

# Application for Employment Package



March 2018

**PLEASE PROVIDE THE FOLLOWING TO THE STAFF MEMBER WHO IS PROCESSING YOUR APPLICATION, THANK YOU.**

**Note: We will do a criminal history check on all applicants and license verification as applicable.**

<b>ITEM NEEDING SUPPLIED</b>	<b>CHECK MARK INDICATING PROVIDED BY APPLICANT</b>
Copy of Driver's License	
Copy of Car Insurance	
Copy of CPR card (required for instructors and Instructor/Administrative Staffs)	
Copy of CPR Instructor's card (required for CPR instructors)	
Resume or Curriculum Vitae	
Liability Insurance (required for Instructor/Administrative Staffs)	
License as applicable	
TB test within the last 12 months	
I-9 completed	
W-4 completed	
Reference check form (sign the shaded area giving permission to check your reference)	
Completed Application for employment	
Review of the Job Description and signature as applicable	
Sign all required policies and procedures in the application package.	

**This application package is in three different sections. You are not required to complete all sections.**

**SECTION ONE: ALL APPLICANTS TO  
COMPLETE**

**SECTION TWO: NURSING APPLICANTS ONLY**

**SECTION THREE: ADMINISTRATIVE STAFF  
APPLICANTS ONLY**

If you are applying for a nurse instructor position, please complete:

**Section I & II**

If you are applying for an administrative staff position, please complete:

**Section I & III**

If you are applying for another type of position, please complete:

**Section I only**

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# THE VOCATIONAL NURSING INSTITUTE, INC.

## THE VOCATIONAL NURSING INSTITUTE, INC.

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

OTHER NAME USED IN EMPLOYMENT \_\_\_\_\_

REFERENCES SENT 1 \_\_\_\_\_ 2 \_\_\_\_\_ RECEIVED 1 \_\_\_\_\_ 2 \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Last Name Middle First  
-----

Street Address: -----

Home Phone: ----- Business Phone: -----

City: ----- State: ----- Zip Code: -----

AVAILABLE: Full Time: \_\_\_\_\_ Part Time \_\_\_\_\_ Contract: \_\_\_\_\_

SHIFTS WILLING TO WORK: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Weekend: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_

IF ON A VISA, WHAT TYPE? \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_

EXPIRATION DATES: Health Card: \_\_\_\_\_ CPR Card \_\_\_\_\_

ACLS CERTIFICATION DATE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes \_\_\_\_\_ No \_\_\_\_\_

Conviction of a crime is not an automatic bar to employment, other factors such as the nature and date of the crime

# THE VOCATIONAL NURSING INSTITUTE, INC.

will be taken into consideration.

IF YES, GIVE DATE AND DETAILS: \_\_\_\_\_

EDUCATION					
Type of School:	Name & Location	Major	Degrees Obtained & Date		
High School					
College					
Other Education or Special Training					

  

WORK EXPERIENCE						
DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD		REASON FOR JOB CHANGE
	FROM			POSITION	WORK PHONE	
					STARTING PAY	
	TO			SUPERIOR & TITLE	FINAL PAY	
DESCRIBE DUTIES/RESPONSIBILITIES:						

  

DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD		REASON FOR JOB CHANGE
	FROM			POSITION	WORK PHONE	
					STARTING PAY	
	TO			SUPERIOR & TITLE	FINAL PAY	
DESCRIBE DUTIES/RESPONSIBILITIES:						

  

DATES		EMPLOYER & FULL ADDRESS LAST OR CURRENT POSITION	TYPE OF BUSINESS	POSITION HELD		REASON FOR JOB CHANGE
	FROM			POSITION	WORK PHONE	
					STARTING PAY	
	TO			SUPERIOR AND TITLE	FINAL PAY	
DESCRIBE DUTIES/RESPONSIBILITIES:						

## THE VOCATIONAL NURSING INSTITUTE, INC.

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I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this is not a contract, offer, or promise of employment and that if hired, I can be terminated at will, with or without cause, with or without notice, at any time and for any reason, at the option of either **THE VOCATIONAL NURSING INSTITUTE, INC.** Or myself. I further understand that no supervisor, manager, official or representative **THE VOCATIONAL NURSING INSTITUTE, INC.** and its related entities has the authority to enter into an employment contract or make any agreement, orally or in writing, contrary to the foregoing. **I have read, understand, and agree to this statement\_\_\_\_\_ (please initial here).** **THE VOCATIONAL NURSING INSTITUTE, INC.** considering my application for employment may verify the information set forth on this application, related papers or oral interviews and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, law enforcement agencies and doctors to supply any information concerning my background that they may have whether it is on their records.

I hereby release them and their company from all liability for divulging same. A photographic copy of this authorization shall be as valid as the original. If any of my given information is found to be false or misleading, I understand that I will be subject to dismissal at any time during the period of my employment without liability for wages or salary except such as may have been earned at date of such termination and I agree to hold **THE VOCATIONAL NURSING INSTITUTE, INC.** and persons named herein blameless in that event. **I have read, understand and agree to this statement (please initial here).**

**THE VOCATIONAL NURSING INSTITUTE, INC.** is an equal opportunity employer and does not discriminate in its recruiting, selecting and hiring procedures because of race, color, gender, religion, national origin, age, sexual orientation or disability status nor does it discriminate about Veteran status.

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

SIGNED: \_\_\_\_\_



# THE VOCATIONAL NURSING INSTITUTE, INC.

---

## REFERENCE CHECK FORM

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ (SS#) \_\_\_\_\_ has applied for employment with our company. Please assist us in planning regarding employment that will best benefit this applicant and our organization by providing the requested information below.

Sincerely, \_\_\_\_\_ Date: \_\_\_\_\_

I voluntarily give **THE VOCATIONAL NURSING INSTITUTE, INC.** the right to investigate my past and/or present employment and release from all liability or responsibility by all persons, companies, or organizations supplying information.

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

Employment dates: \_\_\_\_\_

Eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

Position Held \_\_\_\_\_

Final Salary \$ \_\_\_\_\_

Reason for termination/separation \_\_\_\_\_

Please rate this individual based on his/her employment with you:

Quality of Work

☐ Exceptional ☐ Satisfactory ☐ Unsatisfactory

Quantity of Work

☐ Exceptional ☐ Satisfactory ☐ Unsatisfactory

Ability

☐ Exceptional ☐ Satisfactory ☐ Unsatisfactory

Attendance

☐ Exceptional ☐ Satisfactory ☐ Unsatisfactory

References Information Provided By: \_\_\_\_\_ Job Title \_\_\_\_\_

Verified by: Phone \_\_\_\_\_ Mail \_\_\_\_\_

Verified By: \_\_\_\_\_ Job Title \_\_\_\_\_



# THE VOCATIONAL NURSING INSTITUTE, INC.

## REFERENCE CHECK FORM

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ (SS#) \_\_\_\_\_ has applied for employment with our company. Please assist us in planning regarding employment that will best benefit this applicant and our organization by providing the requested information below.

Sincerely, \_\_\_\_\_ Date: \_\_\_\_\_

I voluntarily give **THE VOCATIONAL NURSING INSTITUTE, INC.** the right to investigate my past and/or present employment and release from all liability or responsibility by all persons, companies, or organizations supplying information.

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

Employment dates: \_\_\_\_\_

Eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

Position Held \_\_\_\_\_

Final Salary \$ \_\_\_\_\_

Reason for termination/separation \_\_\_\_\_

Please rate this individual based on his/her employment with you:

Quality of Work

☐ Exceptional ☐ Satisfactory ☐ Unsatisfactory

Quantity of Work

☐ Exceptional ☐ Satisfactory ☐ Unsatisfactory

Ability

☐ Exceptional ☐ Satisfactory ☐ Unsatisfactory

Attendance

☐ Exceptional ☐ Satisfactory ☐ Unsatisfactory

References Information Provided By: \_\_\_\_\_ Job Title \_\_\_\_\_

Verified by: Phone \_\_\_\_\_ Mail \_\_\_\_\_

Verified By: \_\_\_\_\_ Job Title \_\_\_\_\_

**NOTICE REGARDING WORKER'S COMPENSATION**

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This is to notify you that our school does not provide Worker's Compensation insurance. Please sign below indicating that you have read this information.

---

Employee Signature

Date

---

Witness Signature

Date

# THE VOCATIONAL NURSING INSTITUTE, INC.

## ADMINISTRATIVE POLICY & PROCEDURE MANUAL

**Policy Number:**

**Page 1 of 1**

**TITLE: INTERNET POLICY**

**Effective Date:**

**Revised Date:**

### **PURPOSE:**

The purpose of this policy is to establish guidelines as to when an employee may/may not access the Internet.

### **POLICY:**

Vocational Nursing Institute, Inc. provides Internet access (including e-mail) to its employees to assist and facilitate business communications and work-related research. These services are for legitimate business use only during employee's assigned duties. All materials, information and software created, transmitted, downloaded or stored on the company's computer system (First with Kimberley Kelly's written permission) are the property of Vocational Nursing Institute, Inc. and may be accessed only by authorized personnel. Employees may access the Internet for non-business use during mealtime or other breaks, so long as all other provisions of this policy are followed.

### **Prohibited uses of the Internet**

Inappropriate Internet use includes; transmitting obscene, harassing, offensive or unprofessional messages; accessing any site that is sexually or racially offensive or discriminatory; displaying, downloading or distributing any sexually explicit material; transmitting any of the company's confidential proprietary information, including customer data, trade secrets, emails, conversations, or other materials covered by THE VOCATIONAL NURSING INSTITUTE, INC. confidentiality policy.

### **Monitoring**

THE VOCATIONAL NURSING INSTITUTE, INC. reserves the right to monitor employee use of the e-mail system or the Internet at any time. Employees should not consider their Internet usage or e-mail communications to be private. Personal passwords are not an assurance of confidentiality, and the Internet itself is not secure.

### **Copyright restrictions; permission required**

Any software downloaded into THE VOCATIONAL NURSING INSTITUTE, INC. computer may be used only in ways consistent with the licenses and copyrights of the vendors, authors or owners of the material. Prior written authorization from Kimberley Kelly is required before introducing any software into THE VOCATIONAL NURSING INSTITUTE, INC. computer system. Employees may not download entertainment software, games or any other software unrelated to their work.

### **No company representation**

Only authorized employees may communicate on the Internet on behalf of THE VOCATIONAL NURSING INSTITUTE, INC. Employees may not express opinions or personal views that could be misconstrued as being those of THE VOCATIONAL NURSING INSTITUTE, INC. Employees may not state their company affiliation on the Internet unless required as part of their assigned duties.

### **PROCEDURE:**

1. All new hire employees will be oriented to THE VOCATIONAL NURSING INSTITUTE, INC. policy regarding use of the Internet.
2. All employees will sign a statement that they have been oriented to this policy and agree to abide by it.
3. Any violation of this policy may result in loss of computer access and disciplinary action, including immediate termination.

I \_\_\_\_\_ will abide by this policy. \_\_\_\_\_  
Name Signature/Date Witness/Date

**Location: TX**

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# THE VOCATIONAL NURSING INSTITUTE, INC.

<b>Policy Number:</b>  <b>Page 1 of 1</b>	<b>TITLE: CELLULAR PHONE POLICY</b>	<b>Effective Date:</b> <b>Revised Date:</b>				
<b><u>PURPOSE:</u></b>  The purpose of this policy is to establish guidelines for using cellular phones.  <b><u>POLICY:</u></b>  It is the policy of this school not to require its employees or contractors to utilize cellular phones. If an employee chooses to use a cellular phone, it is of his/her own choice. Employees of THE VOCATIONAL NURSING INSTITUTE, INC. are encouraged to pull to the side of the road and not operate their phone while driving as this is a hazard.  <b><u>PROCEDURE:</u></b>  <ol style="list-style-type: none"><li>1. When new personnel are hired as an independent contractor or employee, this policy will be a part of the orientation.</li><li>2. The newly hired person will sign the acknowledgment below.</li><li>3. This form will then be placed in the personnel file as a permanent part of their file.</li></ol>  I, _____ have read the above policy and understand the policy. I have had opportunity to ask questions and have them answered to my satisfaction.      <table border="0"><tr><td>_____ Signature</td><td>_____ Date</td></tr><tr><td>_____ THE VOCATIONAL NURSING INSTITUTE, INC.</td><td>_____ Date</td></tr></table>			_____ Signature	_____ Date	_____ THE VOCATIONAL NURSING INSTITUTE, INC.	_____ Date
_____ Signature	_____ Date					
_____ THE VOCATIONAL NURSING INSTITUTE, INC.	_____ Date					
<b>Location: TX</b>  © THE VOCATIONAL NURSING INSTITUTE, INC. 12/02						

**CONFIDENTIALITY STATEMENT**

**AGREEMENT OF CONFIDENTIALITY**

I \_\_\_\_\_ understand that in the performance of my duties, I may have contact with sensitive and confidential information about patient's receiving services from the Clients we serve. I will respect each patient's right to privacy and will hold in confidence any private or medical information of which I may become knowledgeable of in carrying out my assigned duties.

I further understand that should I fail to honor confidential information about patients, other employees, or the school's Client(s), such breach of confidentiality may be cause for my termination of employment with the School or expelling of my status as a student and potentially, expose me to fines and other sanctions defined in the enforcement section of the HIPAA regulations.

**CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION AND CLIENT'S MEDICAL RECORDS**

The School will respect the patient's rights to confidentiality of personal and medical information in accordance with applicable state, federal and HIPAA regulations. All employees/ students will be provided with information during orientation regarding respect for the patient's privacy and confidentiality of information obtained by the employee / student during the provision of services and through contact with the client's medical record. All employees/ students will maintain confidentiality of medical information and records. Access to medical records will be limited to the minimum amount necessary to accomplish the stated purpose according to professional judgment during clinical rotations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

ADMINISTRATIVE POLICY & PROCEDURE MANUAL		
<b>Policy Number:</b>  <b>Page 1 of 2</b>	<b>TITLE:       SEXUAL HARASSMENT</b>	<b>Effective Date:</b> <b>Revised Date:</b>
<p><b><u>PURPOSE:</u></b></p> <p>To establish procedures through which employees are entitled to work in a Sexual Harassment free environment.</p> <p>Sexual harassment is a form of sex discrimination in which the prohibited conduct is sexual in nature, not just sex-based. The key element in defining sexual harassment is that, regardless of the form of behavior or conduct it takes, it is unwelcome by the recipient.</p> <p><b>Definition of Sexual Harassment</b></p> <p>For purposes of this policy, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other oral or written communications or physical conduct of a sexual nature when:</p> <p>Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; Submission to or rejection of such conduct by an individual is used as a basis for employment affecting such individual; or Such conduct has the purpose or effect of unreasonably interfering with an individual's work or creating an intimidating, hostile, or abusive work environment.</p> <p>Sexual harassment may take on different forms; the following are two examples of types of sexual harassment and their definitions.</p> <p>Quid Pro Quo: Using a person's response to a request for sexual favors as a basis for an academic or employment decision is one form of sexual harassment.</p> <p>2. Hostile Environment: Other types of unwelcome conduct of a sexual nature can also constitute sexual harassment, if sufficiently severe or pervasive that the target finds, and a reasonable person would find, that an intimidating, hostile or abusive work environment has been created. Examples of this kind of sexual harassment include, but are not limited to:</p> <p>Sexual comments, teasing, or jokes; Sexual slurs, demeaning epithets, derogatory statements, or other verbal abuse; Graphic or sexually suggestive comments about an individual's attire or body; Inquiries or discussions about sexual activities; Pressure to accept social invitations, to meet privately, to date, or to have sexual relations; Sexual touching, brushing up against another in a sexual manner, graphic or sexually suggestive gestures; cornering, pinching, grabbing, kissing, or fondling; Coerced sexual intercourse or sexual assault. Unwelcome conduct that meets any of the above criteria constitutes unlawful sexual harassment</p>		
<b>Location: TX</b> <b>©THE VOCATIONAL NURSING INSTITUTE, INC. 12/02</b>		

## ADMINISTRATIVE POLICY & PROCEDURE MANUAL

**Policy Number:**

**Page 2 of 2**

**TITLE: SEXUAL HARASSMENT**

**Effective Date:**

**Revised Date:**

### **POLICY:**

It is the policy of THE VOCATIONAL NURSING INSTITUTE, INC. to promote a cooperative work environment in which there exists mutual respect for all employees. Harassment of employees based upon sex is inconsistent with this objective and contrary to THE VOCATIONAL NURSING INSTITUTE, INC. policy of equal employment without regard to age, sex, sexual orientation, transgender, disability, genetic predisposition or carrier status, alienage or citizenship, religion, race, color, national or ethnic origin, or veteran or marital status.

Sexual harassment is illegal under Federal, State, and City laws and will not be tolerated within this company... THE VOCATIONAL NURSING INSTITUTE, INC. will disseminate this policy and take other steps to educate the staff about sexual harassment. THE VOCATIONAL NURSING INSTITUTE, INC. will establish procedures to ensure that investigations of allegations of sexual harassment are conducted in a manner that is prompt, fair, thorough and as confidential as possible under the circumstances, and that appropriate corrective and/or disciplinary action is taken as warranted by the circumstances when sexual harassment is determined to have occurred. The staff of THE VOCATIONAL NURSING INSTITUTE, INC. who believe themselves to be aggrieved under this policy are strongly encouraged to report the allegations of sexual harassment as promptly as possible. Delay in making a complaint of sexual harassment may make it more difficult for the company to investigate the allegations.

### **PROCEDURE:**

1. The Governing Body has the ultimate responsibility for overseeing compliance with this policy. In addition, each Executive Officer, Administrator or other person with supervisory responsibility shall be required to report any complaint of sexual harassment to an individual or individuals to be designed in the procedures. All members of the Governing Body are required to cooperate in any investigation of a sexual harassment complaint.
2. Staff who are found guilty of sexual harassment, will be subject to the applicable disciplinary proceedings up to and including termination of employment.
3. All staff will be oriented to this Policy and Procedure by their Supervisor upon hire.

**Location: TX**

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# THE VOCATIONAL NURSING INSTITUTE, INC.

## ADMINISTRATIVE POLICY & PROCEDURE MANUAL

**Policy Number:**

**TITLE: COMPUTERIZED WORK PRODUCTS**

**Effective Date:**

**Page 1 of 1**

**Revised Date:**

### **PURPOSE:**

To clearly define the work product and property of THE VOCATIONAL NURSING INSTITUTE, INC. and to ensure the confidentiality of all work product and client information.

### **POLICY:**

It is the policy of this school to ensure that all data bases, computerized work products, and client information is kept confidential and the sole property of THE VOCATIONAL NURSING INSTITUTE, INC.

### **PROCEDURE:**

1. Each Instructor/Administrative Staff will have available to them the school data bases for work products, this information may not be stored on the Instructor/Administrative Staff's home computer or personal laptop for any period.
2. The data bases and work products developed on an Instructor/Administrative Staff's work lap top are the sole property of VNI, Inc. No employee can delete data bases without the President's permission. No employee can download school information onto a personal memory device nor can they take any of the school's documents into their personal possession without the permission of the President in writing.
3. The Instructor/Administrative Staff do not have the authority to change the content of a data base unless approved by the CEO/President prior to the change, and this is done in writing only.
4. If and when an employee terminates their position with the school, they must submit within 3 business days all electronic data and other equipment issued to the main office. It is understood that this is a requirement as part of the separation of employment. If the employee/contractor fails to comply they agree to be liable for all attorney fees incurred by the school to retrieve company property that is rightfully belonging to the school.

I have read, understood and will comply with this Policy and Procedure.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# THE VOCATIONAL NURSING INSTITUTE, INC.

## ADMINISTRATIVE POLICY & PROCEDURE MANUAL

Policy Number:

**TITLE: SHARING OF FORMS, WORK PRODUCTS  
OF SCHOOL**

Effective Date:

Page 1 of 1

### **PURPOSE:**

To document the school's position clearly on sharing of forms, work products of the school.

### **POLICY:**

It is the policy of this school that all work conducted during work hours of the school, or paid for by the school is considered "work for hire" and becomes the sole property of THE VOCATIONAL NURSING INSTITUTE, INC. It is also the policy of this school that if an Instructor/Administrative Staff or client needs a form or work product of this school, that it will be provided with the CEO's approval PRIOR to the sharing of the work product.

### **PROCEDURE:**

- A. The consulting staff will contact the CEO if a client or another Instructor/Administrative Staff requests a work product to be shared with them; this can be a paper file, electronic file, email work product of VNI, Inc. or any other document not named within this policy.
- B. If the consulting staff decides to provide a client or Instructor/Administrative Staff of the school with a work product that has not been approved by the CEO, termination of employment may occur.
- C. If an employee refuses to perform work duties on behalf of VNI, Inc. because they want to copyright the document themselves, or claim the work product as their own, then this is a conflict of interest and employment will be terminated.
- D. No changes may be made to the curriculum by a staff member without the approval of the Governing Body, TWC, and the Board of Nursing.

I have read, understood and will comply with this Policy and Procedure.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# THE VOCATIONAL NURSING INSTITUTE, INC.

**Location: TX**

## Employee Orientation Checklist

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

	Task	Completed	Reviewed	Initials
	School Programs			
	School Organizational Structure			
	Received Appropriate Job Description			
	Philosophy			
	Confidentiality			
	Complaint Resolution			
	<b>PERSONNEL POLICIES</b>			
	Equal Opportunity Employer			
	Paydays/Payroll/Taxes			
	Holidays			
	Orientation			
	Evaluations			
	Inadequate performance OR Improper Behavior / Disciplinary Action			
	Verification of Professional License Certification			
	Compensation Policies			
	Work Hours			
	Administrative Policies and Procedures			
	Oriented to HIPAA			
	Benefits			
	Policies and Procedures of the School			
	Curriculum & Lesson Plans (Instructors Only)			
	Clinical Rotation Information (Instructors Only)			
	Classroom guidelines (Instructors Only)			
	Faculty Education			

I understand that I have been given the opportunity to review all policies, procedures, forms, and other information provided by the school. I have had the opportunity to have all my questions answered and agree that I have been personally oriented to the items above. My signature below indicates this understanding.

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

# THE VOCATIONAL NURSING INSTITUTE, INC.

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School Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby grant permission for the company to complete a background check for my employment and understand the company requires NO CRIMINAL HISTORY of any kind to be employed effective 2/15/18.**

**I have no criminal history which would Barr me from employment and agree to have a background check conducted by the school prior to offer of employment.**

\_\_\_\_\_  
**Applicant Signature/ Date**

\_\_\_\_\_  
**Applicant Printed Name**

**Social Security Number:**

**DOB:**

**Other Names/Alias: (list below)**

# THE VOCATIONAL NURSING INSTITUTE, INC.

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Established 1997

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## THE VOCATIONAL NURSING INSTITUTE, INC.

Consulting & Training Services  
11201 Steeple Park Drive  
Houston, Texas 77065  
(713) 776-3566 or 832-237-2525

I have read, understand and will comply with all HIPAA regulations.

\_\_\_\_\_  
Staff's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Supervisor's signature

\_\_\_\_\_  
Date

**INSERT I-9 & INSTRUCTIONS (2 PAGES AND FORM 1 PAGE)**

**INSERT I-9 INSTRUCTIONS PAGE 2**



**INSERT 1-9 FORM PAGE 1 OF 1**

**INSERT W-4 FORM PAGE 1**

**INSERT W-4 FORM PAGE 2 OF 2**

**INSERT INSTRUCTIONS TEXAS NEW HIRE 1 PAGE**

**INSERT TEXAS NEW HIRE FORM 1 PAGE**

**IF APPLICANT IS APPLYING FOR ADMINISTRATIVE POSITION, THEN  
SECTION III GETS COMPLETED.**

## **SECTION III**

# THE VOCATIONAL NURSING INSTITUTE, INC.

## ORIENTATION CHECKLIST FOR ADMINISTRATIVE ASSISTANT

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

Hire Date: \_\_\_\_\_ Orientation Dates: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

<b><i>TOPIC OF ORIENTATION</i></b>	<b>EMPLOYEE INITIALS</b>	<b>PRECEPTOR INITIALS/DATE</b>
Answering phones		
Forwarding of phones		
Services provided by VNI, Inc.		
Marketing packages, mailouts		
CPR classes		
Inventory of supplies/monthly		
Copies		
Memos-memo book		
Staff phone list		
Other phone and electronic lists		
Personnel file assembly and expiration dates		
Diskettes of information, orientation to work station		
Mail out of CPR reminder cards		
Disposition of client calls		
Weekly fax to Houston Chronicle for CPR and other class offerings as requested (as applicable)		
Reference checks-company policy		
Direction book		
Running of local errands		
Setting up of seminars		
Birthday list maintenance		
Sending flowers on birthdays		
Visa folder		
Assisting with scheduling		
Printing and revising brochures and other course materials		
Paydays		
Putting all time cards in CEO box		
Counting CPR cards weekly		
Petty cash system for the school		
Annual evaluation list maintenance and reminders		
Personnel file expiration list maintenance and reminders		
DSL downloads		
Typing projects		



# THE VOCATIONAL NURSING INSTITUTE, INC.

<b><i>TOPIC OF ORIENTATION</i></b>	<b>EMPLOYEE INITIALS</b>	<b>PRECEPTOR INITIALS/DATE</b>
Filing of Instructor/Administrative Staff reports into their binders		
Filing into personnel files		
Making marketing packages		
Fax cover sheets		
Label Deluxe Program		
TB test kits		
Filing of contracts/pending files		
Filing of schedules/schedule system		
Learning Ziiva system and student transcript maintenance		
Copies as needed		
Other duties		
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		

Signature of Preceptor: \_\_\_\_\_

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

Signature of Employee: \_\_\_\_\_

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

# THE VOCATIONAL NURSING INSTITUTE, INC.

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## CONFIRMATION OF RECEIPT & UNDERSTANDING OF SELECTED COMPANY POLICIES

I \_\_\_\_\_ (Printed Name of Employee) have received a copy of the following policies. My signature below confirms that I have read and understand them, and been given an opportunity to ask any questions regarding the content of these policies:

### POLICY NAME

### EMPLOYEE INITIAL CONFIRMS RECEIPT

Notice Regarding Worker's Compensation	_____
Internet Use in the Workplace Policy	_____
Internet Policy Acceptance Form	_____
Cellular Phone Policy	_____
Confidentiality Statement	_____
Sexual Harassment Policy	_____
Computerized Work Products Policy	_____
Sharing of Forms, Work Products of Consulting Firm Policy	_____
Work for Hire Agreement Policy/Non-compete	_____
Expense Reimbursement Policy	_____
Spending of Company Funds Policy	_____
Employee Absence Policy	_____
Overtime Policy	_____
Disposition of Keys/Gate Openers Policy	_____
HIPAA Policies (review of HIPAA Manual)	_____

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Employee Signature	Date
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Supervisor/HR Rep. Signature	Date
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\*NOTE TO HR-- The following documents require individual signatures:

Application Form

Reference Checks – make sure the applicant signs on the highlighted APPLICANT area bolded

Criminal History Check

Orientation Checklists (Initialed)

# THE VOCATIONAL NURSING INSTITUTE, INC.

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## EMPLOYEE SAFE WORKING PRACTICES AGREEMENT

As a condition of employment, I, \_\_\_\_\_ do hereby agree to  
(Please print full name)  
comply with the following safe working practices:

1. I have read and agree to follow established school safety procedures.
2. I agree to report any work-related accident or injury to my supervisor as soon as it occurs, but no later than the end of my duty shift or visit.
3. If I need treatment for a work-related injury, I agree to:
  - a. Notify my EMPLOYER of the need for treatment.
4. If my job involves the handling of patients, I agree to enlist assistance, or use mechanical lifting devices for all patients whom I cannot safely handle by myself.
5. I agree to utilize available personal protective equipment (e.g., infection control equipment, biomedical waste disposal items, gait belts and lumbar belt).
6. I agree to maintain a valid driver's license and automobile insurance and to notify my supervisor if at any time the license becomes invalid.
7. I can physically and mentally perform my required job duties. If at any time, my situation changes, and I am unable to physically or mentally perform my job duties, then I agree to notify my supervisor of this immediately.

**I UNDERSTAND THAT A FAILURE ON MY PART TO FOLLOW THE ABOVE PROCEDURES COULD RESULT IN DISCIPLINARY ACTION AS OUTLINED WITHIN THE SCHOOL DISCIPLINARY ACTION POLICY.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

# THE VOCATIONAL NURSING INSTITUTE, INC.

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## RECEIPT OF PERSONAL PROTECTIVE EQUIPMENT (OSHA KIT) FORM

I have received the following Personal Protective Equipment (PPE):

Gloves  
Mask  
Goggles/Protective Eye Wear  
Resuscitation Device  
Gown  
Biohazard Bag  
Shoe Cover  
Cap

***PLEASE NOTE:***

***REPLACEMENTS OF THE ABOVE ARE AVAILABLE AT THE AGENCY OFFICE. I HEREBY ACKNOWLEDGE RECEIPT OF THE ABOVE PERSONAL PROTECTIVE EQUIPMENT AND UNDERSTAND THAT IF I TERMINATE MY EMPLOYMENT OR IT IS TERMINATED THAT ALL UNUSED ITEMS MUST BE RETURNED TO THE AGENCY PRIOR TO THE ISSUANCE OF MY LAST PAYCHECK OR A FEE OF \$20.00 WILL BE DEDUCTED FROM MY LAST PAYCHECK.***

☐ I do not need an OSHA kit, I already have one that is complete and up to date. Thanks though!

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EMPLOYEE SIGNATURE AND DATE

# THE VOCATIONAL NURSING INSTITUTE, INC.

## HEPATITIS B VACCINE CONSENT FORM

Hepatitis B infection is caused by the Hepatitis B virus, which causes death in 1% to 2% of patients. Most people with Hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. The healthcare provider is at an increased risk for acquiring this infection.

Hepatitis B vaccine (recombinant) is available and requires three injections for adequate response, although some persons may not develop immunity even after three doses. The duration of immunity is unknown currently. The vaccine has been tested extensively for safety and efficiency in large-scale clinical trials with human subjects.

Engirex-B is a non-infectious recombinant DNA Hepatitis B vaccine. It contains purified surface antigen of the virus obtained by culturing a genetically engineered yeast cell, which carries the surface antigen gene of the Hepatitis B virus. The product contains no more than a 5% yeast protein.

The vaccine side effects are very low. Tenderness and redness of the injection site and low-grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported. I should not take this vaccine if pregnant or nursing because effects at this time are unknown. I further understand that I should not take this vaccine if active infection is present, an allergy to this compound is known, or if hypersensitive to yeast.

\*\*\*\*\*

I have read the above statement and have had the opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccine. I understand that as an exposure prone health-care worker, I am being offered this vaccine at no charge to me. I understand I must have three doses of the vaccine to confer immunity, however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience side effects from the vaccine. I request that the vaccine be given to me.

_____ PRINTED NAME OF EMPLOYEE	_____ SIGNATURE OF EMPLOYEE	_____ TITLE
_____ DATE SIGNED	_____ WITNESS	

I REALIZE IT IS MY RESPONSIBILITY TO RETURN IN ONE (1) AND SIX (6) MONTHS AFTER MY FIRST DOSE TO COMPLETE MY VACCINATION SERIES.

<u>DATE VACCINATED</u>	<u>LOT #</u>	<u>SITE</u>	<u>INITIALS</u>	<u>NEXT DOSE DUE</u>	<u>SIGNATURE OF</u>
				<u>WEEK OF</u>	<u>RECIPIENT</u>

- 1.
- 2.
- 3.

# THE VOCATIONAL NURSING INSTITUTE, INC.

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## HEPATITIS B VACCINE REFUSAL FORM

Hepatitis B infection is caused by the Hepatitis B virus, which causes death in 1% to 2% of patients. Most people with Hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. The healthcare provider is at an increased risk for acquiring this infection.

Hepatitis B vaccine (recombinant) is available and requires three injections for adequate response, although some persons may not develop immunity even after three doses. The duration of immunity is unknown currently. The vaccine has been tested extensively for safety and efficiency in large-scale clinical trials with human subjects.

Engirex-B is a non-infectious recombinant DNA Hepatitis B vaccine. It contains purified surface antigen of the virus obtained by culturing a genetically engineered yeast cell, which carries the surface antigen gene of the Hepatitis B virus. The product contains no more than a 5% yeast protein.

The vaccine side effects are very low. Tenderness and redness of the injection site and low-grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported. I should not take this vaccine if pregnant or nursing because effects at this time are unknown. I further understand that I should not take this vaccine if active infection is present, an allergy to this compound is known, or if hypersensitive to yeast.

.....  
I have had the opportunity to ask questions about the risks and benefits of the vaccine.

I have read the above statement and have had the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis vaccination currently. I understand that by declining this vaccine I continue to be at increased risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or body fluids and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

☐ I have previously received a complete series of Hepatitis B vaccine.

DATES:

\_\_\_\_\_  
PRINTED NAME OF EMPLOYEE

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
TITLE

# THE VOCATIONAL NURSING INSTITUTE, INC.

## TB TARGETED MEDICAL QUESTIONNAIRE

To be completed by employee:

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

Please print)

YES   NO

1. Have you ever had a positive TB skin test, or history of TB infection?

\_\_\_\_\_

If the answer is yes, please answer the following:

2. Have you ever had the BCG vaccine?  
3. Do you have prolonged or recurrent fever?  
4. Have you recently lost weight?  
5. Do you have a chronic cough?  
6. Do you cough up blood?  
7. Do you have sweating at night?  
8. Do you have any of the following risk factors, which may substantially increase the risk of tuberculosis?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- \_\_\_\_\_ a. Silicosis (Lung Disease)  
\_\_\_\_\_ b. Gastrectomy  
\_\_\_\_\_ c. Intestinal Bypass  
\_\_\_\_\_ d. Weight 10% or more below ideal body weight  
\_\_\_\_\_ e. Chronic Renal Failure  
\_\_\_\_\_ f. Diabetes Mellitus  
\_\_\_\_\_ g. Prolonged high-dose corticosteroid therapy or other immunosuppressive therapy  
\_\_\_\_\_ h. Hematologic disorder (i.e. leukemia or lymphoma)  
\_\_\_\_\_ i. Exposure to HIV or aids  
\_\_\_\_\_ j. Other malignancies

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

To be completed by **The Vocational Nursing Institute, Inc. Employee Nurse:**

Date PPD applied: \_\_\_\_\_ By: \_\_\_\_\_

Date PPD Read: \_\_\_\_\_ By: \_\_\_\_\_

Result: \_\_\_\_\_ mm Induration

CXR Indicated? \_\_\_\_\_ Date of CXR: \_\_\_\_\_ Result: \_\_\_\_\_

\_\_\_\_\_  
Signature of The Vocational Nursing Institute, Inc. Employee Nurse