



# REGISTERED NURSE ONBOARDING



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# REGISTERED NURSE (RN) JOB DESCRIPTION & RESPONSIBILITIES

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## **RN Job Responsibilities:**

The duties of a Registered Nurse entail many things. Registered Nurses (RNs) are responsible for a wide variety of care provided to patients. Not only are they responsible for taking care of patients but they must delegate and supervise Certified Nursing Assistants (CNAs) and Licensed Practical Nurses (LPNs).

The Registered Nurse is responsible directly to the facility Director of Nursing (D.O.N.) the Assistant Director of Nursing (A.D.O.N.), and the administrator for daily work and assignments, however, B&B Staffing Management LLC has overall authority of its contractors.

## **Responsibilities of a Registered Nurse (RN)**

- 1. Assessments of patients:** This includes listening to heart, lungs, and bowel sounds, assessing pupils, mental status, pulses, skin, last bowel moment, urine color (if patient has foley), wounds, any type of tubes (PEG tubes, NG tubes, Chest tube, etc.) mobility, fall risk. Also, vital signs are important. If your patient is on a bedside cardiac monitor, you will need to assess their heart rhythm and rate and oxygen level. In addition to this you not only need to assess your patient physically, but you need to assess the patient's lab work and diagnostic testing results and call any critical lab values or abnormal diagnostic results to the doctors.
- 2. Supervising LPNs, CNAs, and RCA:** Provide and document supervision of training for evaluation of Licensed Practical Nurses, Certified Nursing Assistants, Certified Medical Assistants, Residential Care Associates, and any other staff assigned by management.
- 3. Oversee and review:** of timesheets, work assignments, workloads, tardiness, and breaks.
- 4. Collecting specimens:** This includes any type of urine, stool, sputum, wound, skin, hair, and emesis specimens.
- 5. Educating patients and their family members:** As a nurse, you are responsible for educating your patient and their family members on old/new medications, newly ordered tests, diets, activity, wound care, resident progress, etc.
- 6. Medication Administration:** Standard nursing knowledge of by mouth and sublingual administration of medications, Intramuscular and Subcutaneous injections, I.V. push, I.V. infusions, PICC Lines, Central Lines, Topical medication administration, etc.
- 7. Blood Draw and IV Insertion:** Proficient in phlebotomy, I.V. insertion, and I.V., Central Line, and PICC Line sight evaluation and maintenance per facility policy.

## **RN Skills and Qualifications:**

- ▶ Proficient in the English Language
- ▶ Friendly and professional bedside manner
- ▶ Maintains current CPR/ BLS (Basic Life Support) certification through the American Heart Association (optional)
- ▶ Multi-tasking skills
- ▶ Effective oral, written, and reading communication skills

## **Minimum Qualifications:**

1. At least 18 years of age.
2. High school graduate or GED equivalent, active RN license (ADN, BSN, and above).
3. Minimum of one (1) year working in a similar capacity (pay will be based off years of experience). Experience must be within the past five (5) years.
4. Ability to give outstanding and compassionate care to residents and/or patients.

## **Physical Requirements:**

1. Lifting, holding, handling, carrying greater than 25 lbs.
2. Pushing and pulling.
3. Twisting, bending, stooping, kneeling, and squatting.
4. Prolonged sitting, standing, and walking.
5. Wearing of face mask (surgical or N95), face shields, gowns, gloves, foot and head coverings for 8, 12, or 16 hours shifts.
6. Grasping, holding, handling of pens, pencils, paperwork, and other medical equipment, facility and office supplies.
7. Reaching at, below, or above head and shoulder heights.
8. Fine hand motor movement and hand eye coordination.
9. Ability to read and write effectively.
10. Ability to comprehend and follow instructions.

Note: It is a requirement that any/all contractors (RN, LPN, CNA, RCA) ask for assistance before attempting to lift, move, or reposition any resident.

## **Cognitive and Sensory Requirements:**

1. Speaking: Courteous and effective communicating with coworkers, providers, residents, family members, visitors, and ancillary departments.
2. Listening/Hearing: receiving instructions from leadership and responding to resident complaints, issues, problems, etc.
3. Vision: Ability to see and distinguish basic colors, and effective near and far vision.
4. Normal smell, touch, and temperature sensory.

## **Summary of Occupational Exposures:**

The job duties as described, tasks, procedures performed by the contractor involve risks classified by the Centers for Disease Control (CDC) as Category I. This involves direct contact with blood or other bodily fluids to which universal precautions apply.

## **Additional Information:**

The contractor must be able to tolerate the fast pace environment which is typical for working at any facility. He/she must be able to take and give instructions well and enjoy working with the elderly, mentally compromised, and any venerable patient or resident.

Sign

Last four SSN

Date

# Personal Information

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Full Name:

First Middle Last

Full SSN: - -

Date of Birth: / /  
Month Day Year

Cell Phone Number: ( ) -

Alternate Number: ( ) -

Address:

City:

State: Zip Code:

Emergency Contact Person:

Name:

Cell Phone Number: ( ) -

Relation:

Shift availability and/or preference (check all that apply):

Weekdays	Weekends	Open	
Morning	Evenings	Nights	Holidays
8hr	12hr	16hr	Overtime

# Articles Needed

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We look forward to you joining our exciting team of professionals. Our company offers some of the most competitive pay rates with incentives that range from first offer of assignment for top rated staff members to end of the year bonuses for members with perfect attendance. Thank you for choosing us to get you on your way to exploring new job opportunities.

Please complete this application in its entirety. If you have any questions, our professional management team is standing by to assist you. Please initial each page.

## **Articles needed:**

1. Current background check with fingerprints (within the past two (2) years).
2. Copy of driver's license (must be current and not expired)
3. Social Security Card
4. All professional certifications: Healthcare Provider (CPR), BLS, BCLS
5. Resume

## **Copy of the following immunizations:**

1. TB Skin test within the past year, or Quantiferon Gold negative blood test, or Chest X/ray (within the past 5 years if PPd converter).
2. Proof of COVID vaccination for current year cycle, optional, or waiver.

# Employment History

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Employment History: Please list from most current to least:

**1. Organization/Company Name:**

Location:

City St

Employed Period: / to /  
 Month / Year Month / Year

Position Held:

Immediate Supervisor:

Name

Supervisor Contact Number: ( ) -

Reason for leaving:

**2. Organization/Company Name:**

Location:

City State

Employed Period: / to /  
 Month / Year Month / Year

Position Held:

Immediate Supervisor

Name

Supervisor Contact Number: ( ) -

Reason for leaving:

Print Initial here

Last 4 SSN

Date



# Employment History

---

Employment History: Please list from most current to least:

**3. Organization/Company Name: bandb**

Location:

City St  
 Employed Period: / to /  
 Month / Year Month / Year

Position Held:

Immediate Supervisor:

Name  
 Supervisor Contact Number: ( ) -

Reason for leaving:

**4. Organization/Company Name:**

Location:

City State  
 Employed Period: / to /  
 Month / Year Month / Year

Position Held:

Immediate Supervisor

Name  
 Supervisor Contact Number: ( ) -

Reason for leaving:

Print Initial here Last 4 SSN Date

# Medical History

Do you currently have or have you had a history of any of the listed problems or conditions.  
Put (Y) for yes or (N) for no in the space provided to the right.

1. High Blood Pressure
2. Heart problems
3. Neck pain/problems
4. Currently Smoke or tobacco product use (of any kind)
5. If yes to tobacco use, how much (ciggs, packs, cans per day)
6. How many years have you used tobacco products
7. Any joint problems (shoulders, elbows, hips, knees)
8. Back or spinal problems (chronic or past)
9. Swelling in ankles, feet, or legs
10. Foot problems
11. Ankle problems Stomach problems
12. Liver problems
13. Intestinal problems
14. Abdominal bleeding, pain, or frequent nausea Diabetes
15. Wrist problems
16. Arthritis history
17. Gout history
18. Kidney stones kidney infections
19. Bladder problems
20. Prostate problems Herpes simplex
21. Cancer (of any kind)
22. Pulled, strained, or contused muscles
23. Broken, fractured, or dislocated bones
24. Epilepsy or seizures
25. Nerve problems (of any kind)
26. Mental illness (depression, anxiety, etc.) Blood condition (of any kind)
27. Skin problems/diseases (of any kind) Current or past use of illegal drugs or substances  
History of Tuberculosis or positive Tb skin test
28. Frequent/chronic fatigue, malaise, weakness Alcohol or prescription drug abuse  
Hepatitis, Jaundice, dark colored urine, yellow eyes
29. Night sweats Coughing up blood

Initial here

Last 4 SSN

Date

# Medical History

Do you currently have or have you had a history of any of the listed (continued):

- 39. Dizziness or unsteady gait
- 40. History of Shortness of breath
- 41. History of chest pain
- 42. Skin rashes, impetigo, eczema, etc.
- 43. Vision problems
- 44. Able to see well out of both eyes
- 45. Able to distinguish basic colors
- 46. Wears glasses
- 47. History of depression, mental health, or suicidal ideations
- 48. Uses hearing aid
- 49. Hearing problems
- 50. History of vertigo
- 51. Claustrophobia
- 52. Have you ever worn face mask, face shields, N95 facemasks
- 53. Problems with wearing N95 or any facemask
- 54. Numbness or tingling in hands, fingers, or feet
- 55. History of headaches or migraines
- 56. History of Chicken Pox
- 57. Abnormal menstrual cycles/pain
- 58. Are you currently pregnant
- 59. List any/all medications being taken (prescription or OTC), please list below

60. List any/all other medical or mental health problems or history not previously mentioned:

61. I certify that the answers and additional information I have provided are true and accurate. I furthermore acknowledge that I have not omitted any medical information from my answers whether listed or not listed. I understand and acknowledge that any omitted or falsified information from this medical screening may result in denial of employment with our agency, termination of my contract or employment with this agency, or a rescinding of any assignments offered. I further acknowledge my employment is contingent upon my physical and mental condition as stated and my being capable to adequately perform the essential physical and cognitive duties of the position for which I have applied.

Signature

Date

Initial here

Last 4 SSN

Date

# Patient's Bill of Rights

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I feel each resident should expect the highest quality of personal and professional care. In keeping with this philosophy, I support and adhere to the Patient's Bill of Rights. Due to the importance of these expectations in my role as a Healthcare Worker, I am attesting to the portions of the Patient's Bill of Rights highlighted below which affirm the rights of a resident:

1. To meet with and participate in activities of social, religious, and community groups at his/her discretion.
2. To be free from mental and physical abuse.
3. To associate and communicate privately with persons of his /her choice and send and receive his/her personal mail unopened.
4. To be treated with consideration, respect, and full recognition of personal dignity and individuality.
5. To enjoy privacy in his/her room or personal space.
6. To receive care, treatment, and services which are adequate.
7. To receive respect and privacy of his/her personal and medical records and information and to only disseminate it on a need to know basis.

No roster of rights can guarantee for the resident the kind of treatment they have a right to expect. It is very important that each of my actions is conducted with a main concern for the resident and the recognition of their dignity as a human being. Violations of the Patient's Bill of Rights may result in disciplinary action up to and including revocation of license, certification, termination, or jail.

By signing this, I state that I have read and understand the Patient's Bill of Rights in its entirety.

Signature

Date

# The Occupational Safety and Health Administration (OSHA) Regulations and Guidelines

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In accordance with OSHA regulations, each contractor must review the Blood Borne Pathogen, Hazard Communications, Emergency Plan, Fire Prevention and Escape action plan with Escape Routes plan.

Each facility has been notified that they are solely responsible and must review their facility's specific policy and specific plan with each contractor that is contracted to their facility.

Please review all enclosed material, sign and date below. Email this page back to us once completed.

I \_\_\_\_\_ have read, reviewed, and understand the presented as written. I have been given the opportunity to clarify any questions that I may have.

Signature

Date

# Employee Agreement/Acknowledgements

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Please read, acknowledge by initialing beside each to verify understanding and then signing:

1. Employee certifies and guarantees to that he/she is a has the experience in his/her respective. The Employee agrees to inquiry into the good standing of his/her education, work experience, and/or any other factors concerning his/her qualification.
2. Employee agrees that he/she will not make any claims against said facilities for any wages or benefits including Workman's Compensation claims. The contractor understands and agrees that in order to file a claim as an independent Employee, he/she is self-employed and must carry his/her own Workman's Compensation Insurance.
3. Employee will perform his/her services substantially in accordance with generally accepted practices and principles and this agreement shall be subject to the rules and regulations of any and all professional organizations or associations and the state laws and regulation concerning the practice of his/her profession.
4. Employee understands and agrees to maintain his/her liability insurance on his/her vehicle or any vehicle the Employee operates in the performance of his/her duties. Employee will hold the Agency (B&B Staffing Management, LLC.), facility, and/or clients harmless from any liability whatsoever regarding his/her rendering of professional services or operations of his/her vehicle or otherwise.
5. Employee will maintain and provide his/her own personal malpractice/liability insurance coverage in the minimal of \$500,000. Employee will provide proof of coverage at any time requested by the B&B Staffing Management, LLC.
6. Employee will provide healthcare services on an intermittent, as needed basis, with the full understanding that B&B Staffing Management, LLC, will inform the contractor of the days services are requested and that the Employee has the option to accept or reject the request. Upon acceptance, the Employee will be obligated to meet ALL schedules agreed upon/ to between B&B Staffing Management, LLC and the Employee. The Employee understands that work cannot be guaranteed on this basis.
7. By signing this document below, I (the Employee), acknowledge that I am contracted to facilities by B&B Staffing Management, LLC. I also understand that I am not an employee of the facility or agency and that I have no legal rights to any benefits provided by the facility to its employees. Employee understands and agrees that he/she will not be treated as an employee for Workman's Compensation, Social Security purposes, state unemployment, Federal Income taxes, or otherwise. Employee will be responsible for the payment of all income and social security taxed and fees received for services rendered. B&B Staffing Management, LLC will provide the Employee with a 1099 at the end of the year reflecting gross fees paid t the Employee.

Signature

Date

# Employee Healthcare Professional Confidentiality Agreement and Acknowledgement

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As a Residential Care Assistant who treats patients and resident of any facility (hereafter referred to as “Healthcare Professional”), you may have access to “Confidential Information”. The purpose of this agreement is to confirm your understanding of and obtain your full commitment to your duties regarding safeguarding confidential information.

Confidential information is valuable, sensitive, and protected by law and the facilities policies. As a Healthcare Professional, you are required to conduct yourself in strict conformance to applicable laws and the facility policies and to abide by the duties described below governing confidential information.

You will be responsible for any alteration, destruction, misuse, abuse, or wrongful disclosure of confidential medical information by you and for any failure by you to safeguard any authorized codes to access confidential information. You understand that your failure to comply with the duties described below and this agreement may also result in loss of any privileges to access confidential information, loss of privileges to treat patients or residents at facilities and legal liability as well.

As a Residential Care Assistant, you understand that you will have access to such confidential medical information that may include, but is not limited to information relating to:

1. Other employees (such as salaries, employment records, assignments, disciplinary actions, etc.).
2. Facility information (such as strategic plans, financial and statistical records, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source codes, proprietary technology, etc.).
3. Third party information (such as computer software programs, client and vendor proprietary information, proprietary technology, etc.)
4. Residents and patients (such as medical records, private conversations, admittance information, resident financial records, etc.).

Initial here

Last 4 SSN

Date

# Healthcare Professional Confidentiality Agreement and Acknowledgement Continued

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As a condition of and consideration of your access to such confidential information, you promise that you will:

1. You will use great consideration of your access to such confidential information, you promise that:
  - a. Will only access confidential information needed to perform your legitimate duties at designated work facilities.
  - b. Will not in any way divulge, copy, release, loan, sell, review, alter, video, or destroy any confidential information except as properly authorized within the scope of your professional activities as a Healthcare Professional and caretaker of residents or patients affiliated with facilities.
  - c. Will not misuse or fail to safeguard confidential information.
2. You will safeguard and will not destroy any authorized codes or keys you have that allow you to access confidential information. You will accept responsibility for all activities undertaken using your authorization codes, access badges, or keys.
3. You will respect ownership of proprietary software.
4. You understand that you have no right to ownership interest in any confidential information referred to in this agreement. The facility or this agency may at any time revoke your keys, access codes, badges, other authorization, or access to confidential information.
5. You will report to the facility Privacy Security Officer any activities by any individual you suspect may compromise the confidentiality or confidential information described in this agreement.
6. You understand that your obligations under this agreement will continue after termination of your privileges or permission to treat residents/patients of these facilities. You understand that facilities may review, revise, terminate, or suspend, your privileges to access and use confidential information as reasonably warranted to protect confidentiality of such information to protect patients/residents.
7. Residential Care Assistant shall indemnify and hold facilities harmless from and against all claims, liabilities, judgements, fines, assessments, penalties, awards, or other expenses, of any kind or nature whatsoever. This indemnification includes without limitation, attorneys' fees, expert witness fees, and costs of investigation, litigation, or dispute resolution to or arising out of any breach or alleged breach of this agreement by Healthcare Professional.
8. You will not operate any non-licensed or preapproved software on any computer provided by any facility or agency.

By signing below, I agree that I have read and fully understand and will comply with this agreement in its entirety.

Signature

Date



# Acknowledgement & Consent for Random Drug Testing/Screening

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I hereby acknowledge and agree that the misuse of prescription or use of illegal drugs is prohibited and will not be tolerated or excused under any circumstances by B&B Staffing Management, LLC. As an employee, I am fully aware that pre-employment drug testing is not necessary but that the agency may require that I voluntarily consent to a drug screening at my own expense. I hereby give my full consent for this screening. B&B Staffing Management, LLC will give the location, phone number, and address of where this screening shall be scheduled and performed. I am also aware that I will be limited to the work offered if I do not have the drug screening/test done before my next shift is confirmed. I also consent to random drug testing.

I acknowledge that B&B Staffing Management has a zero/(0) tolerance for non-prescribed narcotics and/or recreational drug use, in any form (oils, creams, edibles, etc., regardless of state regulations and laws concerning the same. I also acknowledge to inform B&B Staffing immediately if I receive any prescriptions for narcotics or CBD/THC containing products whether for oral, topical, inhalation or any other form of use.

I also acknowledge that B&B Staffing has the right to terminate my employment/contract immediately for the use of any recreational drugs whether prescription or non-prescription.

By signing below, I agree that I have read and fully understand and will comply with this agreement in its entirety.

Signature

Date



# Professional Standards

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**Good Communication:** The purpose of communication is to provide feedback, give feedback in order to achieve a certain goal. We must be committed to listen attentively to our customers and coworkers in order to fully understand their needs. Close attention should be given both verbal and nonverbal messages. Our communication with residents and coworkers should always be courteous, clear, and respectful. We must speak clearly and in terms that can be easily understood.

**Good Attitude:** It is our expectation at B&B Staffing Management that every contractor presents with an attitude of respect and courtesy. Our tone of voice, facial expressions, and words are all apart of how we display our attitude. Remember to keep it respectful and professional at all times.

**Working With Others:** We all have a common goal, delivering outstanding patient care. In order to achieve this, we must work well with others. Our coworkers are our backbone and support. We must treat them as teammates and give them the same respect we expect from them. This makes for a more joyful work environment. Let's make sure we pull our weight on the job and are always ready to assist our fellow co-workers even before they ask.

**Expedient Patient Care:** Our residents are the reason we work. We expect each contractor to respond to the needs of those whom they serve expeditiously. This means answering call-lights as soon as possible (even if they are not in your assigned sections) and performing the tasks assigned by nurses and management assigned to supervise you.

**Public Behavior:** Our off duty behavior is extremely important. It gives the public, our coworkers, and our customers a snapshot of who we are. We should always carry ourselves in an ethical manner that does not cause embarrassment to ourselves or our company. Be mindful of conversations about residents or other coworkers during and after working hours. Disciplinary action may happen if a contractor does anything Agency leadership considers inappropriate or unethical.

**Attendance:** Inconsistent attendance (defined as two (2) or more unexcused call-ins without doctor's note, during any contract period of time) may result in disciplinary action or possible termination. If a call-in is necessary, it must take place four (4) hours prior to the beginning of shift unless medically indicated.

If the employee feels that they experienced extenuating circumstances that caused the absences and that these issues will no longer interfere with the contractor's responsibilities to B&B Staffing Management, a written appeal may be filed. B&B management will evaluate the appeal and make a decision. A No-call, No-show will result in immediate termination from B&B Staffing Management, LLC.

1. First occurrence of tardiness- Employee to receive administrative counseling and written corrective action, both will be included in the contractor's profile record.
2. Second occurrence of tardiness- Employee will be suspended without pay for the length of time to be determined by agency management.
3. Third occurrence tardiness- Termination of employment.
4. Absenteeism will be monitored by supervisors and reported to B&B Staffing. patterns such as:
  - a. Friday, Monday, or holiday call-ins
  - b. Weekend absences or call-ins.
  - c. Days preceding or following a holiday.
5. Three (3) episodes of tardiness will be counted as one (1) episode of absenteeism.

Signature

Date

# Professional Appearance

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Your appearance speaks volumes about who you are. Our contractors are expected to maintain a professional degree of personal grooming and appearance at every work assignment. Cleanliness, dress, and grooming, contribute to the morale of employees and affect the business image that B&B Staffing Management presents to its clients, residents, and to our professional community.

Employees will be required to wear full scrubs that are, clean, free from wrinkles, dirt, or stains at all times. They are also required to wear the appropriate color scrubs for that particular facility according to job position. All uniforms must be washed after every shift/use.

The appropriate shoes will be worn while on assignment. This prohibits the wearing of open toed shoes, flip-flops, high heels, etc. Athletic footwear is appropriate. Shoes must be free from holes, rips, or tears.

Hair styles will be professional for all genders. Hair will be pulled back or pinned up and safely secured to prevent falling. Hair shall not touch or exceed shoulder length. Beards, moustaches and sideburns must be kept short, clean, and neatly trimmed. Fingernails shall be short, natural color, well-manicured, and without acrylic coloring other than clear.

Minimal makeup is a requirement. No excessive colors or distasteful makeup shall be worn. This is left up to the agency and facility to decide on a case by case basis.

The only jewelry that can be worn while working is one ring (bands only) per hand and one ear ring (studs only). No necklaces, bracelets, nose/lip piercings are allowed while working. Minimize exposure of tattoos or other body art. This will also be handled on a case by case basis as well.

Head coverings may be worn based off of religious affiliation. Shower caps, sporting hats, do-rags, etc. are prohibited and will NOT be allowed. Solid neutral colored head scarfs may be worn if facility allows.

The appearance of the employee shall not be discriminated against based off the employees' race, sex, religion, ethnicity, etc. We realize that culturally hair styles differ and we will make every effort to allow diversity of our contractors. However, this still must meet the standards before mention.

Our ultimate goal is appropriate and safe patient care. If any appearance poses a safety risk, hinders the performance of the contractor's duties, or creates unreasonable customer complaints, or attracts unreasonable attention, that contractor may be asked to adjust or be discharged from work for that day (paid only for hours worked) and will not be allowed to return to work or receive pay until issues are resolved.

Initial here

Last four SSN

Date

# Professional Reference Request

I hereby acknowledge and agree to provide B&B Staffing Management, LLC with a list of references and allow them to follow up to request more information as needed.

## Reference #1

For Applicant's Name Here:

Last Name                      MI                      First Name

Company Worked for:

Immediate Supervisor:

Company Address:

Company Contact Number: (            )                      -

Last Four SSN:

Job Title or Position Held:

Dates of Employment: From:                      To:

Reason for Leaving:

Would you rehire this individual?      Yes                      No

If no, please explain:

Your Title:

Today's Date:

By signing below, you agree that all stated material you provided is true and nothing was held back in regards to this employee's history with your company.

Supervisor Name (Print)

Date

Supervisor Signature

Date

# Professional Reference Request

I hereby acknowledge and agree to provide B&B Staffing Management, LLC with a list of references and allow them to follow up to request more information as needed.

## Reference #2

For Applicant's Name Here:

Last Name                      MI                      First Name

Company Worked for:

Immediate Supervisor:

Company Address:

Company Contact Number: (            )                      -

Last Four SSN:

Job Title or Position Held:

Dates of Employment: From:                      To:

Reason for Leaving:

Would you rehire this individual?      Yes                      No

If no, please explain:

Your Title:

Today's Date:

By signing below, you agree that all stated material you provided is true and nothing was held back in regards to this employee's history with your company.

Supervisor Name (Print)

Date

Supervisor Signature

Date

# RN Skills Check List

---

Registered Nurse Skills Checklist and self-evaluation

Please grade yourself from 1-5 on your level of training, experience, and proficiency in each area.

**1=** No experience, never performed, or needs supervision.

**2=** Limited experience, some familiarity, but needs moderate supervision.

**3=** Proficient. You have performed the task in the past and need little to no supervision.

**4=** Experienced. You feel very comfortable performing tasks independently.

**5=** Expert. You have performed this task frequently and on multiple occasions. You feel comfortable enough to perform this skill or task as well as train others in this task.

## **Venous Access/I.V. Administration Skills:**

Phlebotomy

Insertion of peripheral I.V. catheters and saline locks

Peripheral I.V., Central line, and PICC line site management

Utilization of Infusion pumps/Devices

I.V. administration of Fluids

I.V. administration of Hyeral or TPN

## **Gastro/Urinary:**

Assessment and care of patients with Nephrectomy

Assessment and care of hemodialysis patients/residents

Assessment and care of peritoneal dialysis patients/residents

Assessment and care of CAVH patients

Assessment and care of supra pubic catheters

Placement and care of Catheterization – Straight/Foley

Assessment and care of patients with renal failure

Assessment of bowel sounds

Assessment of patient/resident bowel regimen

Assessment and care of patients/residents with GT/NG tubes

Assessment and care of patients/residents with Colostomy Care & Irrigation

## **Cardiac:**

Assessment of blood pressure, heart rate, and rhythm

Performing 12 lead EKG's and Arrhythmia interpretation

Assisting with defibrillation and/or cardioversion



# RN Knowledge Assessment

---

Print Name:

Date:

**Part I: Please give name or definition of abbreviated terms:**

- |        |           |
|--------|-----------|
| 1. KCL | By mouth  |
| 2. PO  | As needed |
| 3. PRN | Potassium |

**Part II: Match Abbreviations with appropriate times:**

- |                      |     |
|----------------------|-----|
| 1. Every other day   | NPO |
| 2. Every 6 hours     | QOD |
| 3. Two times per day | TID |
| 4. Three times a day | q6h |
| 5. Nothing by mouth  | BID |

**Part III: Check all that apply for the Five (5) Rights of Medication Administration:**

- |                  |                |
|------------------|----------------|
| Right dose       | Right month    |
| Right height     | Right time     |
| Right patient    | Right hospital |
| Right medication | Right route    |

**Part IV: Medications:**

- |               |                  |
|---------------|------------------|
| 1. Demerol    | Anticoagulant    |
| 2. Vancomycin | Antipyretic      |
| 3. Lasix      | Antihypertensive |
| 4. Lisinopril | Antibiotic       |
| 5. Heparin    | Diuretic         |
| 6. Tylenol    | Analgesic        |

# Employee Banking Information

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First Name:

Last Name:

Specialty: RN

LPN

CNA

RCA

Full SSN:

-

-

Date of Birth: (MM/DD/YYYY)

/

/

Home Address:

City:

State:

Zip Code:

Email Address:

Bank Name:

Routing Number:

Account Number:

Check One:

Checking Account

Savings Account

Cell Phone: (            )

-

**PLEASE ACKNOWLEDGE BELOW:**

I understand that I am responsible for inputting and verifying my own banking and tax information in the payroll system.

Initial here



**Aleia McDougal, Human Resources**

B&B Staffing Management

Apply@bandbstaffingmanagement.com

(855)532-2632 ext 1 or 855-83-BANDB

(228) 460-3128

Fax (228) 471-3178

Website: [www.bandbstaffingmanagement.com](http://www.bandbstaffingmanagement.com)

PO Box 1955

Gulfport MS 39501

