



## A SUPERIOR CHOICE MEDICAL STAFFING, LLC

*Your First Choice For Quality Care!*

130 W. Wieuca Rd. Ste. 104

Atlanta, GA 30342

(404) 257-1608 ? (404) 257-1609 (fax)

### PERSONAL INFORMATION

Date of Application: \_\_\_\_\_

Name (First, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Are you legally entitled in the United States? (Circle) Yes No

What position are you applying for? \_\_\_\_\_

If you are hired, when can you start work? \_\_\_\_\_

How far from your home are you willing to travel? \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you ever worked for A Superior Choice Medical Staffing? (Circle) Yes No

Do you know anyone who presently working for A Superior Choice Medical Staffing?  
(Circle) Yes No

Do you have physical limitations which would affect your ability to lift and/or transfer  
Clients? (Circle) Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to perform the required functions of the job for which you are applying?  
(Circle) Yes No

**PERSONAL INFORMATION** (continued)

Have you had any accidents during the past 3 years? (Circle) Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for workers compensation? (Circle) Yes No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Name of High School: \_\_\_\_\_

Location of High School: \_\_\_\_\_

Number or years attended: \_\_\_\_\_

Did you graduate?: (Circle) Yes No

If you did not graduate, do you have a GED? (Circle) Yes No

Name of Trade School (if any): \_\_\_\_\_

Did you graduate?: (Circle) Yes No

Name of College (if any): \_\_\_\_\_

Location: \_\_\_\_\_

Major(s): \_\_\_\_\_

Did you graduate?: (Circle) Yes No

Did you earn a degree, if so, what degree?: \_\_\_\_\_

## EMPLOYMENT HISTORY

Beginning with your most recent employment, and working back in time, please give the following information:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

**EMPLOYMENT HISTORY** – (continued)

Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION:**

Have you ever been convicted of a misdemeanor or felony: (Circle)    Yes    No  
If yes, please note:

\_\_\_\_\_

\* Our bonding insurance prohibits a criminal background and we do run background checks.

**PROFESSIONAL REFERENCES:**

Please provide the names of three professional references (supervisors or lead personnel) that can provide information about your work habits:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

How long has this person known you?: \_\_\_\_\_

Name: \_\_\_\_\_

**PROFESSIONAL REFERENCES (continued)**

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

How long has this person known you?: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

How long has this person known you?: \_\_\_\_\_

**ADDITIONAL QUALIFICATIONS**

Please tell us about any other training, education, skills or achievements that you feel should be considered:

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## Availability

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

List the days and or nights you are available to work? Please fill in boxes:

Day of Week Available	Day Hours	Night Hours
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Number of miles you are willing to travel one way: \_\_\_\_\_

List any days, nights, hours, times, you are not available to work:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY STATEMENT**

**As an employee of A Superior Choice Medical Staffing, LLC, I am aware of my responsibility to maintain the confidentiality of any/all information, which I may come in contact with and/or have access to while employed by the agency. I am also aware that I am responsible for any legal proceeding and/or penalty(s), which may result from an unauthorized disclosure.**

**SIGNED: \_\_\_\_\_**  
**EMPLOYEE**

**PRINT NAME: \_\_\_\_\_**  
**EMPLOYEE**

**DATE: \_\_\_\_\_**

**WITNESSED: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

### Certification and Release

I certify that all statements made in this application are true and complete. I authorize **A Superior Choice Medical Staffing, LLC** to investigate all statements made as a part of this application and to secure any necessary information from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records.

I hereby release all such persons, entities, employers, references, institutions, agencies and **A Superior Choice Medical Staffing, LLC** from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release can be used for all related purposes.

I understand that any false answers or misleading statements as well as misrepresentations by omission made by me as part of my application, will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am employed.

I understand that nothing in this employment application, of **A Superior Choice Medical Staffing, LLC's** statements of personnel policies or in my communication with any **A Superior Choice Medical Staffing, LLC** employee or official, is intended to create an employment contract between **A Superior Choice Medical Staffing, LLC** and me.

In the event that I hired by **A Superior Choice Medical Staffing, LLC**, I understand that my continued employment will be at the mutual consent of **A Superior Choice Medical Staffing, LLC** and me. Accordingly, **A Superior Choice Medical Staffing, LLC** or I may terminate my employment at-will at any time with or without cause or notice. I understand that the at-will nature of the employment relationship can only be changed in a specific writing signed by the Human Resources Director.

I hereby acknowledge that I have read, understand and agree to the preceding statement.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Date: \_\_\_\_\_

## JOB DESCRIPTION AND DUTIES

### Certified Nursing Assistant

1. The role of the **Certified Nursing Assistant** (hereinafter “**CNA**”) is to provide competent, compassionate care to the clients of **A Superior Choice Medical Staffing, LLC**. The **CNA** must be certified and in compliance with all hiring rules of the Georgia State Department of Human Resources, Office of Regulatory Services. The **CNA** must be on time to all assignments, professionally attired, and prepared to render the highest quality care.
2. The **CNA** perform the following duties, as well as others that are within their scope of practice:
  - A. Safety Monitoring
  - B. Personal Hygiene
  - C. Meal Preparation
  - D. Light Housekeeping
  - E. Observation of client for changes in condition
  - F. Certified in CPR and First Aid
3. The **CNA** is responsible for following the care plan as it is written by the agency, in accordance with the rules and regulations of the State of Georgia Department of Human Resources.
4. The **CNA** is responsible for following the care plan as it is written by the agency, noting the tasks that were completed for the client at the conclusion of the shift. The **CNA** is required to obtain the initial of the client or responsible party to verify that each task has been completed as indicated on the service record.
5. The **CNA** is responsible for reporting to the administrator any changes in the client’s condition, or observations about any problems that may affect the client.

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Certified Nursing Assistant Signature

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Date

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A Superior Choice Medical Staffing, LLC

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Date

## JOB DESCRIPTION AND DUTIES

### Companion/Sitter

1. The **Companion/Sitter** is responsible for no hands-on care at all.
2. The **Companion/Sitter** is responsible for demonstration of practical competency in basic tasks:
  - A. Transportation
  - B. Home safety
  - C. Handling Medical emergencies in the home
  - D. Infection control
3. The **Companion/Sitter** is responsible for following the care plan as it is written by the agency, in accordance with the rules and regulations of the State of Georgia Department of Human Resources.
4. The **Companion/Sitter** is responsible for daily recording on the plan of care/flow sheet, noting the tasks that were completed for the client at the conclusion of the shift.
5. The **Companion/Sitter** is responsible for reporting to the administrator any changes in the client's condition, or observations about any problems that may affect the client.
6. The **Companion/Sitter** will be in compliance with all hiring rules of the Georgia State Department of Human Resources, Office of Regulatory Services.

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Companion/Sitter

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Date

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A Superior Choice Medical Staffing, LLC

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Date

## JOB DESCRIPTION AND DUTIES

### Electrocardiogram Technician

1. The role of the **Electrocardiogram Technician** (hereinafter “**EKG Technician**”) is to provide competent, compassionate care to the clients of **A Superior Choice Medical Staffing, LLC**. The **EKG Technician** must know how to perform EKG and a good understanding of EKG readings, along with being able to perform skills of a CNA. The **EKG Technician** must be on time to all assignments, professionally attired, and prepared to render the highest quality care.
2. The **EKG Technician** must perform the following duties, as well as others that are within their scope of practice:
  - A. Safety Monitoring EKG
  - B. Understand EKG readings
  - C. CPR and First Aid Certified

Along with CNA skills:

- D. Personal Hygiene
  - E. Meal Preparation
  - F. Light Housekeeping
  - G. Observation of client for changes in condition
3. The **EKG Technician** is responsible for following the care plan as it is written by the agency, in accordance with the rules and regulations of the State of Georgia Department of Human Resources.
4. The **EKG Technician** is responsible for completing the service record, noting the tasks that were completed for the client at the conclusion of the shift. The **EKG Technician** is required to obtain the initial of the client or responsible party to verify that each task has been completed as indicated on the service record.
5. The **EKG Technician** is responsible for reporting to the administrator any changes in the client’s condition, or observations about any problems that may affect the client.
6. The **EKG Technician** will be in compliance with all hiring rules of the Georgia State Department of Human Resources, Office of Regulatory Services.

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Electrocardiogram Technician Signature

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Date

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A Superior Choice Medical Staffing, LLC

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Date

## JOB DESCRIPTION AND DUTIES

### Phlebotomy Technician

1. The role of the **Phlebotomy Technician** (hereinafter “**PHLBT**”) is to provide competent, compassionate care to the clients of **A Superior Choice Medical Staffing, LLC**. The **PHLBT** must be certified as a Phlebotomist; be able to draw blood with proficiency; do finger sticks; practice good infection control; monitor the site; need to be familiar with CNA skills; must be CPR and First Aid certified; and be on time to all assignments, professionally attired, and prepared to render the highest quality care.
2. The **PHLBT** perform the following duties, as well as others that are within their scope of practice:
  - H. Safety Monitoring
  - I. Personal Hygiene
  - J. Meal Preparation
  - K. Light Housekeeping
  - L. Observation of client for changes in condition
3. The **PHLBT** is responsible for following the care plan as it is written by the agency, in accordance with the rules and regulations of the State of Georgia Department of Human Resources.
4. The **PHLBT** is responsible for daily recording on the plan of care/flow sheet, noting the tasks that were completed for the client at the conclusion of the shift. The **PHLBT** is required to obtain the initial of the client or responsible party to verify that each task has been completed as indicated on the service record.
5. The **PHLBT** is responsible for reporting to the administrator any changes in the client’s condition, or observations about any problems that may affect the client.
6. The **PHLBT** will be in compliance with all hiring rules of the Georgia State Department of Human Resources, Office of Regulatory Services.

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Phlebotomy Technician Signature

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Date

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A Superior Choice Medical Staffing, LLC

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Date

## JOB DESCRIPTION AND DUTIES

### Licensed Practical Nurse

1. The role of the **Licensed Practical Nurse** (hereinafter “**LPN**”) is to provide competent, compassionate care to the clients of **A Superior Choice Medical Staffing, LLC**. The **LPN** must be certified as an LPN; must be on time to all assignments; professionally attired; and prepared to render the highest quality care.
2. The **LPN** administer all duties performed by personal care assistants. In addition, Licensed Practical Nurses perform duties that are within their scope of practice. These duties include, but are not limited to:
  - A. Charting sign and symptoms
  - B. Medication administration
  - C. Suctioning and wound care
  - D. Maintain feeding tubes and monitoring tube feeding
  - E. Perform finger sticks to monitor blood sugar
  - F. Maintain patency of foley catheters
  - G. Administering first aid, CPR, and first aid certified
  - H. Monitor, assist with patient care
  - I. May or may not supervise other CNA
3. **LPN** is responsible for following the care plan as it is written by the agency, in accordance with the rules and regulations of the State of Georgia Department of Human Resources.
4. The **LPN** is responsible for completing the service record, noting the tasks that were completed for the client at the conclusion of the shift. The **LPN** is required to obtain the initial of the client or responsible party to verify that each task has been completed as indicated on the service record.
5. The **LPN** is responsible for reporting to the Administrator any changes in the client’s condition, or observations about any problems that may affect the client.
6. The **LPN** will be in compliance with all hiring rules of the Georgia State Department of Human Resources, Office of Regulatory Services.

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Licensed Practical Nurse Signature

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Date

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A Superior Choice Medical Staffing, LLC

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Date

# A SUPERIOR CHOICE MEDICAL STAFFING, LLC

## Attestation Statement

I have never been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

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Signature

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Date

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Signature

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Date

CCSP GENERAL ENROLLMENT APPLICATION

A Superior Choice Medical Staffing, LLC

*Your First Choice For Quality Care!*

**CODE OF ETHICS**

The Georgia Department of Medical Assistance requires each caregiver to read and sign the following Code of Ethics, per Policy 607.3B

The following activities are PROHIBITED:

1. Using the client's care for personal reasons.
2. Consuming the client's food or beverages.
3. Using the client's telephone for personal reasons.
4. Discussing political or religious beliefs, or personal problems, with the client.
5. Accepting gifts or financial gratuities (tips) from the client or client representative.
6. Lending money or other items to the client; borrowing money or other items from the client or client representative.
7. Selling gifts, food, or other items to or for the client.
8. Purchasing any items for the client unless directed in client's care plan.
9. Bringing other visitors (e.g. children, friends, relatives, pets, etc.) to the client's home.
10. Smoking in the client's home, with or without permission from the client or client representative.
11. Reporting for duty under the influence of alcoholic beverages or illegal substances.
12. Drinking alcoholic beverages while on duty.
13. Sleeping in the client's home.
14. Remaining in the client's home after services have been rendered.
15. Stealing items from the client or his/her family.
16. Developing non-professional, intimate relationships with the client or his/her family members.

\_\_\_\_\_  
Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

ASC Prospective Employee  
Please Print

Check List Date: \_\_\_\_\_

Hired Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**\*\*Bring items 1 – 7 listed below with and a voided check if you want direct deposit.**

<b>ITEMS REQUIRED</b>	<b>CHECK</b>
1. Employee Application	
2. Social Security Number	
3. Valid Drivers' License or Georgia ID	
4. Proof of PPD (TB Test)	
5. C.N.A./L.P.N./R.N.	
6. C.P.R. Card	
7. 1 <sup>st</sup> Aide Card	
<b>REFERENCES</b>	
Professional	
Professional	
Professional	
<b>BACKGROUND CHECK PERFORMED</b>	
Date Results Received	
5 year employment history/complete employment history if less than 5 yrs	
Job Description	
Copy of orientation and training documents signed	
Documentation of performance evaluation/annual evaluation documentation	
Attestation Statement	
Code of Ethics	

\*We will ask you to fill out a W-9 or W-4 for Tax purposes. We will ask you to sign a release for a criminal background check. You are required to complete an orientation where you will receive a copy of company and state regulations (Policy and Procedure handbook).

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