



Jesdit Infusion LLC. Skilled Nursing Employment Application

Date: _____

PERSONAL INFORMATION

Last Name: _____ Middle Initial: _____ First Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

DOB _____ Are you over the age of 18? YES ___ NO ___ AGE _____

MM/DD/YYYY

SS# _____

Home Phone: _____ Cell phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Position(s) Applying For: _____

How many hours can you work weekly? _____ When are you available to work? _____

Employment desired :FULL TIME ___ PER DIEM ___ PART TIME ___

AVAILABILITY						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening
Night	Night	Night	Night	Night	Night	Night

How do you hear about us? Friends ___ media ___ other _____

EDUCATION

Type of School	Name of School	Address	Number of Years Completed?	Major/Degree
High School				
College				



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Trade School				
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HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___

If yes, explain the number of convictions, the nature of the offense(s) leading to the conviction(s), how recently was/were the offense(s) committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a current professional license?: YES ___ NO ___ If so, In which states : ___

RN LICENCE NUMBER _____ DATE ISSUED _____ EXPIRATION DATE _____

Has your nursing license ever been suspended or revoked? YES ___ NO ___

Have you ever been disciplined for being unprofessional or unethical nursing to include abuse or neglect? YES ___ NO ___

If so, explain

DO YOU HAVE A DRIVER'S LICENSE? YES ___ NO ___

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK _____

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUE _____ EXPIRATION DATE _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES ___ NO ___

ARE YOU A NOW A MEMBER OF THE NATIONAL GUARD? YES ___ NO ___

Spealty _____ Date entered _____ Discharged date _____



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REFERENCES

Please list any two references - **PERSONAL**

Name: _____ Name: _____

Position: _____ Position: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Please list any two references - **PROFESSIONAL**

Name: _____ Name: _____

Position: _____ Position: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

EMPLOYMENT HISTORY

Please list your work experience for the past five years beginning with your most starting with your most recent employer.

Employer Name: _____ Address: _____ Phone Number : _____		Name of your Supervisor: Phone number:
Start: End:	Pay / Salary	



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Your Job title: Reason for Leaving:	
Job Duties and Responsibilities:	

Employer Name: _____	Name of your Supervisor:
Address: _____	Phone number:
Phone Number : _____	
Start: End:	Pay / Salary
Your Job title: Reason for Leaving:	
Job Duties and Responsibilities:	

Employer Name: _____	Name of your Supervisor:
Address: _____	Phone number:
Phone Number : _____	
Start: End:	Pay / Salary
Your Job title: Reason for Leaving:	
Job Duties and Responsibilities:	



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Employer Name: _____ Address: _____ _____ Phone Number : _____	Name of your Supervisor: Phone number:
Start: End:	Pay / Salary
Your Job title: Reason for Leaving:	
Job Duties and Responsibilities:	
Employer Name: _____ Address: _____ _____ Phone Number : _____	Name of your Supervisor: Phone number:
Start: End:	Pay / Salary
Your Job title: Reason for Leaving:	
Job Duties and Responsibilities:	

<p>Please list any additional skills, qualifications, certifications, or training that you feel is relevant to this position (e.g., speak a foreign language, CPR, or other training or special education).</p>

SKILLS CHECKLIST

Please check each skill area below using the following number system to indicate your experience:
 1 = Independent (requires no instruction) 2 = Have had experience, but needs instruction 3 = No experience



Website: www.jesditinfusion.com

Phone: 862 520 2908 | 862 216 6656

Submit form to: info@jesditinfusion.com

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	1	2	3
Starting Peripheral IVs			
Heparin Locks			
Calculate & Regulate IVs			
Implantable Venous Access Devices			
PICC line/Central line dressing change			
PICC line insertion			
Access/Management of Implanted Ports			
Port-a-Cath			
Access/Management of Central Lines (CVL, Hickman, Broviac, Groshong, etc.)			
Titration of drips			
Administration of Blood/Blood Products			
Power PORT			
Medication: <ul style="list-style-type: none"> • IVIG • SCIG • STELARA • SOLUMEDROL • REMICADE • ORENCIA • ENTYVIO • TPN • <u>PUMPS</u> • Curlin • Baxter • CADD • Alaris • Braun • Others _____ 			
Experience: less than a year _____	1-3 years _____	3-5 years _____	More than 5 years _____

May we contact your present employer? Yes _____ No _____

Did you complete this application yourself ? Yes _____ No _____

If not, who did? _____

PLEASE READ CAREFULLY



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In exchange for the consideration of my job application by **JESDIT INFUSION LLC**, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position. Both the undersigned and **JESDIT INFUSION LLC** may end the employment relationship at any time.

I further understand that my employment with the company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary or thereafter, my employment relationship with **JESDIT INFUSION LLC** is terminable at will for any reason by either party.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give **JESDIT INFUSION LLC** permission to contact schools, all previous employers (unless otherwise indicated), references, and perform a criminal background check conducted by Sterling as required by state law. I hereby release JESDIT INFUSION LLC from any liability as a result of such contact. _____

Signature of Applicant: _____ **Date:** _____

JESDIT INFUSION LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with JESDIT INFUSION LLC depends solely on your qualifications.

Thank you for completing this application form and your interest in our business