

Zoom Sourcing, Inc.

18151 WEST CATAWBA AVENUE
CORNELIUS, NC 28031
FAX (704) 987-4250

Date: ____/____/____

Position Applying For:

Certified Nursing Assistant

PLEASE PRINT

PERSONAL INFORMATION

Social Security # ____ - ____ - ____

Name _____
(Last) (First) (Middle Initial) (Maiden Name)

Address _____
(Street, Route, PO Box)

(City) (State) (Zip Code) (County)

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email Address _____

Have you been a resident of North Carolina for the past five (5) years? Yes No

(If "No," please list your previous out-of-state address below.)

(Street, Route, PO Box)

(City) (State) (Zip Code) (County)

Person to be notified in case of an emergency _____
(Last Name) (First)

(Address) (Phone #) (Relationship to)

Availability: Full-Time OR Part-Time _____
(Days and Hours Available)

Acceptable Compensation \$ _____ Date Available to Start ____ / ____ / ____

Do you have a valid driver's license? Yes _____
 No (Number) (State) (Class)

How did you hear about Zoom Sourcing (Formerly Good Health Services)?
____ Newspaper ad, if so which newspaper? _____
____ Current employee of Zoom Sourcing, if so who? _____
____ Received card in the mail about Zoom Sourcing.
____ Web site (zoomsourcingnc.com)
____ Other _____

EMPLOYMENT HISTORY

Start with present employer and work back. Use additional sheets if necessary.

1.

EMPLOYER	JOB TITLE	DATES	
		Starting	Ending
ADDRESS		SALARY	
		Starting	Ending
		\$	\$
PHONE #	SUPERVISOR	# OF PEOPLE SUPERVISED BY YOU	
DUTIES		REASON FOR LEAVING	

2.

EMPLOYER	JOB TITLE	DATES	
		Starting	Ending
ADDRESS		SALARY	
		Starting	Ending
		\$	\$
PHONE #	SUPERVISOR	# OF PEOPLE SUPERVISED BY YOU	
DUTIES		REASON FOR LEAVING	

3.

EMPLOYER	JOB TITLE	DATES	
		Starting	Ending
ADDRESS		SALARY	
		Starting	Ending
		\$	\$
PHONE #	SUPERVISOR	# OF PEOPLE SUPERVISED BY YOU	
DUTIES		REASON FOR LEAVING	

** May we contact your present employer? Yes No

RECORD OF EDUCATION

Name & Address of School	Dates Attended	Did You Graduate?	Degree & Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Graduate ___/___/___	
Technical, Business or Trade Schools		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Graduate ___/___/___	
College(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Graduate ___/___/___	
Graduate School(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Graduate ___/___/___	

REFERENCES

LIST 3 PEOPLE WHO ARE NOT RELATED TO YOU AND HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING.

1.	NAME	OCCUPATION	RELATIONSHIP TO YOU
	PHONE NUMBER	ADDRESS	
2.	NAME	OCCUPATION	RELATIONSHIP TO YOU
	PHONE NUMBER	ADDRESS	
3.	NAME	OCCUPATION	RELATIONSHIP TO YOU
	PHONE NUMBER	ADDRESS	

IMMIGRATION REFORM AND CONTROL ACT OF 1986

EMPLOYMENT VERIFICATION SYSTEM

Employment with Zoom Sourcing, Inc. will be contingent upon documentation of your identity and eligibility to work for wages in the United States and completion of Immigration and Naturalization Service Form I-9.

PRE-EMPLOYMENT RELEASE STATEMENT

As certified on the attached Employment application, I declare that my answers are true and I, the undersigned do hereby authorize Zoom Sourcing, Inc. (the company) to obtain and/or examine pre-employment information, including references from previous employers, personal and business references, criminal records on file, Department of Motor Vehicle records, and professional licenses, certifications, and registrations.

I do understand I am waiving my right to confidentiality regarding this pre-employment information. I also hereby release the company and its employees, officers, agents and affiliates from any and all claims, rights or actions or liability of any kind or nature that may result from information obtained from the above sources.

I understand that the completion of this application does not assure me of a position with Zoom Sourcing, Inc. and does not obligate Zoom Sourcing, Inc. to me in any way.

I further understand that any misleading or incorrect statements or the failure to complete any part of this application not prohibited by law may render this application void and if employed could be cause for immediate discharge.

Signature

_____/_____
Date

AN EQUAL OPPORTUNITY EMPLOYER

It is the Policy of Zoom Sourcing, Inc. not to discriminate in its employment or the provision of services in regard to race, sex, handicap, age, religion, political affiliation, or national origin, unless a bona fide occupational qualification exists.

SKILLS SELF-ASSESSMENT

Name _____
(Last) (First) (M.I.)

Date ____/____/____

Social Security # ____ - ____ - ____

Please place a (X) in the appropriate column.

Skill or Procedure	Have never done	Have done but need review / practice	Feel comfortable doing	Comments
1. Giving a complete bed bath				
2. Giving a partial bed bath				
3. Giving a sitz bath				
4. Assisting with a tub bath or shower				
5. Cleaning dentures				
6. Providing oral care for the unconscious patient				
7. Assisting the patient in brushing the teeth				
8. Performing foot care for the non-diabetic patient				
9. Shaving patients using a disposable razor				
10. Shaving patients using an electric razor				
11. Shampooing a patient's hair				
12. Dressing the dependent patient				
13. Making an occupied bed				
14. Performing back rubs				
15. Assisting with skin care of the patient undergoing radiation/chemo				
16. Calling 911 in emergency situations				
17. Taking an oral temperature				
18. Taking a rectal temperature				
19. Taking an axillary temperature				
20. Taking a radial pulse				
21. Taking an apical pulse				
22. Counting respiration's				
23. Taking/recording a blood pressure				
24. Weighing patients				
25. Observing/recording self-administration of medications				
26. Assisting patients with feeding				
27. Menu planning for special diets				
28. Performing perineal care (male/female)				

Skill or Procedure	Have never done	Have done but need review/ practice	Feel comfortable doing	Comments
29. Applying a condom catheter				
30. Recording intake and output				
31. Emptying a urine bag				
32. Administering a pre-packaged enema				
33. Forcing fluids				
34. Restricting fluids				
35. Assisting with bladder/bowel retraining				
36. Collecting a stool specimen				
37. Collecting a clean catch urine specimen				
38. Turning the patient side to side				
39. Moving the patient up in bed				
40. Assisting the patient in walking with an assistive device				
41. Assisting the patient in walking without an assistive device				
42. Assisting with range of motion exercises				
43. Applying a sling				
44. Performing a bed to chair transfer				
45. Performing a pivot transfer				
46. Applying TED hose				
47. Applying ace wraps				
48. Changing a non-sterile dressing (clean dressing)				
49. Applying a heat compress				
50. Applying a cold compress				
51. Using a hooyer lift to transfer patients				

Signature

_____/_____/_____
Date