassment examples:

- Any unwanted sexual advances
- Offering employment or advancement for sexual favors
- Making or threatening reprisals after a negative response to sexual advances
- Visual behavior that includes leering, sexual gestures, or displaying of sexually suggestive objects, pictures, cartoons or posters
- Verbal behavior that includes derogatory comments, epithets, slurs or jokes
- Verbal propositions or sexual advances
- Verbal abuse of a sexual nature, graphic commentaries about a person's body, sexually degrading words to describe a person or suggestive obscene letters, notes or invitations
- Physical contact as in touching, assaulting, impending or blocking movements
- Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a
- Sexual nature constitute harassment when:
  - Submission to such behavior is made explicitly or implicitly a term/condition of employment
  - Submission or rejection of said behavior is used as a basis for making employment decisions or the behavior has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment

If you experience or witness any of this harassment described in the workplace, report it immediately to your supervisor. If the supervisor is unavailable or you feel it to be inappropriate to contact that person, contacting the Human Resource Manager or any other management would be appropriate. You can raise concern or make reports with out fear of reprisal or retaliation.

All allegations of sexual harassment will be quickly and discreetly investigated. Your confidentiality and that of any others who witnessed, along with the alleged harasser will be protect to what ever extent possible from any unnecessary disclosure. When the investigation is complete, you will be informed of the outcome.

## Team Member Conduct and Work Rules:

To provide the optimal work environment and to ensure orderly operations, Peak Nursing Team, Inc expects all team members to follow these rules of conduct. This is to protect the safety and interests of all team members and their clients.

It is not possible to list all the forms of behavior and infractions that are considered inappropriate and unacceptable in the workplace. The following are general examples that can result in disciplinary action or termination of employment:

- Theft of property
- Falsification of time keeping records
- Use of alcohol or controlled substances in the workplace
- Possessions of alcohol, controlled substance with intent to use, sell or transfer
- Fighting or threatening of violence while in the workplace
- Unsatisfactory performance or behavior
- Violation of personnel policies
- Unauthorized use of confidential material, information or "business secrets"
- Unauthorized use of telephones, mail systems or any other employer-owned property
- Unauthorized absence from workstations during the workday
- Absence without prior notification or excessive absences
- Possession of dangerous or unauthorized materials, such as explosives or firearms
- Sexual or other unwelcome harassment
- Smoking in prohibited areas
- Violation of safety and health policies
- Disrespectful behavior or insubordination
- Negligence or improper behavior leading to damage of employee owned or client owned property

Employment with Peak Nursing Team, Inc is at the mutual consent of both Peak Nursing Team, Inc and the team member. Either party may terminate this relationship at any given time with or without cause and with no prior notice.

## Peak Nursing Team

### **Policies and Procedures**

Welcome to Peak Nursing Team! We look forward to sharing a positive and fulfilling work experience with you. Our agency places high value on respect and communication among Team Members. This Policies and Procedures document has been created to help us work better together as a team. Included in this document you will find information on our Payroll, HR, Call Offs, Med Holes and Bonus Referrals policies. If you have any questions regarding these policies or have any suggestions on how to better your Peak Nursing Team experience please contact us for more information. We are always looking for new ideas on how to make our Team even better!

#### **Payroll**

- Pay period runs Sunday to Saturday
- Timecards are due by 5:00pm on Mondays via fax 303-512-0125 or email [timecards@peaknursing.com](mailto:timecards@peaknursing.com)
- Pay stubs or paychecks are mailed out each week to be received by Friday
- Direct Deposits post to the bank each Friday
- Team Members will only be paid for timecards that have been both completed correctly and submitted by 5:00pm by Monday. You will be asked to resubmit your timecard should it come to us incorrect Each timecard must include the following information:
  1. Employee Name
  2. Facility Name
  3. Date Worked
  4. Time Clocked In, Time Clocked Out, and Break Times
  5. Facility Supervisor Signature
  6. Employee Signature
- Timecards must be filled out and signed for Orientation shifts and for Meditech Training
- Orientation shifts and Meditech Training are paid at half your hourly wage
- For Hospital shifts you will be given an EIN number to log into the hospital's Kronos timecard system.
- Both logging into Kronos and submitting a timecard will be needed for any hospital shifts worked
- Any issues logging into the Hospital Kronos system must be reported to Peak Nursing Team immediately
- Overtime is paid for any shift lasting longer than 12 hours
- Overtime is paid after 40 hours worked in one pay period at the same facility
- 40 hours worked in one pay period at a combination of facilities is not considered overtime
- If you need a timecard after hours, you may print one from the Peak Nursing website ([www.peaknursing.com](http://www.peaknursing.com)) or complete a handwritten timecard with all of the necessary information
- Please keep a confirmation of your faxed timecard to ensure your timecard has been sent to us
- We can take timecards in at any point in time after you work a shift, thus ensuring they are in before Monday at 5pm

## Peak Nursing Team

- If you lose a completed timecard, it is your responsibility to contact the facility and have a new one completed and then submitted to Peak Nursing Team.
- A copy of your timecard needs to be left with the facility as well as one faxed into us.
- Please note that yellow copies of the timecards do not fax well. If you have already left the white copy with the facility please darken in the copy of your yellow sheet before faxing to us so we can read it.

## Human Resources

### Dress Code and Shift Protocol:

- Team Members are required to wear clean scrubs, sneakers or nursing shoes and their Peak Nursing nametag
- Nametags are mailed to new Team Members within their first week of employment
- Upon arriving to your first shift at any given facility, you are to report to the Charge Nurse
- The Charge Nurse will give you your assignment and any other information needed to complete your scheduled shift.
- If you are running late for a shift for any given reason, it is extremely important that you notify either the facility or Peak Nursing Team of this tardiness
- A copy of your timecard should be left with the facility as well as one faxed into us.

### Employee Files:

As a respected nursing agency we are required to have completed and up to date files for each of our Team Members. Therefore, all employees are required to provide us with current:

- Immunizations
- Mantoux (TB) Testing
- CPR Cards
- Driver License
- Nursing Licenses

Any additional employment forms that are given to you must be completed and delivered by mail, fax, or email before your next scheduled shift. Any employee who does not comply with these regulations can not be scheduled for any shifts till their files are compliant.

### Staff Communication:

Our Staffers will work hard to schedule you for your requested shifts and locations. It is important to keep close communication with our Staffers so we can offer you the dates and times you prefer. We request that our employees contact our office no less than once a week by telephone, email or through the availability calendar on our Peak Nursing website, [www.peaknursing.com](http://www.peaknursing.com). If a Team Member does not check-in with the office on a weekly basis and does not return voicemail messages he/she will be considered inactive.

# Peak Nursing Team

## Call Offs

At Peak Nursing Team we strive to fulfill the needs of both our Facilities and Team Members. We work hard to make a “match” when scheduling shifts so the needs of our facilities and staff are both met. If a Team Member cancels his/her shift, both the facility and our agency are left in a true bind. It is extremely difficult for our agency to replace someone with another Team Member. In the event of an emergency and you do need to call off from a scheduled shift, we have provided detailed instructions on the steps that need to be taken. *If a Team Member is calling off due to an illness or medical situation, the Team Member must obtain a physician’s medical note.*

### CALL OFF PROCEDURE

THE ONLY TIME AN EMPLOYEE SHOULD BE CALLING OFF FROM A SCHEDULED SHIFT IS DUE TO AN EMERGENCY!!

- Call Peak Nursing Team 303-300-3455 and speak with the on-call personnel directly. Please note you CAN NOT leave a message of your call off, you must speak with someone live to make sure Peak Nursing Team is informed of your situation
- Call Off’s that are non-emergencies will be deemed unexcused
- Peak Nursing Team reserves the right to request supporting documentation from a Team Member after any shift call off
- Documentation not provided to Peak Nursing Team for any emergency call off, call off will be deemed unexcused
- Three Unexcused call off’s in a 6 month period will result in disciplinary action
- If a Team Member accepts a late call (any shift with less than 24 hours notice) he/she is obligated to work that shift.

## Med-Holes

Med-Hole is defined by any missing documentation in regards to medications given or not given, treatments performed or not performed and anything else a given facility requires on a shift. If any documentation is missing at the completion of a shift it is considered not done in the eyes of both the facility and Peak Nursing Team. This leaves Team Members at risk of med errors and the potential of being reported to the State by the facility. We also put our facilities at risk for deficiencies in their state survey. Please keep the following information in mind when completing shifts at facilities:

- Review MARs, TARs and Narcotics Books before leaving the facility at the completion of your scheduled shift
- Do not rely on the facility Charge Nurse to find any holes that you may have left in your documentation
- If a med-hole is left in any of the documentation books, you are responsible to go back to the facility within 24 hours of med-hole notification
- If a facility contacts us in regards to three separate med hole issues, Peak Nursing Team will no longer be able to send you to that facility
- If med-holes occur at three separate facilities this will result in disciplinary action

## Peak Nursing Team

### **Bonus Referral**

The Peak Nursing Team Referral Bonus Award is an incentive award granted to a current Team Member who brings new talent to the agency by referring persons who are subsequently selected and successfully employed for an otherwise hard to fill position.

The bonus break down is as follows:

New Employee's 1<sup>st</sup> Shift completed = \$25

New employee works the equivalent of "x" shifts per week during their 1<sup>st</sup> 90 days receives:

Less than 1 shift a week=\$50

1 shift per week =\$100

2 shifts per week = \$200

3 shifts per week=\$300

4 shifts per week = \$400

5+ shifts per week =\$500

### **Peak Nursing Team Website**

The Peak Nursing Team website, [www.peaknursing.com](http://www.peaknursing.com) provides very useful information for our Team Members. The website contains a list of facilities with addresses, phone numbers and map links for your convenience. Timecards, employment packets and newsletters are also available to view and print. The website is an excellent tool to help you stay current and communicate effectively with our Staffing Team.

Pay Rate:\_\_\_\_\_

Date of Hire:\_\_\_\_\_

**Please retain the policies and procedure document for your records.**

Peak Nursing Team



DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_

I have read and understand the information on the **Policies** and **Procedures** of Peak Nursing Team.

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

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this signature page back to Peak Nursing Team by fax 303-512-0125 or by email [questions@peaknursing.com](mailto:questions@peaknursing.com).**

## OSHA-HIPAA Competency



## OSHA-HIPAA Competency

Please answer True or False for each question on the answer sheet.

1. There are rarely warning signs to Violence?
2. It helps to talk loudly to a person who shows signs of losing control?
3. You should report all threats and incidents of Violence?
4. You can tell immediately the type of person who is most likely to use Violence?
5. Most threats can be ignored or treated as jokes?
6. In deciding whether to restrain or seclude a patient it is important to first consider how it would affect the staff's workload?
7. Restraints can be physical or chemical?
8. There are generally no time limits on orders to use restraints or seclusion?
9. Staff members should assess a patient's need and consider alternatives before using a restraint or seclusion?
10. Restrained or secluded patients do not need to be monitored closely?
11. Young children should never be given choice?
12. Older children are concerned with school, fitting in and being useful?
13. It is important to involve teenagers as a partner in their care?
14. An adult 80 and older, confusion is a definite sign of permanent loss of their mental abilities?
15. You should not let a patient's emotional state or cultural background affect how you communicate with them?
16. A person's cultural belief should not effect how you may need to interact with a patient's medical care or treatment?
17. Treating all patients the same regardless of their cultural differences, age, gender, socio-economic status, evidence of abuse of sexual orientation is the best solution?
18. Acceptance of human touch and privacy issues vary from culture to culture and show be considered when necessary?
19. Never assume you understand the cultural beliefs of someone because differences exist even with in the same culture group?
20. One should try to move heavy patients by oneself first before getting help?
21. It is best to bend forward and keep knees straight when lifting?
22. Twisting and other sudden movements can increase the risk of injury?
23. Patients do not need to be prepared for moves?
24. It is best to keeps loads as close to your body as possible?
25. One should unplug equipment before one turns it off?
26. Any device that stalls or sparks should be reported?
27. IV's certain catheters and wet dressings can make some patients more vulnerable?
28. If someone is being shocked you should shut off the power before touching them?
29. Faulty electrical equipment can cause fires?
30. It is ok to prop fire doors open even for a short period of time?
31. If a fire breaks out, you should always try to fight the fire?
32. Careless smoking is a cause of fire in healthcare facilities?
33. Only certain staff members should know the fire safety plan?
34. HBV infections always cause symptoms?
35. A series of Hepatitis B shots is an effective way of protecting you from an infection?
36. HBV can be passed by casual contact?
37. There is a 30% risk of infection if exposed to materials that are infected with HBV?

## OSHA-HIPAA Competency

38. Most cases of HBV can be treated successfully with prompt proper treatment?
39. People with HIV may look or feel healthy?
40. Even if you follow all procedures, caring for someone who has HIV or AIDS is very risky?
41. You should wash your hands immediately after touching blood, body fluids, broken skin, or mucous membranes?
42. You should wash your hands in between patient contacts even if you wear gloves?
43. HIV will always be spread through blood products?
44. HIPAA Privacy rules create national standards to protect individual's medical records and other personal health information?
45. It is against HIPAA regulations to discuss information about a patient with other staff members?
46. If a HIPAA law is violated the penalty could be as much as a 250,000 fine, jail for the employee who violates the law up to 10 years, loss of employment?
47. Employees are required to get information on all patients on the unit before starting the shift?
48. Name, address, age, social security number, diagnosis, treatment and past health history all considered public information?
49. The Privacy Rule applies to providers of health care?
50. The patients diagnosis and procedures performed are considered protected information?
51. One way to protect patient privacy is to close resident doors when discussing treatment or other private information?
52. If you observe patient information left in an unsupervised area or in a trash receptacle, report it immediately to your supervisor?
53. It is acceptable to share computer passwords with other staff members?
54. Universal Precautions means handling the blood and body fluids of all patients as potentially infectious?
55. Contaminated needles, sharps, and splatter of blood or body fluids into the eye, nose or mouth may transmit blood-borne pathogens?
56. Personal protective equipment or barriers include gloves, gowns, masks and eye wear?
57. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in the work areas in which there is a risk of occupational exposure?
58. If you have a needle stick, the first thing to do is squeeze blood from the puncture and or wash the exposed part of your body immediately?
59. When on assignment with Peak Nursing Team, Inc, it is your responsibility to inquire about and follow the hospital or long term care infection control policies and procedures?

OSHA-HIPAA Competency

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I authorize *PEAK NURSING TEAM, INC* to disclose this competency in addition to any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit information. I authorize *PEAK NURSING TEAM, INC* to investigate my employment history, credentials and to obtain any relevant information including a criminal-background-check. I authorize *PEAK NURSING TEAM, INC* to disclose any of my performance appraisal, skills tests or disciplinary records for the purposes stated above. I release *PEAK NURSING TEAM, INC* and any individual or entity providing information to *PEAK NURSING TEAM, INC* from all liability for any damages from the disclosure of this information.

**Printed Name:** \_\_\_\_\_

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

**Agency Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Team Member Name: \_\_\_\_\_



### Skills Assessment Competency

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

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

Agency Representative: \_\_\_\_\_

The following skills assessment will help determine your competency and experience for a position as an RN- LPN or CNA with Peak Nursing Team. You may be responsible for performing these duties in accordance with the Joint Commission on Accreditation of Healthcare Organization (JCAHO.)

Use the following rating scale to indicate the number that best represents your ability in that area. Place the number from the rating scale on the line next to the procedure or skill.

#### Rating Scale

- 1: Performs Routinely (independently)**
- 2: Observes or assists**
- 3: Limited or no experience**

#### Age Specific Competency:

Neonate: \_\_\_\_\_  
Child: \_\_\_\_\_  
Adult: \_\_\_\_\_

Infant: \_\_\_\_\_  
Adolescent: \_\_\_\_\_  
Geriatric: \_\_\_\_\_

#### Medications:

Oral Medications: \_\_\_\_\_  
Subcutaneous injections: \_\_\_\_\_  
Intramuscular injections: \_\_\_\_\_  
Z-track injections: \_\_\_\_\_  
Heparin Lock: \_\_\_\_\_  
Vaginal suppositories: \_\_\_\_\_

Ophthalmic Drops: \_\_\_\_\_  
Nasal Drops: \_\_\_\_\_  
Ophthalmic ointments: \_\_\_\_\_  
Topical ointments: \_\_\_\_\_  
Inhalers: \_\_\_\_\_  
Rectal suppositories: \_\_\_\_\_

#### Intravenous:

Starting an IV: \_\_\_\_\_  
Changing Tubing: \_\_\_\_\_  
Discontinuing and IV: \_\_\_\_\_  
Chemotherapy: \_\_\_\_\_  
Piggyback admin: \_\_\_\_\_  
IV push drugs: \_\_\_\_\_  
Plasma: \_\_\_\_\_

Regulate Flow: \_\_\_\_\_  
Maintain IV site: \_\_\_\_\_  
Hyper alimentation: \_\_\_\_\_  
CVP line: \_\_\_\_\_  
Medication addition: \_\_\_\_\_  
Whole blood admin: \_\_\_\_\_  
Serum Albumin: \_\_\_\_\_

Team Member Name: \_\_\_\_\_

### Rating Scale

**1: Performs Routinely (independently)**

**2: Observes or assists**

**3: Limited or no experience**

#### Infection Control:

Universal Precaution:	_____	Respiratory Isolation:	_____
Waste Disposal:	_____	Reverse Isolation:	_____
Disposal of sharps:	_____	Cleaning of equipment:	_____

#### Assessment:

Neurological:	_____	Cardiovascular :	_____
Drug interaction/allergic:	_____	Gastrointestinal:	_____
Cardio-Pulmonary:	_____	Musculoskeletal:	_____

#### Body Mechanics/Transfers:

Lifting and pulling:	_____	Transfer to wheelchair:	_____
Transfer to chair:	_____	Transfer to toilet:	_____
Turning and Positioning:	_____	Transfer to gurney:	_____

#### Restraints:

Soft limb restraints:	_____	Observation of patient in restraints:	_____
Leather :	_____	Documentation:	_____
Posey:	_____	Safety guidelines:	_____

#### Equipment:

Hemovac/Daval Suction Pump:	_____	Hoyer Lift:	_____
Wall Suction:	_____	Chest Wall suction:	_____
Mobil Vacuum suction:	_____	Wall Seal suction:	_____
Corstovac suction:	_____	Pleurevac/Emerson suction:	_____
Alternate pressure mattress:	_____	Egg crate mattress:	_____
PCA pump:	_____	Enteral Pump:	_____
Venturi mask:	_____	Oxygen mask:	_____
Trach collar:	_____	Nasal cannula:	_____
ABG kits:	_____	Ambu-bag:	_____
Bed Scale:	_____	TED hose:	_____
Heating pad:	_____	Heat lamp:	_____

#### Specimen Collection:

Urine for specific gravity:	_____	Sputum:	_____
Urine culture:	_____	24 Urine:	_____
Stool:	_____	Stool Hemocult:	_____

Team Member Name: \_\_\_\_\_

**Communication-Documentation:**

Reporting on assigned patients:	_____	Giving tape report:	_____
Performing Team Leader duties:	_____	Making assignments:	_____
Giving Oral report:	_____	Rounds:	_____

**Rating Scale**

- 1: Performs Routinely (independently)**
- 2: Observes or assists**
- 3: Limited or no experience**

**Procedures:**

Sitz Bath:	_____	Wet to Dry dressings:	_____
Personal Hygiene:	_____	Sterile dressing changes:	_____
Wound Irrigation:	_____	Bladder irrigation:	_____
Catheterization:	_____	Ostomy Care:	_____
Tap/Saline Enema:	_____	NG tube feeding:	_____
Soap Suds enema:	_____	Gastrostomy tube feeding:	_____
Fleets enema:	_____	Douches:	_____
Dobhoff tube:	_____	Levine Tube:	_____
Post Mortem Care:	_____	Chest Tube:	_____
Nasal Suctioning:	_____	Oral Suctioning:	_____

List special skills, critical care skills or any other pertinent skills :

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DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_

I have read and understand the information on Sexual & Unlawful Harassment.

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

I have read and understand the information on Team Member Conduct and Work Rules.

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

I have completed to the best of my knowledge and ability the OSHA/HIPAA Competency.

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

I have completed to the best of my knowledge and ability the Skills Competency.

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

I have read and understand the information on the Policies and Procedures of Peak Nursing Team.

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

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Peak Nursing Team  
303-300-3455 office  
hiring@peaknursing.com  
303-512-0125 fax



### **REFUSAL FORM FOR HEPATITIS B VACCINE**

**I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease.**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**(Print) Name and Soc. Sec. No.**

\_\_\_\_\_

**Signature**

## Authorization for Direct Deposits - Employee Form

This authorizes **PEAK NURSING TEAM, INC** to send credit entries (*and appropriate debit and adjustment entries*), electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts I identify in the future. This authorizes the financial institution holding the Account to post all such entries. ***Please submit a voided check or deposit slip of the indicated account(s) To Peak Nursing Team, Inc***

### Account #1

ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
EMPLOYEE BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

### Account #2

ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
EMPLOYEE BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
EMPLOYEE ID #

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Pay Rate

# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b>	_____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____			
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____			
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b>	_____			
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____			
For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}
{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}				

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2009</div>
<b>1</b> Type or print your first name and middle initial. Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b> _____
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ _____
<b>7</b> I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶		<b>Date</b> ▶
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional) <b>10</b> Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_
- 2** Enter: 

{	\$10,900 if married filing jointly or qualifying widow(er)	}	. . . . .	2	\$ _____
	\$ 8,000 if head of household				
	\$ 5,450 if single or married filing separately				
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ \_\_\_\_\_
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ \_\_\_\_\_
- 6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” 7 \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 \_\_\_\_\_
  - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \_\_\_\_\_
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5** Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6** **Subtract** line 5 from line 4 6 \_\_\_\_\_
  - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification.

To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States  
 A Lawful Permanent Resident (Alien #) A \_\_\_\_\_  
 An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

## Section 2. Employer Review and Verification.

To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

## Section 3. Updating and Reverification.

To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____	

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
<b>Documents that Establish Both Identity and Employment Eligibility</b>	<b>Documents that Establish Identity</b>	<b>Documents that Establish Employment Eligibility</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>)</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center; margin: 10px 0;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>
	AND	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK  
IN COMPLIANCE WITH THE FCRA and the DPPA  
(Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)**

Date: \_\_\_\_\_ Driver's Lic # \_\_\_\_\_ State Issued \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Maiden and/or Other Last Names Used

\_\_\_\_\_  
Current Address City and County State and Zip Code

\_\_\_\_\_  
Date of Birth Social Security Number Circle One:  
Male / Female

This authorization and consent for release of personal information acknowledges that

Peak Nursing Team (Hereafter referred to as "Company"), may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' c ompensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Secure search, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from my employer who has contracted with **Peak Nursing Team-3615 S Tamarac Dr -Ste300 Denver, CO 80237** at telephone number 303-300-3455 reading this document, I fully understand its contents and authorize the background verification.

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)  
YES NO  
If YES, please provide an explanation below:

\_\_\_\_\_  
\_\_\_\_\_

