

Employer Instructions for Use – ODH Form 805 Uniform Employment Application for Nurse Aide Staff

Purpose

This form is to be used by employers as the only employment application for hiring nurse aide staff in nursing and specialized nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies as mandated by Title 63 O.S. § 1-1950.4, *Uniform Employment Application for Nurse Aide Staff - Purpose - Training*. The content of this form shall not be altered.

Employer Instructions

Provide this form to all applicants seeking employment as a nurse aide. The form may be duplicated as needed.

- **Instruct the applicant to complete each section of this form.**

1. Personal Information
2. Employment Desired
3. U.S. Military Record
4. Prior Work History
5. Educational Background
6. Certification
7. References
8. Background Information
9. Applicant's Certification and Agreement
10. Previous CNA Training

If the applicant will require nurse aide training, instruct to complete section 10 on page 4.

NOTE: If the facility has an approved nurse aide temporary emergency waiver, the applicant must be trained and certified within four (4) months of hire date.

Category: List any CNA training received in the past by type of training: Long Term Care Aide (LTCA), Home Health Aide (HHA), Adult Day Care Aide (ADCA), Residential Care Aide (RCA) and Developmentally Disabled Direct Care Aide (DDDCA).

Program Name: List the title of the training program where the training was received.

Training Days: List the number of days of training completed for each category.

11. Important Information for the Job Applicant
Instruct applicant to read and initial in the gray 'NOTICE' box on page 5, then sign and date certifying application is true and complete.
12. Criminal Arrest Check
Instruct the applicant to read and complete the 'Criminal Arrest Check List' section on page 5. Obtain the applicant's signature and date in the designated spaces.

- **Information regarding ADA requirements**

The employer will note there is no information requested on the ODH Form 805, Uniform Employment Application for Nurse Aide Staff, pertaining to the Americans with Disabilities Act (ADA). However, it should be noted that any qualified applicant with a disability may request reasonable accommodation(s) to complete the application/interview process. The specific nature of the accommodation and the reason for the request must be indicated at the time the application is requested. All other ADA requirements related to the hiring process must be met according to the employer's procedure and be in compliance with the ADA.

Uniform Employment Application for Nurse Aide Staff

This application form is required by Title 63 O.S. § 1-1950.4 of state law and by the Oklahoma State Board of Health Rules OAC 310-2-15-3. This uniform application shall be used as the *only* application for employment of nurse aides in nursing and specialized nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies.

This employer does not discriminate in its hiring decisions or in any other employment decision on the basis of race, color, sex, religion, citizenship, national origin, veteran status, age or upon a physical or mental disability which is unrelated to the applicant's/employee's ability to perform the essential functions of the position.

ATTENTION NURSE AIDES: RETURN YOUR COMPLETED APPLICATION TO EMPLOYER.

Date of Application: _____ **Date Available to Start Work:** _____

1. Personal Information

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

List any other name(s) you have previously worked under, such as maiden name: _____
_____, _____, _____, _____

Present Address: _____
(Street) (City) (State) (Zip)

Permanent Address (if different than present address): _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Date of Birth: _____ Sex: ___ M ___ F Race: _____

Emergency Contact Person: _____
(Name) (Address) (Phone Number)

2. Employment Desired

Position applied for: _____ Salary required: _____

Hours available to work: _____ Days _____ Evenings _____ Nights _____ Weekends

Will you accept employment of: _____ Full Time? _____ Part Time? _____ Occasional Part Time?

3. U.S. Military Record

Branch: _____ Date Entered: _____ Date Discharged: _____ Type of Discharge: _____

4. Prior Work History (List your last four (4) jobs beginning with your most recent or current employer.)

Employer's Name: _____ Telephone Number: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ Supervisor: _____

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

Reason for Leaving: _____

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Employer's Name: _____ Telephone Number: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ Supervisor: _____

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

Reason for Leaving: _____

Employer's Name: _____ Telephone Number: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ Supervisor: _____

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

Reason for Leaving: _____

Employer's Name: _____ Telephone Number: _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Position Held: _____ Supervisor: _____

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

Reason for Leaving: _____

List name(s) of all other employers for the last five (5) years:

May we contact your present employer? Yes No Not applicable

Have you ever been terminated or asked to resign from any position? Yes No

If yes, provide reason. _____

5. Educational Background (List all educational schools attended with degrees, diplomas or certificates received.)

Name of Institution (High School, Technical School, College)	Type of Studies	Dates Attended & Diplomas, etc.

If your school or employment records are under another name(s), indicate that name(s): _____

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6. Certification

If you hold a current certification as a nurse aide (CNA), check the appropriate certification(s) below:

- Long Term Care (LTC) Home Health Aide (HHA) Adult Day Care (ADC)
- Residential Care Aide (RCA) Developmental Disability Aide (DDA) Certified Medication Aide (CMA)
- Certified Medication Aide-Gastrostomy (CMA-G) Certified Medication Aide-Glucose Monitoring (CMA-GM)
- Certified Medication Aide-Respiratory (CMA-R) Certified Medication Aide-Insulin Administration (CMA-IA)

List all technical special skills or education honors, certificates, licenses, memberships or Medication Administration Technician (MAT) certification not previously listed: _____

If you are a CMA, have you obtained your 8 hours of continuing education for the current 12-month certification period before your certification expires? Yes No

If yes, where and when did you obtain. _____

7. References (List name, address and telephone number of three (3) references who are not relatives or former employers.)

8. Background Information

If you answer **YES** to any of the questions below, explain in the space after the question. The explanation for a **YES** answer should include, but not be limited to:

1. State and/or jurisdiction.
2. Nature of complaint/offense.
3. Disposition of complaint and/or offense (e.g., “dismissed insufficient evidence”, “deferred sentence”).
4. Date of disposition.
5. Attach copy of any correspondence received by you, the applicant, regarding the complaint/offense.

a. Yes No Have you ever: 1) been arrested; 2) been charged; 3) pled guilty or no contest; 4) been convicted; 5) received a deferred sentence; and/or 6) been sentenced, for any criminal offense in any state or US jurisdiction?

b. Yes No Have you ever been found in violation of any state, US jurisdiction, or federal law regulating the practice of a health care profession?

c. Yes No Are any disciplinary actions or allegations, pending or substantiated, against you or your CNA certification or health care professional license in any state or U.S. jurisdiction?

d. Yes No Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state or US jurisdiction, federal or foreign authority or have you ever surrendered such credential to avoid, or in connection with, action by such authority?

9. Applicant's Certification and Agreement

Please Read Carefully - If you answer 'No' to any of the questions below, explain in the space after the question.

a. Yes No I understand the employer has the right to proceed with any criminal background check.

b. Yes No I understand as a part of the job selection process, I may be required to take a drug-screening test at the time of employment and if requested in accordance with the state and federal law at anytime during my employment. A test result that has been confirmed as positive will eliminate me from employment. If I refuse to sign this form and submit to drug testing, the employer will reject my application.

c. Yes No I understand I may be required to have a physical examination and I hereby consent to take a physical examination and any future physical examinations as required by the employer.

d. Yes No I understand if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the IRCA of 1986.

e. Yes No I understand this form is not an employment contract.

10. Previous CNA Training - Complete this section only if you will require training.

Please complete the following if you have had CNA Training in the past for any of these categories: LTC, HH, ADC, RC, or DDDC.

Category _____ Program Name _____ Start Date _____ End Date _____

Category _____ Program Name _____ Start Date _____ End Date _____

Category _____ Program Name _____ Start Date _____ End Date _____

11. Important Information for the Job Applicant

It is unlawful for any person to provide false information regarding a criminal conviction on this uniform employment application for nurse aides. Providing false information regarding a criminal conviction is a misdemeanor under Title 63 of the Oklahoma Statutes, Section 1-1950.4a. Providing false information about a criminal conviction on this application is punishable by a fine not to exceed Five Hundred Dollars (\$500.00), by imprisonment in the county jail for a term of not more than one (1) year, or by both such fine and imprisonment.

***** NOTICE *****

I UNDERSTAND PROVIDING FALSE OR MISLEADING INFORMATION TO A TRAINING PROGRAM, A FACILITY, OR THE DEPARTMENT IS GROUNDS FOR DENIAL, SUSPENSION, WITHDRAWAL, AND/OR NONRENEWAL OF CERTIFICATION. I ALSO UNDERSTAND PROVIDING FALSE INFORMATION OR OMISSION OF FACTS MAY DISQUALIFY ME FROM EMPLOYMENT AND MAY CAUSE TERMINATION IF DISCOVERED AT A LATER DATE.

INITIAL HERE _____

I certify I have read and completed this application and that the information I have provided on this application is true and complete.

Signature of Applicant

Date of Signature

12. Criminal Arrest Check List

Employment at this employer shall **not be** considered if the below signed individual has been convicted of one of the following crimes as stated by Oklahoma Statute, Section 1-1950.1 (F) (1) Title 63 (A through P of the list in this section):

- | | |
|--|---|
| <ul style="list-style-type: none"> A. Assault, battery, or assault and battery with a dangerous weapon, B. Aggravated assault and battery, C. Murder or attempted murder, D. Manslaughter, except involuntary manslaughter, E. Rape, incest or sodomy, F. Indecent exposure and Indecent exhibition, G. Pandering, H. Child abuse, | <ul style="list-style-type: none"> I. Abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person, J. Burglary in the first or second degree, K. Robbery in the first or second degree, L. Robbery or attempted robbery with a dangerous weapon, or imitation firearm, M. Arson in the first or second degree, N. Unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substance Act, O. Grand larceny, or P. Petit larceny or shoplifting within the past seven (7) years. |
|--|---|

It is further understood that if I am hired, it will be as a temporary employee until the employer receives my criminal background check. If I have no criminal record in accordance with state law, I may be considered for employment, subject to training requirements and other requirements of the job for which I am applying with this employer.

I hereby certify I have no previous convictions as listed in the Oklahoma Statute § 1-1950.1 (F) (1) Title 63 (A through P of the list in this section). My signature below authorizes the employer to run a check with the Nurse Aide Registry of the Oklahoma State Department of Health for notations of abuse, neglect or misappropriation of resident's property. I hereby give the Oklahoma State Bureau of Investigation authority to proceed with criminal record history checks as required by law.

Signature of Applicant

Date of Signature