



Employment File Checklist

All items listed are needed prior to reporting for assignment

- Resume or Employment History
- Professional References (minimum of 3 required)
- Skills Checklist with Age Specific Competency
- Copies of State Licensures
- Copies of all Certifications
- Pre employment Drug Screen (instructions will be sent by Recruiting Consultant)

Health Records

- TB (within 12 months of current date) or Chest X-Ray
- MMR (titers or immunization record)
- Varicella Documentation
- Hepatitis Documentation
- Current Tdap (Tetanus, Diphtheria, Pertusis)
- Flu, COVID shots (if required)

Individual forms can be downloaded at: www.texasselectstaffing.com/checklist

- Application Form
- Job Description Form
- Permanent Tax Home Notification
- Direct Deposit Form Voided Check
- HIPPA form
- Background Release
- Workers Comp & Labor Law Acknowledgments
- W4 form
- I9 form (send back with acceptable I9 documents noted on page 3 of I9 form)

- Employment Agreement and Assignment Contract (will be emailed by Recruiting Consultant)

*Items with "X" are included in this packet.

To protect your personal data, please upload all of your documentation securely at: www.texasselectstaffing.com/checklist



Employment Application

Thank you for applying for employment with Texas Select Staffing. Like many employers, Texas Select Staffing requires that you complete an application in order to be eligible for employment. Please answer all questions in this application fully and truthfully.

Texas Select Staffing is an equal opportunity employer. Texas Select Staffing considers applicants for all positions without discrimination on the basis of race, color, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law.

First & Last Name:		Middle Name:	
Street Address:			
City, State, Zip:			
Primary Phone:		Secondary Phone:	
Email:		SSN:	
Specialties:		TX license number:	Expiration Date:
Years:		School:	
Years:			
Years:			
School Location (City, State):		Degree:	Graduation Date:
Emergency Contact:		Emergency Contact Phone:	

How were you referred to Texas Select Staffing? _____

Have you done previous full time contract work in your profession? _____ If yes, how many contracts? _____

Please explain any gaps in your employment history. _____

Has your professional license ever been under investigation or suspended?

If yes, please explain. _____

Have you ever received any written reprimands, warnings, suspensions or other disciplinary action by a previous employer?

If yes, please explain. _____

Have you ever been discharged or asked to resign?

If yes, please explain. _____

Have you ever been convicted of a crime that would disallow your employment at a client facility?

***Conviction will NOT necessarily bar employment. Each instance and explanation will be considered in relation to the position for which you are applying.*

If yes, please state the nature of the offense(s), date(s), city and state of offense(s) and disposition.

Are you willing to agree to a criminal background check?

If hired, would you be able to present evidence of your legal right to work in the United States?

Have you ever gone by or worked under a name different than listed in this application?

If yes, please explain _____

As a condition of employment, you may be required to take a drug and/or alcohol screen for pre-employment, cause or random selection. If requested, are you willing to take a drug and/or alcohol screen?

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I hereby authorize Texas Select Staffing to verify the information I have provided herein or attached hereto, and to contact my past employers and references concerning my work history and qualifications. I also authorize Texas Select Staffing to release my medical information as required by their client healthcare facilities.

Signature _____ Date: _____



Registered Nurse Job Description

General Position Description

The Registered Nurse (RN) supports the medical care of patients from infancy to geriatrics under direction of the Client's Medical Staff pursuant to the objectives of the hospital. The RN will be under the general direction of the Client's Director of Nursing, while directly reporting to any charge nurse(s) or supervisor(s) identified by the Client. The RN is responsible for professional nursing care and related assistance to patients in the unit where assigned. RNs are expected to display knowledge and skills in the specialty to which they are assigned in order to provide care for patients from admission to discharge.

Position Education/Qualifications

- Must have graduated from an accredited school of nursing
- Must hold a current Texas RN license (or compact license) in good standing, without disciplinary actions or pending investigations
- Must have a minimum of two years clinical experience within a hospital setting
- Must have a current CPR certification

Physical Demands, Work Environment, Knowledge and Skill:

The physical abilities, knowledge and skill described herein are representative of those that must be met by an employee to successfully perform the essential functions of an RN, but is not intended to be an all-inclusive or exhaustive list. This job description in no way states or implies that these are the only duties to be performed by RNs, but rather identifies the minimum levels of knowledge, skills, or abilities required of the position.

The individual must be able to, among other things:

- Maneuver throughout halls, stairways, and patient rooms in response to hospital emergencies.
- Interpret, observe and monitor environmental and patient conditions and symptoms from visual and auditory input and cues. Specific vision abilities required by this position include close vision, distance vision, color vision, peripheral vision, and the ability to adjust focus. Specific auditory requirements include the ability to hear and accurately ascertain noises at low to moderate levels.
- While performing the duties of this position, the employee is regularly required to talk and verbally communicate with patients, healthcare providers, and others including but not limited to explaining treatment, medications, conditions and patient instructions and responding to concerns, questions and inquiries.
- The employee must have a working knowledge of applicable laws, regulations, policies and practices governing health, safety and environmental standards and precautions, and the provision of medical services.
- The position requires the frequent use of hands or fingers to handle or feel objects, tools, controls and patient conditions.
- The employee must be able to write legibly and keep appropriate and accurate records and other documentation, including but not limited to patient records.
- The employee is often required to stand, walk, sit, reach with hands or arms (overhead, extensive, repetitive), climb, balance, stoop, kneel, crouch or crawl for prolonged periods of time.
- The employee must occasionally lift and/or move patients and other items. Weight limits vary due to patient care responsibilities of lifting or moving individuals.

- The employee must be able to regularly comply with and be present for scheduled shifts.
- The employee may be exposed to some hazards such as radiation, bodily fluids that may contain disease, and fumes from laboratory chemicals. The employee may also be exposed to significant cold and noise.
- Perform all responsibilities in a manner that contributes towards positive clinical outcomes and service excellence for patients, physicians, peers and other members of the Client’s healthcare team.

To perform this job successfully, the incumbents will possess the skills, aptitudes, and abilities to perform each duty proficiently. Employees will be required to follow any other job-related instructions and to perform any other job-related duties requested by any person authorized to give instructions or assignments. Employees may also be required to participate in hospital educational programs as requested. Reasonable accommodations may be made to enable individuals with disabilities to perform these functions to the extent that it does not cause an undue hardship or create a safety risk to the RN or others.

This document does not create an employment contract, implied or otherwise, other than an “at will” relationship. The employment of any individual for the position described herein will be subject to the Temporary Employment Agreement with Texas Select Staffing, LLC, any Assignment Contract executed in conjunction therewith, as well as all policies and procedures of TSS and/or any Client or facility to whom the RN is assigned to provide services.

I have read and acknowledge the above job description.

Name (Print)

Signature

Date



Permanent Tax Home Notification

Name: _____

Social Security #: _____

The IRS requires that you pay taxes on travel expense reimbursement and housing benefits unless you are maintaining a residence while on assignment with us. This form will provide us with the information about your tax home.

If you do not return this completed form to us 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 have to withhold taxes accordingly.

You should consult your tax advisor regarding your permanent tax residence and tax liability of travel and housing benefits.

The IRS criteria used to determine whether you are maintaining a permanent tax residence is outlined below:

1. There must be a realistic expectation that you perform a portion of your business within the vicinity of the declared tax home and you will use the declared tax home for lodging purposes while performing business there. Your tax home must be separate and distinct from your temporary address; and
2. You are paying to maintain your permanent tax residence while you are on assignment (i.e. rent, mortgage, room and board); and
3. Generally, you must meet at least one of the following criteria:
 - a. You lived at your permanent tax residence immediately prior to your current employment, or
 - b. You have either a family member utilizing the residence, or you utilize this residence frequently for purpose of your own lodging.

The permanent tax residence must be your habitable living quarters and should be at least 60 miles away from your temporary residence. Payments to maintain your personal tax residence must be real and substantial.

The IRS considers employment away from home in a single location that exceeds or may exceed one year, to be indefinite, not temporary. Under these conditions, housing and travel benefits would be subject to withholding.

Please complete the fields below and return as soon as possible.

Do you have a Permanent Tax Home as defined above? Yes No If yes, please list the address below?

Street Address: _____ Unit: _____

City: _____ State: _____ Zip Code: _____

I certify that the above statements are true to the best of my knowledge, and I agree to notify Texas Select Staffing in writing if any of the above conditions change. I acknowledge that I have been advised to consult with a tax advisor in completing this form.

Furthermore, I understand that false representation made on this form may subject me to additional taxes, penalties, and interest payable to the IRS for which I agree to take full responsibility.

Signature: _____ Date: _____

*Please include a voided check

Employee Direct Deposit Authorization

Texas Select Staffing, LLC

Employee Name: _____ Social Security #: _____

Address: _____ Birth Date: _____

City/State/ZIP: _____ Effective Date: _____

Email Address: _____

I request my payroll deduction / direct deposit be placed in the following account(s):

Institution Name	Bank ABA #	Account #	Deduction Amount/Net Pay	Type of Account
	#	#	\$ _____ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	\$ _____ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	\$ _____ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

For Pay Card, please use designation below:

Stillwater National Bank & Trust	103101437	Customer ID#	\$ _____ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Rapid Paycard
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PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE WITH THE EXCEPTION OF THE PAY CARD.

I authorize Networkers Funding, LLC to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s)/pay card shown. The direct deposit(s) will be made on each payday, unless I notify Networkers Funding, LLC in writing of my intent to cancel. Upon Networkers Funding, LLC's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize Networkers Funding, LLC to debit my account(s) not to exceed the original amount of the credit.

I understand that Networkers Funding, LLC reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Note: *If sending this form electronically, please type your initials and the last 4 letters of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.*

Employee Signature: _____ Date: _____



**HIPAA (Health Insurance Portability and Accountability Act)
Agreement Acknowledgement**

I acknowledge the confidentiality of patient healthcare information ("Confidential Patient Information") that I may receive or have access to in the course of providing patient care services at participating healthcare facilities through Texas Select Staffing. I shall maintain the confidentiality of Confidential Patient Information and in doing so shall comply with all applicable state and federal laws and regulations including and without limitation, the privacy provisions under the Health Insurance Portability and Accountability Act of 1996("HIPPA") as well as the policies and procedures of each participating healthcare facility. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Texas Select Staffing and the conclusion of any assignment at a participating healthcare facility under contract with Texas Select Staffing.

Signature

Date

Printed Name

CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT AUTHORIZATION
DOCUMENT

By signing below, I authorize Texas Select Staffing, LLC (the "Company") to order consumer reports and investigative consumer reports from Precise Hire, Inc. ("Precise Hire"), a consumer reporting agency. I understand that, as allowed by law, the Company may rely on this authorization to order additional consumer reports and investigative consumer reports from Precise Hire without asking me for my authorization again during any period of employment. I further acknowledge and agree that the Company may use the information obtained from Precise Hire in evaluating whether I am qualified for the position for which I am applying and making other employment decisions.

For the specific purpose of preparing consumer reports and investigative consumer reports for the Company, and subject to all laws protecting my informational and individual privacy, I authorize the following to disclose to Precise Hire the information needed to compile the reports: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; and motor vehicle records agencies.

If you live in or are applying to work in **California, Minnesota** or **Oklahoma**: Please check this box if you would like to receive a free copy of your report

The below-requested information will be used for background screening purposes only.

Last Name

First Name

Middle Name

Other Name(s) (Alias) Used

Check this box if you have **no** middle name **or** initial

Social Security Number:

Date of Birth:

Driver's License Number:

Current Street Address

Apt.

City

State

Zip

Applicant Signature of Acknowledgement and Authorization:

Signature:

Date:

number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p>

d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air Carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment—or to take another adverse action against you—must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone