



**UPON EMPLOYMENT WITH AS NEEDED STAFFING INC.**

Initials

- A. I AGREE TO AT ALL TIMES TO REPRESENT THE HIGHEST ETHICAL STANDARDS OF MY PROFESSION. \_\_\_\_\_
- B. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MAINTAIN CURRENT LICENSES AND NOTIFY AS NEEDED STAFFING OF ANY AND ALL CHANGES TO THE STATUS OF ANY LICENSE THAT APPLIES TO MY EMPLOYMENT AND PROFESSION. \_\_\_\_\_
- C. I AGREE TO ALWAYS CONDUCT MYSELF IN A PROFESSIONAL MANNER, PRESENTATION OF MY BEING WILL BE NEAT AND CLEAN AND WITHIN THE DRESS CODE POLICIES OF INDIVIDUAL FACILITIES. \_\_\_\_\_
- D. IF AT ANY TIME I FEEL I AM IN A COMPROMISING SITUATION, WHICH GOES AGAINST WHAT I BELIEVE TO BE ETHICAL WITHIN MY PROFESSION I WILL DISCUSS IT FIRST WITH AS NEEDED STAFFING AND ATTEMPT IMMEDIATE RESOLUTION. \_\_\_\_\_
- E. I AM AWARE OF THE NEED FOR AND LEGAL RAMIFICATIONS OF PATIENT CONFIDENTIALITY AND WILL AT ALL TIMES HONOR THE RIGHTS OF EACH PATIENT AND FACILITY. \_\_\_\_\_
- F. I WILL AT ALL TIMES PROVIDE THE ABSOLUTE MOST COMPETENT FORM OF PATIENT CARE AND ADMINISTRATIVE SKILLS. \_\_\_\_\_
- G. I UNDERSTAND THAT MY RATE OF PAY IS CONFIDENTIAL AND IS NOT TO BE DISCUSSED WITH ANY PARTY OTHER THAN MY PLACEMENT REPRESENTATIVE OR MANAGEMENT OF AS NEEDED STAFFING. \_\_\_\_\_
- H. I UNDERSTAND THAT UPON ACCEPTING A SHIFT FROM AS NEEDED STAFFING I AM RESPONSIBLE FOR THAT SHIFT. IN CASE OF ILLNESS I WILL NOTIFY AS NEEDED STAFFING 6 (SIX) HOURS PRIOR TO MY SCHEDULED SHIFT, WHEN POSSIBLE. \_\_\_\_\_
- I. I UNDERSTAND THAT TO BE CONSIDERED A FULL TIME EMPLOYEE OF AS NEEDED STAFFING I MUST MAINTAIN AN AVERAGE OF 36 HOURS A WEEK IN 3-MONTH INCREMENTS. \_\_\_\_\_
- J. ANS MAINTAINS CONTRACTUAL AGREEMENTS WITH ALL FACILITIES WHICH PREVENTS THEM FROM RECRUITING ANS STAFF. STAFF PERMANENT PLACEMENT IN THESE FACILITIES CAN BE NEGOTIATED IF DESIRED. \_\_\_\_\_

**IN SUBMITTING THIS APPLICATION FOR EMPLOYMENT IT IS UNDERSTOOD:**

- A. COMPLETION OF THIS APPLICATION DOES NOT IMPLY CONTRACT OF EMPLOYMENT. \_\_\_\_\_
- B. LICENSURE VERIFICATION IS REQUIRED BEFORE ANY PLACEMENT WILL BE AUTHORIZED. \_\_\_\_\_
- C. I ACKNOWLEDGE THAT FEDERAL LAW PROHIBITS THE EMPLOYMENT OF UNAUTHORIZED ALIENS IN THE UNITED STATES. \_\_\_\_\_
- D. TO BE CONSIDERED FOR EMPLOYMENT I MUST PROVIDE TO AS NEEDED STAFFING TWO FORMS OF ACCEPTABLE IDENTIFICATION ASSURING THE RIGHT TO WORK IN THE UNITED STATES. \_\_\_\_\_
- E. AUTHORIZATION IS GIVEN BY MYSELF FOR AS NEEDED STAFFING TO ACQUIRE NECESSARY DOCUMENTS TO INVESTIGATE MY PERSONAL AND EMPLOYMENT HISTORY TO VERIFY ANY INFORMATION GIVEN BY MYSELF ON THIS APPLICATION FOR EMPLOYMENT. \_\_\_\_\_
- F. THE INABILITY TO MEET OR FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS WILL RESULT IN IMMEDIATE REVOCATION OF THIS APPLICATION AND/OR TERMINATION OF EMPLOYMENT. \_\_\_\_\_

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