



# PRCS

## EMPLOYMENT APPLICATION

### GENERAL PROFILE:

Name \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_ Other # (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth: \_\_\_\_\_ What is the best time to reach you? A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Are you a United States Citizen: YES NO

If working under a Visa: Visa Type \_\_\_\_\_ Expiration \_\_\_\_\_

Have you ever been charged and/or convicted of a misdemeanor and/or felony? YES NO

\*If Yes, please provide a written explanation:

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**CREDENTIALS / DISCIPLINE:**

CRT \_\_\_\_\_ RRT \_\_\_\_\_ RN \_\_\_\_\_ PT \_\_\_\_\_ PTA \_\_\_\_\_ OT \_\_\_\_\_ COTA \_\_\_\_\_ SLP \_\_\_\_\_

Which of the following do you currently hold?

BLS (exp date) \_\_\_\_\_ ACLS (exp date) \_\_\_\_\_ NRP (exp date) \_\_\_\_\_ PALS (exp date) \_\_\_\_\_

**STAFFING PREFERENCES:**

Please Check All that Apply:

Local Per Diem \_\_\_\_\_ Short Term Travel \_\_\_\_\_ Travel \_\_\_\_\_

Local Work Area Preference \_\_\_\_\_ Desired Travel Areas \_\_\_\_\_

Shift preference: Days \_\_\_\_\_ Eves \_\_\_\_\_ Nights \_\_\_\_\_ 8 hr. \_\_\_\_\_ 12hr. \_\_\_\_\_

Per Diem Schedule preference:

Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_\_\_

Clinical area preferences:

\_\_\_\_\_

**LICENSE INFORMATION:**

Please list all states where active licenses are held:

State \_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_ License# \_\_\_\_\_ Exp Date \_\_\_\_\_

State \_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_ License# \_\_\_\_\_ Exp Date \_\_\_\_\_

State \_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_ License# \_\_\_\_\_ Exp Date \_\_\_\_\_

State \_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_ License# \_\_\_\_\_ Exp Date \_\_\_\_\_

Have any licenses you've held ever been investigated or suspended? YES NO

\* If yes, please include an explanation:

\_\_\_\_\_  
\_\_\_\_\_

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**REFERRALS**

How did you hear about PRCS?

Individual Referral \_\_\_\_\_  
School Speaker \_\_\_\_\_  
Newspaper Ad \_\_\_\_\_  
Other \_\_\_\_\_

Convention \_\_\_\_\_  
Job Posting \_\_\_\_\_  
Online Search \_\_\_\_\_

Do you know anyone who might be interested in working with PRCS?

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**EDUCATIONAL PROFILE:**

High School: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Date Completed)

Technical School: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Date Completed) (Degree)

College/University: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Date Completed) (Degree)

Graduate School: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Date Completed) (Degree)

**EMPLOYMENT OR CLINICAL PROFILE:**

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ May we contact? Yes / No

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ May we contact? Yes / No

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position held \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ May we contact? Yes / No

*The information I have provided in this application is true and accurate to the best of my knowledge. I hereby expressly authorize the staff of Professional Respiratory Care Services, Inc. (PRCS) to review the information set forth in this application, including my references. I further authorize PRCS to release the information contained in this application to any institution I may be assigned to as an employee of PRCS. I realize that any falsification or misleading or incorrect statements may result in immediate dismissal from PRCS.*

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

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

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



## EXTERNAL BACKGROUND CHECK POLICY & PROCEDURE

### PURPOSE:

PRCS believes that hiring qualified individuals to fill positions contributes to the overall strategic success of PRCS. Background checks serve as an important part of the selection process at PRCS. This type of information is collected as a means of promoting a safe work environment for current and future PRCS employees. Background checks also help PRCS obtain additional applicant related information that helps determine the applicant's overall employability, ensuring the protection of the current people, property, and information of the organization.

### POLICY:

At PRCS reference checks are conducted on job applicants applying for sensitive positions. These include positions involving security and financial responsibilities. PRCS will use a third party agency to conduct the background checks. The type of information that can be collected by this agency includes, but is not limited to, that pertaining to an individual's past employment, education, character, finances, reputation, etc. This process is conducted to verify the accuracy of the information provided by the applicant.

PRCS will ensure that all background checks are held in compliance with all federal and state statutes. For example, the Americans with Disabilities Act prohibit organizations from collecting non job-related information from previous employers or other sources. Therefore, the only information that can be collected is that pertaining to the quality and quantity of work performed by the applicant, the applicant's attendance record, education, and other issues that can impact the workplace.

PRCS can make inquiries regarding criminal records during the pre-employment stage; however, as part of Title VII of the Civil Rights Act of 1964, this information cannot be used as a basis for denying employment, unless it is determined to be due to job-related issues or business necessity.

### RECORDKEEPING:

PRCS guarantees that all information attained from the reference and background check process will only be used as part of the employment process and kept strictly confidential. Human resources will maintain a log that will include the position you are applying for, your name, and the date of the background check. Be aware, only appropriate human resource personnel at PRCS will have access to this information.

List any additional counties in which you have resided in over the last 7 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read and understand the above policy on background checks. Furthermore, I authorize PRCS to conduct a background check which includes, but is not limited to, employment, criminal records, OIG Medicare fraud and licensure.*

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

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

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

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

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



## PRCS DRUG SCREEN POLICY AND ACKNOWLEDGEMENT

### POLICY

As Professional Respiratory Care Services, Inc. (PRCS) requires that a drug screen be completed for employment purposes, you will be sent to a lab at no cost to you.

I, \_\_\_\_\_ (employee name), authorize the results of my pre-employment and any 'for cause' drug screening to be released to PRCS and any of its placement facilities to which you are assigned to for review. Passing the pre-employment drug screen is a condition of employment with PRCS. PRCS authorizes any of its placement facilities to request a 'for cause' drug screen for its employees.

### ACKNOWLEDGEMENT

PRCS and per the statutes of the State Compensation Fund of Arizona, would like to inform all new employees that it is mandatory for all who report an injury at a medical facility to submit to a drug screen within 12 hours of notification of the reported incident. Failure to comply with this request may negate any workers compensation claims and payment for injury.

I, \_\_\_\_\_ (employee name), acknowledge the fact that in the event of an industrial accident or patient care/hospital incident of which I am involved, I am required to submit to a drug screen exam within 12 hours of notification of injury. In the event that a drug screen is administered, I authorize the results to be released to the facility, State Compensation Fund of Arizona, and PRCS for review.

Employee Name:

\_\_\_\_\_

Employee Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



## Permanent Tax Residence Form

### Tax Home

To receive non-taxable travel, meal or housing reimbursements, the IRS requires that you maintain a primary tax home that is separate and distinct from your assignment. Remember, that a tax home and a permanent residence are separate items. Use the questions below as a guide to determine whether you have an acceptable tax home. These only serve as a guide and are not conclusive. ***You are encouraged to seek the assistance of a tax professional.***

### Part 1

- 1) Do you maintain your car registration, driver's license, voter's registration, memberships etc. at your claimed tax home? *A yes indicates a permanent residence, but not necessarily a tax home.*
- 2) Do you incur significant monthly expenses to maintain a dwelling that you use for your own lodging at your claimed tax home? This can be either owned, rented or a place.
- 3) Do you frequently return or plan to return to your claimed tax home.  
If you can answer yes to each question, go to Part 2. If you cannot, you probably do not have a tax home.

### Part 2

***A "yes" to any of the questions below can potentially disqualify you for non-taxable reimbursements:***

- 1) Are you fully renting your primary residence without maintaining a portion of the dwelling for you own lodging?
- 2) At the completion of this assignment, will you have you been employed in the metropolitan area of the facility more than 12 months over the last two years?
- 3) During the assignment, will you return to your primary residence at the end of each shift?  
*If you return home even on days off, some of your reimbursements will potentially be taxable.*

### For Foreign Travelers on Visa

In addition to the rules above, if you are claiming a tax home in another country, you must file a resident tax return in your home country. Visa status determines immigration status, not tax status. Provisions of tax treaties between the US and your home country may apply.

Based on the IRS rules, I certify to the best of my knowledge that I have a tax home and I am qualified to receive tax free allowances. I acknowledge that I have been advised to consult my tax advisor and agree to take full responsibility for any taxes, interest and penalties incurred for misrepresentation of my position.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security XXX-XX- \_\_\_\_ \_

Printed Name \_\_\_\_\_

Permanent Tax Address \_\_\_\_\_

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If you do not return this completed form to PRCS, or if you do not meet the "tax home" criteria, the IRS requires that we treat travel and housing benefits as income, and **we will withhold taxes accordingly.**

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

Printed Name \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_