



Zuriel Medical Staffing, Inc 925 N. Plum Grove Rd. Suite C. Schaumburg, IL 60173
Phone: 224 200 9036 Fax 847 744 5134 Email: zurielmedicals@gmail.com

I understand that if I am employed by Zuriel Agency, Inc. my employment is "at will" and maybe terminated by me or Zuriel Agency, Inc. at any time with or without cause, for any reason. No one other than the President of Zuriel Agency, Inc. has the authority to enter into an agreement contrary to the foregoing and any such agreement must be in writing and signed by both the president and me.

Signature _____ Applicant's Name _____ Date _____
Last name: _____ First Name: _____

Section A: Candidate please complete Section A only and forward directly to: _____

I _____, hereby authorize my current and previous employers to release information regarding my work performances to Zuriel Medical Staffing, Inc. I release all such employers from any liability for issuing this information to Zuriel Medical Staffing, Inc. Also, I hereby permit Zuriel Medical Staffing, Inc. to share this information with client facilities.

Applicant Signature: _____

Section B: (To be completed by Zuriel Medical Staffing, Inc)

Name:	SSN:
Position Held	Specialty/Unit:
Employees dates:	To:

Section C: (To be completed by Employer Zuriel Medical Staffing, Inc.) Thank you for completing this form as it assists us in ensuring that all professionals accepted into our program are of the highest caliber. Your response will remain in strictest confidence.

PLEASE RATE THE CANDIDATE ON:	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Clinical skills			
Ability to prioritize			
Flexibility to work different assignment			
Ability to relate to patients			
Initiative and enthusiasm			
Cooperation with staff			
Ability to take charge			
Punctuality			

Comments: _____
Eligible for rehire? Yes No
Reason for leaving: _____

Your name: _____ Title: _____
Date: _____



Staff Profile

Name: _____ Position _____ Date _____

_____ Current License/Certification _____

_____ License or Registration # _____

_____ Expiration Date: _____

_____ Health Statement Date: _____

_____ Tuberculosis Screening Date: _____

_____ Drug Screening Date: _____

_____ Skill Competency Evaluation Date: _____

_____ CPR/ACLS Expiration Date: _____

_____ Area of Written Exam _____ Score 1 _____

_____ Score 2 _____

_____ Years' Experience within area expertise

Area _____ Years _____

Area _____ Years _____

_____ Mandatory In-services (Fire Safety, Bloodborne Pathogens, Infections Control, TB regulations, Abuse/Neglect Information & Reporting)

_____ Date of last Performance Review _____



Conditions of Employment

Payroll and Payday

Zuriel Medical Staffing, Inc. will withhold all federal, state, and social security according to your exemptions as requested on your W-4. **Rates may vary depending on assignment and facility.** Timecards or sheets are due **every Sunday**, latest by noon to process your hours for the week on time **if applicable**, we have app to clock in and out of work. Direct deposits are due every 15th of the month and 30/31st unless it falls on weekend or a Holiday which will move pay day forward. Every staff is required to provide bank information for direct deposit. Please indicate if 1099 form is needed as it's provided upon request, otherwise W-4 form is always attached to application form. **Holidays must be approved and signed off by the facility's supervisor. All Time Sheets needs to be signed, dated with the Facility's name indicated** on the time sheet. If staff works at different facilities, make sure to **separate Time Sheet accordingly. (If Applicable or you must use the App to clock in and out)**

TERMINATING POLICY

Termination may result from the following reasons and others determine by the Board:

- Three or more no call, no shows.
- Three or more cancellations of schedule.
- Tardiness or leaving early from job.
- Sleeping on duty. Theft
- Positive after drug screening
- Intoxicated while on duty.
- Complaints from **staff/supervisors.**
- Disobeying rules** and regulations of the facility.
- Complaints of insubordination on duty.
- DNR** from other agencies.
- Suspicious behavior/not able to work as a team with staff/supervisor.

Zuriel Staffing Agency, Inc. is an equal opportunity employer, dedicated to the policy of non-discrimination in employment in the basis of age, color, race, nationality, and religion, marital status, or disability.

I _____, have read and understood the rules and regulations of Zuriel Medical Staffing, Inc.

Signature: _____ Date: _____

Experienced Staffing Resources

I _____ fully understand that Zuriel Medical Staffing, Inc. will not pay overtime if I work more than 40 hours a week and that it's my choice to do so.

Signature: _____ Date: _____



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STATEMENT OF CONFIDENTIALITY

I understand that in the performance of my duties, I must hold all medical information in the strictest of confidence. I have been advised that it is inappropriate to discuss any acquired medical information about a patient with anyone else including fellow employees. I understand that I am not to release any information externally unless directed by risk management. It has been made clear that any violation of these terms may result in immediate termination from the Hospital, Nursing Home, or the facility in question and that **I furthermore am personally liable for any ensuing damages which result from breach of confidentiality.**

Date: _____

Name: _____

Date: _____

Name: _____



CONFIDENTIAL DRUG TESTING CONSENT FORM
Employee/Applicant

Name (Print Name)

I understand that I am being asked to provide a urine sample for testing to determine the presence of alcohol, drugs, or controlled substances in my system. I understand that I do not have to provide such a specimen if choose not to do so, but that my refusal will result in termination of my employment at Zuriel Medical Staffing, Inc.

I hereby give consent to and authorize Employees and/or Physician chosen by the Agency to take urine specimen and to use such specimen in any manner that the facility and its agents, employees and physicians deem appropriate, including, but not limited to, releasing such specimen to a testing laboratory, hospital, other person, or service for testing. I hereby give consent to and authorize the facility and its agent; servants, employees and/or physician chosen by the facility and any such testing laboratory, hospital, person, or service to conduct drug tests and to release the results of the tests.

_____ I consent to provide a urine specimen for use in the manner described herein

_____ I refuse to provide a urine specimen. I understand that my refusal constitutes grounds for immediate termination or disqualification from employment consideration.

.....
Employee/Applicant's Signature (Print and Sign) Date:

.....
Witness's Signature (Print and Sign) Date:



STATEMENT OF A DRUG-FREE WORKPLACE

DECLINATION OF HEPATITIS B, VACCINATION, WAIVER, RELEASE OF ALL CLAIMS AND INDEMNITY AGREEMENT.

Please read carefully as this is a legally binding document. Please understand that in refusing vaccination and signing this document you will be waiving and releasing on behalf of yourself, your spouse, and your dependents, all claims as a result of disease, death or for injuries, including but not limited to the aggravation of any pre-existing ailment or condition: disability and disfigurement; pain and suffering, medical care, treatment and services, lost earnings, profits and salaries; lost earning capacity; the reasonable expense of indirectly out of your refusal to receive the vaccination.

Acknowledgement of Risk of Refusal to Receive Vaccinations Claims

I understand that due to 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 the Hepatitis B Vaccine when completing my pre-class medical work-up. However, I decline Hepatitis B vaccination currently. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B.

Waiver of Claim for injury Clause:

I do hereby fully release, hold harmless, discharge and defend Zuriel Medical Staffing, Inc. as well as any and all of its officers agents, servants, employees, Independent contractors and volunteers from any and all claims as a result of disease, death or from injuries, including but not limited to the aggravation of any pre-existing ailment or condition: disability and disfigurement, pain and suffering; medical care, treatment and services; lost earnings, profits and salaries, lost earning capacity; the reasonable expense of necessary help in the home; as any and all property damage I, my spouse, or my dependents might sustain arising directly or indirectly out of my refusal to participate in the above-captioned Hepatitis B Vaccination program.

I hereby read and fully understand the Waiver, Release of All Claims and indemnity Agreement. I understand that the terms hereof are contractual and are not a mere recital.

Participant's Signature:

Date:

Print Name:

Witness Signature:

Date:



HIPAA COMPLIANCE POLICY

You will be hearing many staff members say “HIPAA” when talking in public areas. What is HIPAA? HIPAA stands for HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT. HIPAA is a federal regulation and failure to comply may result in a fine and/or imprisonment.

HIPAA EXPECTS YOU AS A HEALTHCARE WORKER TO RESPECT AND PROTECT A PATIENT’S PRIVATE HEALTH INFORMATION (PHI).

As an employee of Zuriel Staffing Agency, Inc., you need to be aware of your responsibility of protect the patient’s PROTECTED HEALTH INFORMATION.

All patient information (PHI) is to be left out in the open or carried from one area to another without being covered. This includes charts, rosters, faxes, logbooks, or any other documents containing information or referencing patients.

All signs restricting personnel in certain area must be observed. Only into areas of the facility that pertain to your job or “employee only areas”. (ex. Business office is MD’s office).

I understand the importance of the HIPAA regulations, have received information about HIPAA and agree to follow the guidelines explained to me. I also understand that consistent failure to follow the guidelines may result in termination.

The sheet attached explains what PHI is and provides examples.

Employee Signature:

Date:



Cancellations by clients

The facility has a right to cancel confirmed schedule according to their need, however, Zuriel Medical Staffing, Inc. asks that client give at least two hours (2) hrs. warning when cancelling a staff from an assignment. If the client gives less than 2hrs warning, and Zuriel Medical Staffing, Inc. were unable to contact the staff before he/she leaves home, that staff receives 2hr “late cancelation pay” rate equivalent to the assigned unit.

Late calls

Late calls arise when a client still wants a nurse and the shift that they need has already or soon will begin. In this situation, Zuriel Medical Staffing, Inc. will ask the client how late they are willing to accept the nurse. If you (the staff) agree to accept the assignment and can arrive at the appointed time, you will receive a full 8hrs pay.

Field Recruitment

Zuriel Medical Staffing, Inc. prefers that our clients do not hire our staff. However, if the situation should arise, Zuriel Medical Staffing, Inc. asks for a 90-day written notice from both the nurse and the client. If the client would like to have the staff work for them during the 90-days Interim period, the nurse will do so as a Zuriel Medical Staffing, Inc. employee. **The staff could not be hired by the facility even if the staff is not working with Zuriel Medical Staffing, Inc. anymore until after 90 days.**

Holiday Pay

Employees usually will be paid one and one-half times the applicable hourly rate for all holidays listed below **if applicable by the facility or organization** Zuriel Medical Staffing, Inc. is contracted with. As agency, we do not pay overtime, staff choose to work overtime if wishes to. Please read this carefully as it is the candidate responsibility to do so.

- | | |
|----------------|------------------|
| Thanksgiving | New Year’s Eve |
| Christmas Eve | New Year’s Day |
| Christmas Day | Independence Day |
| Memorial Day | Labor Day |
| Juneteenth Day | |

Holidays usually begin at **12:00am on the day of the holiday and end at 11:59pm** the day of the holiday. Christmas Day and New Year’s Day usually begin at **12:00am on the eve of the holiday** and end at **11:59pm on the night of the holiday**.

Termination:

Termination may result from the following reasons and others determine by the Board:

Employment could be terminated without notice or given any reason.

Acknowledgement

ZURIEL MEDICAL STAFFING, INC. is an equal opportunity employer, dedicated to the policy of non-discrimination in employment based on age, color, race, nationality, religion, marital status, or disability.

I have read and understand the rules and regulations for Zuriel Medical Staffing, Inc. I agree to comply with all stated heretofore as conditions of my employment with Zuriel Medical Staffing, Inc.

Applicant Signature _____ Date _____

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For Your Staffing Solutions



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CONFIDENTIAL DRUG TESTING CONSENT FORM**

Name: _____ (Print Name)

1. I understand that I am being asked to provide a urine sample for testing to determine the presence of alcohol, drugs, or controlled substances in my system. I understand that I do not have to provide such a specimen if I choose not to do so, but that my refusal will result in termination of employment at Zuriel Medical Staffing, Inc.
2. I hereby give consent to and authorize Zuriel Medical Staffing, Inc employees and/or physician chosen by Zuriel Medical Staffing, Inc. to take urine specimen and to use such specimen in any manner that the facility and its agents, employees, and physicians deem appropriate, including, but not limited to, releasing such specimen to a testing laboratory, hospital, other person or service to conduct drug tests and to release the results of the tests.

_____ I consent to provide a urine specimen for use in the manner described herein.

_____ I refuse to provide a urine specimen; I understand that my refusal constitutes grounds for immediate termination or disqualification from employment consideration.

Employee /Applicant's Signature (Print and Sign)

Date

Witness's Signature (Print and Sign)

Date



Benefits Waiver for Assigned Employees

Agreement and Waiver In consideration of my assignment to assigned hospital, facility/organization by Zuriel Medical Staffing, Inc., I agree that I am solely an employee of Zuriel Medical Staffing, Inc. for benefits plan purposes and that I am eligible only for such benefits as Zuriel Medical Staffing, Inc. may offer to me as its employee. I further understand and agree that I am not eligible for or entitled to participate in or make any claim upon any benefit plan, policy, or practice offered by assigned hospital, facility/organization, its parents, affiliates, subsidiaries, or successors to any of their direct employees, regardless of the length of my assignment to assigned hospital, facility/organization by Zuriel Medical Staffing, Inc. and regardless of whether I am held to be a common-law employee of the assigned hospital, facility/organization for any purpose; and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

Employee/Witness_____

Signature

Printed Name/Date

Confidentiality Agreement for Assigned Employees

This contract has been prepared to accompany the General Staffing Agreement and if used would apply to the specific staffing client that is party to the agreement. Many staffing firms use an employment agreement with assigned employees that includes a provision to protect the confidentiality of staffing client information. A sample of such an agreement is included in Employment Law for Staffing Professionals, published by the American Staffing Association.

Assigned Employee Confidentiality Agreement As a condition of my assignment by Zuriel Medical Staffing, Inc. to assigned hospital, facility/organization, I hereby agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment at assigned hospital, facility/organization or which I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to assigned hospital, facility/organization or its operating methods and procedures that come to my attention as a result of this assignment. Under no circumstances will I remove physical or electronic documents or copies of documents from the premises of assigned hospital, facility/organization. I understand that I will be responsible for any direct or consequential damages resulting from any violation of this Agreement.

The obligations of this Agreement will survive my employment by Zuriel Medical Staffing, Inc.

Employee/Witness: _____

Signature

Printed Name

Date



Dear RN/LPN Applicant:

Thank you for your interest in Zuriel Medical Staffing, Inc. In order to complete this application, please make sure to sign all forms and provide updated originals (copies to be made at the office) of the following documents.

1. Resume
2. Driver's License
3. RN/LPN License
4. CPR and other Nursing Training Certificates
5. Social Security Card
6. Car Insurance
7. Respiratory Fit Test
8. Current physical exam with immunization such as Rubella, Rubeola, Varicella, TB, Hepatitis B, Urine and drug test screening.

Upon review of your application and the required documents, we will contact you for an initial interview and orientation. Please note, all documents must be completed before an orientation can be scheduled.

.....
Nursing Supervisor

EMPLOYEE CHECKLIST

The employee must have the following items in his/her file to be completed. Items with asterisk (*) should be done before/upon hiring. Please check when items are inserted into file.

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Hire date 2. Completed Application 3. Resume 4. Job Description 5. Pre-employment Interview 6. Current License applicable 7. License verification for professionals (yearly) 8. Healthcare worker registry verification 9. Criminal background authorization form
(For CNA- or other employees) 10. Criminal background check result (for CNA-
or other employee) 11. References 12. Driver's License 13. Social Security Card 14. Copy of auto insurance 15. CPR Card 16. W – 4 information 17. Orientation checklist – general 18. Orientation checklist – specific to discipline 19. Initial competency checklist 20. On-going competency | <ol style="list-style-type: none"> 21. 90-day end of probation performance evaluation
for (CNA- only) 22. Performance Evaluation 23. Diploma/Educational transcript 24. HIPAA Compliance Policy 25. Confidentiality Statement 26. Conflict of interest disclosure 27. Work contract agreement 28. Computer key password statement 29. Acknowledgement of employees' manual 30. Glucometer Competency Assessment 31. Waiver Hep. B Vaccination |
|--|--|

To be placed in a different folder

1. Health exam
2. Waiver Hep B. Vaccination
3. Forms I-9/ copies of required verification
4. PPD-2 step initially then annually if negative
5. CXR if PPD is positive then every 5-7 years
6. Annual TB questionnaire for positive PPD

Applicant signature _____ Date _____

Zuriel Medical Staffing, Inc. Witness signature _____ Date _____