

Affirmative Action Questionnaire

MIRACEL NURSE STAFFING is an Equal Opportunity Employer. We do not discriminate in hiring or other employment decisions on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

To further commitment to Equal Opportunity Employment. **Miracle Nurse Staffing** is requesting all applicants for employment to voluntarily and anonymously provide the following information below. The document will be detached from the application and will not be used in determining or offering employment. Provided information will be used for statistical reporting purposes only. Thank you for your cooperation!

Job Title:	Date:
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-39 <input type="checkbox"/> 40 & over
Veteran Status: <input type="checkbox"/> I am not a military veteran <input type="checkbox"/> I am a Vietnam-era veteran <input type="checkbox"/> I am a military veteran other than Vietnam-era	Disability: <input type="checkbox"/> I am a disable veteran <input type="checkbox"/> I am a recently discharge veteran <input type="checkbox"/> I do not consider myself as disabled <input type="checkbox"/> I consider myself to be disabled
Racial or Ethnic Origin <input type="checkbox"/> American Indian <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/ White <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Polynesian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	

Miracle Nurse Staffing Agency

P.O. Box 234186 Sacramento, CA 95823
 Phone: 916.643.5250, Fax: 866.687.7640
 Website: www.miraclenurses.com

Applicant Information

(Please Print or type)

Name(First, Middle, Last):	
Maiden Name:	Social Security Number:
Address:	
City, State, Zip:	

Position Applying for (you may check more than one): RNs LVNs CNAs HHAs Caregiver
 Other

Current CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reliable Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Car Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date you can start:		How did you hear the position(s): <input type="checkbox"/> Sacramento Works <input type="checkbox"/> Other
<input type="checkbox"/> Mon __ am/ __ pm	<input type="checkbox"/> Tues __ am/ __ pm	<input type="checkbox"/> Wed __ am/ __ pm
<input type="checkbox"/> Thurs __ am/ __ pm	<input type="checkbox"/> Fri __ am/ __ pm	<input type="checkbox"/> Sat __ am/ __ pm
<input type="checkbox"/> Sun __ am/ __ pm		
Available Shift: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> 24 hour <input type="checkbox"/> Other:		
Desired Hours: <input type="checkbox"/> Full-time (40+) <input type="checkbox"/> Part-time (30 or less) <input type="checkbox"/> On Call <input type="checkbox"/> Any <input type="checkbox"/> Other:		
Desired County: <input type="checkbox"/> Sacramento <input type="checkbox"/> Placer <input type="checkbox"/> Yolo <input type="checkbox"/> El Dorado <input type="checkbox"/> Solano		
Desired City/ location: <input type="checkbox"/> Elk Grove <input type="checkbox"/> Woodland <input type="checkbox"/> Davis <input type="checkbox"/> Roseville		
Desired work location/facility: <input type="checkbox"/> Nursing <input type="checkbox"/> Hospital <input type="checkbox"/> In-home <input type="checkbox"/> Clinics <input type="checkbox"/> Other:		

Education, Training, Certifications & Licenses

Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
College/Trade Name, City, State		Major or Course of Study	Degree or Certification Number
1 License:	Number:	Exp:	State:
2 License:	Number:	Exp:	State:
CPR: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number:	Exp:	State:
TB: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Chest X-Ray	Dates:	First Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No
List any special training/Skills:			
Languages spoken and written:			

Employment History

Please list your work history and related volunteer experience, begin with the most recent work history. This section must be completed in order to be considered for employment. If you need more space you may attach additional documentation.

Are you eligible to work in the United States? Yes No

Last Employer:	Address:
Name of Supervisor:	Telephone:
May we contact the Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: End Date:
Job title:	Start rate of pay: End rate of pay:
Work Requirements:	
Reason for leaving:	

Last Employer:	Address:
Name of Supervisor:	Telephone:
May we contact the Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: End Date:
Job title:	Start rate of pay: End rate of pay:
Work Requirements:	
Reason for leaving:	

Last Employer:	Address:
Name of Supervisor:	Telephone:
May we contact the Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: End Date:
Job title:	Start rate of pay: End rate of pay:
Work Requirements:	
Reason for leaving:	

Last Employer:	Address:
Name of Supervisor:	Telephone:
May we contact the Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: End Date:
Job title:	Start rate of pay: End rate of pay:
Work Requirements:	
Reason for leaving:	

Below, give the names of three persons you are not related to whom you have known for at least one year.

Name	Phone	Relationship:	Years know
1.			
2.			
3.			

Conviction of a crime is not necessarily a bar to employment. Each case is considered separately and based on job requirement. Failure to list convictions may result in termination from the examination process or employment.

Have you ever been convicted of a crime (Felony and or Misdemeanor)? Yes No If so, please list all convictions

Offense:	Conviction Date:	Location	Fine/Sentence:

Please explain any convictions (Attach additional sheet if necessary):

Applicant Release, Please read and sign below

I authorize the investigation of my background including all information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered. I understand and agree that any offer of employment is contingent upon satisfactory completion of a pre-employment investigation which includes but is not limited to health assessment, criminal history check, educational and work verification, reference checks, consumer report and any investigation required by local, state, or federal laws. I understand that if I am hired my employment will be for an indefinite period of time and will be "at will" which means that either the employer or I may terminate the employment relationship at anytime and for any reason or no reason. I further understand that, if hired, my at-will employment status my only be changed in written contract signed by the management and that no representative has the authority to make oral promise to me concerning my employment. Finally, I also understand that may adopt, from time to time, policies or handbooks dealing with benefits and other terms or conditions of employment. These policies or handbooks do not constitute a contract of employment. My employer reserves the right to change or discontinue these policies and/or handbooks at any time with or without notice to me.

Signature of Applicant

Date

Aids Skills Check List

Name:

Date:

Please check any that apply:

- Certified Nurse Assistant Home Health Aide Registered Nurse
 License Vocational Nurse CPR/expires: First Aid/ expire: Other:

Please check only those skills you are currently clinically competent to perform:

- Complete Bed Bath / Partial Bath
 Assist Patient with Bath/Shower
 Skin Care / Back Care
 Oral Care Wound Care
 Hair Care Assess for changes
 Shave Patient Know signs of Infection
 Nail Care Change Non-sterile dressings
 Turn and Reposition
 Passive ROM Make a bed -Unoccupied/Occupied
 Bedpan – Urinal Side Rails
 Incontinence Care Restraints
 Catheter Care-Cleaning
 Emptying Bag Transfer Patient
 Ostomy –Change/Clean Bag To/From Bed
 Support Hose To/From Chair/Wheelchair
 Dressing Patient To/From Toilet
 To/From Bathtub/Shower
 Use of Hoyer Lift
 Assist Patient's Ambulation With Walker Other With Cane With Crutches
 Assist Patient with Physical therapy Speech therapy Occupational therapy
 Nutrition – Basic Food Groups-Can Prepare Meals
 Specialty Foods – Diabetic Low Fat, Low Cholesterol Low Salt Soft, Liquid diet
 Feeding patient – Swallowing Difficulty
 Documenting I&O
 Documenting Nursing Notes – Pertinent Patient Information
 Reporting Patient Information to Nursing Supervisor, Family, Physician
 Cooking
 Household Organization
 Light Housekeeping
 Laundry
 Shopping
 Planning Activities for Patients (Within their age group, physical condition and psychological ability)
Other: