

HEARTLAND REGISTRY



**SKILLED NURSING
CERTIFIED NURSING ASSISTANT
HOME HEALTH AIDE**

CONTRACTOR APPLICATION

NOTE:

ITEMS #1 THROUGH #14 FROM THE “CONTRACTOR’S REQUIREMENTS” LISTED ON THE REVERSE SIDE OF THIS PAGE MUST BE SUBMITTED WITH THE APPLICATION BEFORE AN INTERVIEW WILL BE CONDUCTED. ONCE INTERVIEWED AND CONSIDERED FOR “CONTRACT” ITEMS A AND B MUST BE PRESENTED BEFORE BEING COMPLETELY PROCESSED.

HEARTLAND REGISTRY

CNA/ HOME HEALTH AIDE/ SKILLED NURSING APPLICANTS



THE FOLLOWING ITEMS MUST BE OBTAINED BEFORE BEING GRANTED AN INTERVIEW.

1. Valid, up to date, Florida driver's license.
2. Florida RN/LPN/CNA license/certificate.
3. Home Health Aids are required to have an approved course by the Florida Department of Education
4. Social Security Card.
5. Current, up to date CPR card.
6. L-2 background screening (Fingerprinting) Conducted on all caregivers contracted after June, 2010, and on all previously contracted caregivers, 5 years from the date of the last screening.
7. Statement of Good Health on all newly contracted caregivers and renewed in the event of a 90-day lapse in service.
8. Proof of Florida Automobile Insurance coverage, in the contractors name.
9. Proof of Professional Liability Insurance, with a minimum coverage of \$1,000,000.00/\$6,000,000.00.
10. Proof of training in "Assisting with Self Medication". (CNA/HHA's only)
11. Proof of one 4-hour course in HIV education.
12. Proof of HIPPA training.
13. Proof of Bloodborne Pathogens training
14. Proof of Cultural Diversity Training.

Upon being considered for "Contract" the following items must be completed, and all documentation must be presented before assignments will be made.

- A) Proof of current Professional Liability Insurance with a minimum coverage of \$1,000,000.00/\$6,000,000.00**
- B) Proof of automobile insurance in your name.**
- C) Dependable transportation to and from work. (Understand that all contractors must be physically able to drive their client/patient's vehicle at any time day or night, and/or for long distances.)**

APPLICATION FOR REGISTRATION (Submit on Tuesdays)



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Last Name	First	Middle	Date
Street Address			Home phone
City, State, Zip			Cell phone
E-mail (this is required please)			
Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> NO			Social Security #
Position Desired			When will you be available to begin work?
Are you legally eligible for employment in the United States?			
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" describe in full			
Other special training or skills (languages, medical equipment) list any licenses, registration, or certification with number.			

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School	Name and Location of School	Course of Study	No. of years completed	Did you Graduate	Degree or Diploma
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Voc Tech				<input type="checkbox"/> YES <input type="checkbox"/> NO	
GED				<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	



EMPLOYMENT (begin with current or last job)

1	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe your Work	Reason for Leaving (if more space needed see below)

2	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe your Work	Reason for Leaving (if more space needed see below)

3	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe your Work	Reason for Leaving (if more space needed see below)



PERSONAL REFERENCES

List 3 people who have known you for 3 or more years that we can contact.
(Name Address & Phone number)

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application.

The information I have provided in this Application for Registration is true, correct and complete. False incomplete or misrepresented information of any kind will be sufficient cause for immediate termination of my employment.

I authorize Heartland Registry to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not a contract agreement. I understand and agree that I will work as an Independent Contractor and that I am responsible for my federal tax obligations, including any required payments for self-employment estimated taxes. I understand that Heartland Registry will issue me an IRS form 1099 each calendar year.

I fully understand and accept all terms and conditions in the above statement.

Date:	Signature

FOR HEARTLAND REGISTRY'S USE ONLY



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1	Person Contacted	Results
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INTERVIEWEE NAME & COMMENTS

HEARTLAND REGISTRY, INC.
CONTRACTOR PROFICIENCY



CONTRACTOR NAME: _____ **DATE:** _____

ORTHO EQUIPMENT:

	YES	NO	SOMEWHAT
Hoyer lift			
Wheelchair/Walker			
Able to Transfer to and from			
Able to load and unload			
Hospital Bed			
Applying Prosthetics			
Slide board/Pull sheet			

DISEASE PROCESSES

Parkinson			
Dementia			
Alzheimer			
Turret's Syndrome			
CHF			
Kidney disease/Dialysis			
Safety precautions related to dialysis shunt			
Decubitus Ulcers			
Paraplegic/Quadriplegia			
Feeding Tube Care			
Colostomy/Catheter Care			
Drain Site Care			
Maintaining NPO or I&O			
Nebulizer or O2 Concentrator			
Meal Preparation/Special Diets			
Pet Friendly/Afraid of dogs or cats			
Object to use of Medical Marijuana			

GENERAL CARE

Cooking light meals			
Washing/Folding patient's laundry			
Light housekeeping			
Feeding a patient			
Denture Care/Hearing Aide Care/ Application			
Incontinence Care/Changing Briefs			
Capable of driving in high traffic areas			
Willing to go on trips out of town			
Able to drive large vehicles (Vans/Trucks)			
Experienced working with patients of different cultures/language			

HEARTLAND REGISTRY, INC. CONTRACTOR FILE CHECKLIST



NAME		DOB	CONTRACT DATE	
ITEM	IN FILE	EXPERATION DATE	RENEWAL DATE	COMMENTS
Drivers License				
Social Security Card				
Contractor Application				
Form I-9				
W-9				
Verification of Work History				
Proficiency Form				
Emergency Plan Agreement				
PHI Confidentiality Statement X2				
Job Description (Signed & Dated)				
Contract (Signed)				
Acknowledgement of Materials				
CPR Training - American Red Cross American Heart Assoc.				
RN/LPN – Copy of License				
CNA – Copy of Certification				
HHA – Training / Approved School				
RN/LPN/CNA				
Verification of License/Certification				
Proof of HIV Education				
Blood Borne Pathogen Training				
Proof of HIPPA Training				
Proof of Cultural Diversity Training				
Medication Assistance Training				
Professional Liability Insurance				
Proof of Florida Auto Insurance				
Affidavit of Compliance				
Level 2 Background Screening				
Good Health Statement Signed by Approved Medical Professional				
Comments				