

Step 2 - Ready to Work Employment Application

Read, complete and sign each page. For assistance, please call us at 888-674-7676. Fax the completed application to 888.201.6674 or email to your recruiter or to Msg@MsgStaffing.com.

Orientation Manual, Health and Safety Training Program

Acknowledgement Form

I have been provided with information and instructions for the **MSG on Policies, Health and Safety Training Program**. This program contains self-training guide on the following topics:

OSHA Training (9 sections) Complete & Sign

- **Universal Precaution, Hep B, TB Precaution, Transmission Based Question, HIPPA Privacy Rule (Health Insurance Portability and Accountability Act of 1996), Blood borne Pathogens, Hazardous Material, Fire, Electrical Precaution**

JCAHO Course Training (6 Section) Complete & Sign

- **Lift & Moving Patients, Age Specific, Pain Management, Workforce Violence, Elder Abuse & Neglect, Restraint**

I understand that these sections contain information that will assist me in working safely on my job. They also contain information regarding on how I should accommodate Client's safety rules.

I will successfully complete this training on my own and pass each test before I begin my working with a Client through MSG. I will repeat this training each year hereafter. I will adhere to by the policies and guidelines contained in these training section. I agree to comply with all of the Client's applicable policies and guidelines at each work place.

I will receive in my MSG orientation manual and/or have reviewed this information online: the MSG orientation manual, which includes, but is not limited to, the MSG Harassment Policy and Written Complaint Form, Employee Concern & Escalation Process, Workers Compensation Policy, Dress Code, and Code of Conduct.

I have received and reviewed a copy of the Job Description per Specialty and Classification. I will read and comply with the policies contained in the MSG Orientation manual. I agree to comply with the strict confidentiality requirements of MSG's Client, and HIPAA to keep patient information and other Protected Health Information confidential.

I will notify my Recruiter if I do not understand any information provided by MSG or if I feel I am unable to safely perform my duties. I understand that I can request additional information to clarify any of the above subjects in writing. All information's identified within the acknowledgement are available for future review upon request.

Non-Competition Agreement: I agree not to accept any offer of employment (either as an employee, as an independent contractor, or through another staffing agency) with any Client for whom I performed services while employed by MSG without MSG's express written consent during the assignment and for a period of 180 days after the termination of the Assignment.

Employee Signature

Signed Date

MSG Representative

Medical Staffing Group is committed to respectful and equal treatment for all employees. This commitment includes non-discrimination towards applicants and employees on the grounds of race, color, creed, religion, age, sex, disability, national origin, ancestry, sexual orientation, marital status, or with regard to public assistance, or union or non-union status. This prevails throughout the employment relationship, including, but not limited to recruitment, selection, training, transfer, compensation, promotion, demotion, layoff and termination.

Name: _____

Job Capabilities Questionnaire

As a candidate for employment at MSG, you must meet the basic requirements of skills, experience, education and availability needed by our clients. Clients request that our employees work at their location for a specific period of time to complete various work duties. As an MSG employee, you will typically be assigned to positions in healthcare, research and development, and/or many different types of facilities. These positions may involve working with various potentially hazardous substances and physical agents, including, but not limited to, the following:

- Various organic volatile and non-volatile chemicals, corrosives, potential carcinogens, mutagens and teratogens.
- Biological agents, blood borne pathogens and radioactive sources and materials
- Heat, cold, pressure (including compressed gasses), and noise
- Working with glassware, pipetting, repetitive tasks

These assignments may also include physical requirements that involve sitting/standing/walking for extended periods, bending and stooping, lifting or moving heavy objects and lifting up to 50 lbs. above the shoulders. They may also involve repetitive tasks such as using a keyboard, operating equipment or manipulating small objects.

A safe working environment is important not only to you, but also to MSG and our clients. You are expected to take all reasonable safety precautions, and to follow all MSG and client safety policies and procedures. This may include, but is not limited to Standard Operating Procedures, appropriate use of personal protective equipment and devices, and personal hygiene. To assist us in assuring that we select the best possible assignment for you, please complete the following Job Capabilities Questionnaire. Providing this information is voluntary.

1. Can you perform all of these and similar tasks with reasonable accommodation? Yes No
If no explain: _____
2. Do you have any health reasons that would prohibit you from performing these or similar tasks? Yes No
If yes explain: _____
3. Do you have any restrictions preventing you from performing these tasks? Yes No
If yes explain: _____
4. Do you have any known allergies? Yes No List: _____
 a. Do you have dermatitis? Yes No b. Are you allergic to latex gloves? Yes No
5. Are there any assignments that you cannot or prefer not to do? Yes No
If yes explain: _____

I certify this information is correct, and understand that withholding or giving false information will result in refusal to hire or disciplinary action up to, and including, termination.

Employee Signature: _____ Date: _____

Recruiter Name: _____ Date: _____

Disclosure of Health Information

I authorize the use or disclosure of my health information Medical Staffing group, Inc. Description of information that may be used or disclosed: (Note: e.g., all information related to a specific test or type of evaluation) Please List _____ the

information will be used or disclosed for the following purposes: Medical Staffing Group and its clients in evaluating my qualifications for employment opportunities and related activities. I understand that I may revoke this authorization at any time by sending a written request to the medical Staffing Group, Inc

Signature: _____ Date: _____ I agree I do not agree to these terms

Name: _____



CORI Request Form

MEDSG
\$

TO ALL EMPLOYEES: Please be advised that you be charged a \$15.00 for this service, which will be deducted from your first paycheck.

Medical Staffing Group has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee _____,

I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

(Applicant/Employee Signature) _____ Date: _____

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH DATE OF BIRTH
SOCIAL SECURITY NUMBER : _____ (Requested but not required). ID Theft Index PIN _____ (if applicable)

Current Address City State

Previous Address City State

SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____ *THE INFORMATION WAS VERIFIED WITH
THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____ (SIGNATURE OF CORI AUTHORIZED EMPLOYEE)

Criminal Record

Within the past 7 years have you been convicted of an offense against civil or military law, or been released from a prison or other detention facility? Yes No

(Omit [1] traffic violations with a fine under \$100 except where liquor or drugs were involved and [2] any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a youth offender law). A conviction record will not necessarily bar you from employment.

If yes, please indicate the nature or the offense, date, court and deposition:

Name: _____

Physician's Statement and Vaccination Record

Date: _____

It is the responsibility of the applicant to have their physician complete and sign this section before you receive any assignment to patient care.

TB Skin Test	Date: _____	Results: _____
OR Chest X-ray(if TB test positive)	Date: _____	Results: _____
Hepatitis B vaccinations Vaccine # 1: _____	Date Vaccine # 2: _____	Date Vaccine # 3: _____ Booster: _____
OR Hepatitis B Titre OR Hepatitis Declination sign below	Date: _____	Results: _____
MMR OR Mumps Titre Rubella Titre Rubeola Titre	Booster 1) _____ 1 MMR required prior to Birthdates of 1957, Date Completed: _____ Date Completed: _____ Date Completed: _____	Booster 1) _____ 2 MMR required after Birthdates of 1957 Results: _____ Results: _____ Results: _____
Varicella (Chicken Pox) Varicella Titre OR Immunity by History of Disease OR Varivax	Date Completed: _____ Date Date :	Results: _____
Tetanus/Tetanus Diphtheria Booster	Date Completed: _____	Results: _____

Please sign this form certifying that the above individual is not restricted in any way in regards to the required physical activities to perform this Job and is asymptomatic of any communicable diseases. By signing below I certify that the above documentation is valid.

Physician Signature _____ Date: _____

Printed Physician Name _____ LOC #: _____

Hepatitis Declination

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. 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. If in the future I continue to have occupation exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series.

Print Name _____ Date: _____

This is a regulatory requirement under 29CFR 1910.1030. If you decline the vaccination and refuse to sign the Declination paragraph, your offer will be withdrawn or your assignment will be terminated

Name: _____

Voluntary Equal Employment Opportunity Data Sheet

Medical Staffing Group is committed to respectful and equal treatment for all employees. This commitment includes non-discrimination towards applicants and employees on the grounds of race, color, creed, religion, age, sex, disability, national origin, ancestry, sexual orientation, marital status, or with regard to public assistance, or union or non-union status. This prevails throughout the employment relationship, including, but not limited to recruitment, selection, training, transfer, compensation, promotion, demotion, layoff and termination.

Please complete this information to assist us in complying with equal employment opportunity record keeping and reporting requirements. Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. This information form will be kept in a separate confidential file and will be used only for safety and government reporting purposes.

Race/Ethnic Group: (PLEASE CHECK ONLY ONE)

___ **American Indian/Alaska Native** (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Asian** (Not Hispanic or Latino) - A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

___ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the above six races.

Sex: Male ___ Female ___

Vietnam Era Veteran: Yes ___ No ___

Disabled Veteran: Yes ___ No ___

Other Veteran: Yes ___ No ___

Date of discharge: _____

Date of discharge: _____

Date of discharge: _____

Handicapped: Do you (1) have a physical or mental impairment which substantially limits one or more major life activities, (2) have a secure record of such impairment, (3) are regarded as having such impairment, or (4) have experienced difficulty, retaining or advancement in employment because of your handicapped? **Yes** ___ **No** ___

Age: Are you over 40 but under the age of 70? **Yes** ___ **No** ___

Individual's Full Legal Name: _____ **Date:** _____

Signature: _____

Name: _____

Authorization for Direct Deposit

Instructions:

1. Complete each line below. Please print in ink.
2. For direct deposit to your checking, **attach a voided check.**
3. For direct deposit to savings, **provide documentation from your bank.**
4. **Employee signature is required for all requests.**

I, _____, authorize Medical Staffing Group, Inc., to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Medical Staffing Group, Inc., a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking Savings

Bank routing number: _____

Entire paycheck OR Specified Amount: \$ _____ **

**Balance of pay to:

Manual (paper check) Account described below

Name on bank account: _____

Bank account number: _____ Checking Savings

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____ Date: _____

Important Points to Remember:

- Direct Deposit will begin with the **second** payroll processing after receipt of this form.
- You will continue to receive a pay stub showing deposit amount and tax withholding information.
- This authorization may be terminated only by written request submitted to the Payroll Department.

Name: _____



Answer Sheet

ALL INCLUSIVE JCAHO COMPETENCIES TEST. This answer sheet is for the JCAHO and OSHA training competency tests ONLY.

Question Numbers	Universal Precautions, Blood-Borne Pathogens	Hep B TB Precaution Transmission Based	Hazardous Material, Fire and Electrical Precaution	HIPPA Privacy Rule	Age & population Specific Competency
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
Question Numbers	Lift & Moving Patients	Pain Management	Elder Abuse & Neglect	Restraints	Workforce Violation
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Name: _____



Home Health Aides Competency Exam Answer Sheet

This answer sheet is for the HHA and Nurse Aide competence tests ONLY.

Question Numbers	Communication	Observation, Reporting, and Documentation	Recording of VS & ADL's Safe Techniques	Body Functioning
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Question Numbers	Clean, Safe, and Healthy Environment	Emotional and Developmental Needs	Mobility	Nutrition
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Name: _____

Question Numbers	Arrhythmia test for specialty nurses	Unit Specific Competency Exam	Medication Test FOR RN/ LPN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

TEST RESULTS FROM MANDATORY ALL INCLUSIVE JCAHO AND OSHA COMPETENCIES TEST.

Mandatory Competencies Exams JCAHO and OSHA includes	Pass (P) OR Fail (F) see answer sheet
Universal Precautions, Blood-Borne Pathogens	
Hep B, TB Precaution and Transmission Based	
Hazardous Material, Fire and Electrical Precaution	
HIPPA Privacy Rule	
Age & population Specific Competency	
Lift & Moving Patients	
Pain Management	
Elder Abuse & Neglect	
Restraints	
Workforce Violation	