



Kuakini Health System

A Health Care Organization

347 N. Kuakini Street / Honolulu, HI 96817

NURSING EMPLOYMENT APPLICATION

FOR USE BY HUMAN RESOURCES DEPARTMENT			
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APPLICATION FOR EMPLOYMENT FOR NURSES

The Kuakini Health System is an equal opportunity and affirmative action employer. Facts relating to race, color, religion, national origin, sex, age, marital or veteran status, disability, or any other classification protected by state or federal law, are not requested by this application and are not considered in determining your qualifications for employment. The Kuakini Health System hires only United States citizens or aliens lawfully authorized to work in the United States. Verification of identity and work authorization will be required upon hiring as a condition of employment.

I hereby authorize Kuakini Health System and its employees and/or agents to make a thorough investigation into my background and to communicate with any of my prior employers, educational institutions, persons or other organizations to ascertain any pertinent facts or opinions regarding my prior employment, education, or general background. I further authorize any and all of my prior employers to release to the Health System any and all facts or opinions regarding my prior employment. I release from any liability all persons or companies supplying such information. I further indemnify the Health System against any liability which might result in making any such investigation into my background.

I understand that if I am offered a position, I will be required to produce original documents establishing my identity and authorization to work, according to the requirements set forth in the Immigration and Reform Control Act of 1986, and to complete the U.S. Immigration and Naturalization Services Form 1-9.

In consideration of my employment, I agree to conform to the rules and regulations of Kuakini Health System, and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Kuakini Health System or myself. I understand that no manager or representative, other than the Chief Executive Officer or Administrator of Kuakini Health System, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this. Any agreement for employment for any specified period of time with the Chief Executive Officer or Administrator must be in writing and signed.

I understand that if I accept a position at Kuakini Health System, I must be examined by a physician regarding occupational health concerns and that the commencement of employment shall be contingent upon receiving satisfactory results from that exam.

I certify that the information herein is complete and accurate, and any misrepresentation or omission shall be cause for dismissal.

Signature of Applicant

Date

PERSONAL INFORMATION

Please print legibly or type; fill in all areas completely.

APPLICANT LAST NAME	FIRST NAME	M.I.	NEE	SOCIAL SECURITY NO.
CURRENT ADDRESS	STREET	CITY	STATE	ZIP
PERMANENT MAILING ADDRESS	STREET	CITY	STATE	ZIP
				TELEPHONE NO.
				TELEPHONE NO.

AVAILABILITY

Indicate the position(s) you would accept

Position <input type="checkbox"/> LPN <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Other _____ <input type="checkbox"/> RN/Staff <input type="checkbox"/> Nursing Management _____			
Employment Length <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 - 12 months <input type="checkbox"/> More than 12 months	Hours Per Week <input type="checkbox"/> Less than 20 hours <input type="checkbox"/> 20 - 36 hours <input type="checkbox"/> More than 36 hours	Shift <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Rotation <input type="checkbox"/> No preference	Days <input type="checkbox"/> Holidays <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday - Friday
Nursing Field or Specialty — Desired Department <input type="checkbox"/> Coronary Care <input type="checkbox"/> Intensive Care - Medical <input type="checkbox"/> Open Heart Care <input type="checkbox"/> Telemetry <input type="checkbox"/> Emergency <input type="checkbox"/> Intensive Care - Surgical <input type="checkbox"/> Orthopedics <input type="checkbox"/> Other: <input type="checkbox"/> Geriatrics <input type="checkbox"/> Medical/Surgical <input type="checkbox"/> Recovery Room <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Oncology <input type="checkbox"/> Surgery _____ ■ Please complete the checklists of skills and experience			
If hired, what date would you be available to begin working?			
Do you have any conditions or know of situations which would interfere with your performance of the requirements of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
Have you previously been employed by Kuakini Health System or any of its subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe and indicate if another name was used:			

FOR OFFICE USE ONLY
ST _____
HW _____
SH _____
UO _____
UP _____
DH _____
VS _____
VR _____
VS _____
VR _____
VS _____
VR _____
VS _____
VR _____

EDUCATION

Level	Name and Address of School	Graduated or Completed	Degree, Certificate, or Major Course of Study
Elementary		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical or Vocational		<input type="checkbox"/> Yes <input type="checkbox"/> No Date	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No Date	
Post Graduate or Other		<input type="checkbox"/> Yes <input type="checkbox"/> No Date	
Are you attaching a Resume or Curriculum Vitae?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you attaching copies of degrees, certificates or transcripts?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK HISTORY

List by order starting with present of last employer. If additional space is needed, use a separate sheet of paper to provide the appropriate information and attach it to this application.

Position			Employer		FOR OFFICE USE ONLY		
JOB TITLE			COMPANY NAME		REASON FOR LEAVING	TR _____	
FIELD/SPECIALTY			ADDRESS			SR _____	
AVE. HOURS WORKED/WEEK	#BEDS/UNIT	#BEDS/HOSP.				WR _____	
FROM (DATE)	STARTING PAY RATE		IMMEDIATE SUPERVISOR			CT _____	
TO (DATE)	FINAL PAY RATE		TITLE	TELEPHONE		CP _____	
					CD _____	ARE YOU ELIGIBLE FOR REHIRE BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	EC _____
JOB TITLE			COMPANY NAME		REASON FOR LEAVING	TR _____	
FIELD/SPECIALTY			ADDRESS			SR _____	
AVE. HOURS WORKED/WEEK	#BEDS/UNIT	#BEDS/HOSP.				WR _____	
FROM (DATE)	STARTING PAY RATE		IMMEDIATE SUPERVISOR			CT _____	
TO (DATE)	FINAL PAY RATE		TITLE	TELEPHONE		CP _____	
					CD _____	ARE YOU ELIGIBLE FOR REHIRE BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	EC _____
JOB TITLE			COMPANY NAME		REASON FOR LEAVING	TR _____	
FIELD/SPECIALTY			ADDRESS			SR _____	
AVE. HOURS WORKED/WEEK	#BEDS/UNIT	#BEDS/HOSP.				WR _____	
FROM (DATE)	STARTING PAY RATE		IMMEDIATE SUPERVISOR			CT _____	
TO (DATE)	FINAL PAY RATE		TITLE	TELEPHONE		CP _____	
					CD _____	ARE YOU ELIGIBLE FOR REHIRE BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	EC _____
JOB TITLE			COMPANY NAME		REASON FOR LEAVING	TR _____	
FIELD/SPECIALTY			ADDRESS			SR _____	
AVE. HOURS WORKED/WEEK	#BEDS/UNIT	#BEDS/HOSP.				WR _____	
FROM (DATE)	STARTING PAY RATE		IMMEDIATE SUPERVISOR			CT _____	
TO (DATE)	FINAL PAY RATE		TITLE	TELEPHONE		CP _____	
					CD _____	ARE YOU ELIGIBLE FOR REHIRE BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	EC _____
JOB TITLE			COMPANY NAME		REASON FOR LEAVING	TR _____	
FIELD/SPECIALTY			ADDRESS			SR _____	
AVE. HOURS WORKED/WEEK	#BEDS/UNIT	#BEDS/HOSP.				WR _____	
FROM (DATE)	STARTING PAY RATE		IMMEDIATE SUPERVISOR			CT _____	
TO (DATE)	FINAL PAY RATE		TITLE	TELEPHONE		CP _____	
					CD _____	ARE YOU ELIGIBLE FOR REHIRE BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	EC _____

May we contact the employers you have listed? Yes No

Has your employment been terminated or have you been asked to resign from any position similar to the one for which you are applying? Yes No
If yes, please explain:

PROFESSIONAL LICENSES, REGISTRATION AND CERTIFICATIONS

List all those that are current and active

Number	Type/Class	Date of Expiration or Effective Dates	Issuing Agency and Address	If Pending, Indicate Date of Filing	FOR OFFICE USE ONLY

Have you had any professional license, certification or registration revoked or denied? Yes No
 If yes, please explain:

Who referred you to or how did you learn of Kuakini Health System?
 Agency Acquaintance Advertisement Employee Please indicate: _____

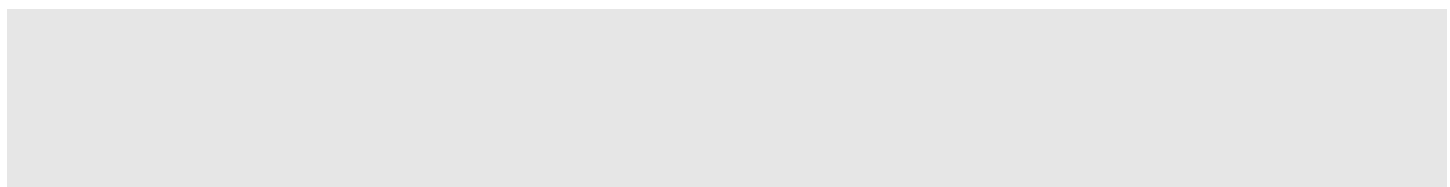
REFERENCES

List three persons not related to you, who can attest to your experience, character and qualifications.

Name	Address	Telephone	Professional Occupation	FOR OFFICE USE ONLY

Is there any additional information that may be helpful in checking your references or that you believe pertinent to the position you are applying for? Please explain.

FOR USE BY HUMAN RESOURCES DEPARTMENT





Applicant (please print): _____

DIRECTIONS

This is a checklist of skills which is to be completed by all applicants for designated nursing positions.

All applicants must complete the checklist items on pages 2 through 6. Only applicants for Operating Room positions must complete the checklist items on pages 7 through 8.

For each of the items listed, the applicant will identify the category which best describes his/her knowledge and experience with those skills or practices, then mark the corresponding box.

Categories	Numeric
No experience and no knowledge base	0
Some knowledge base but no experience	1
Some knowledge base and some experience (less than 6 months experience)	2
Knowledgeable but not comfortable performing	3
Knowledgeable and comfortable (greater than one year experience)	4
Knowledgeable, confident and competent in performing	5

I understand that this Nursing Skills Checklist is an included part of my application for employment with Kuakini Health Systems and that it is subject to all terms and conditions of that application. On this checklist, I have accurately represented my current knowledge and experience for each of the nursing care items.

 Signature of Applicant

 Date

	Skills, Knowledge and Experience						FOR OFFICE USE ONLY
	No experience and no knowledge base	Some knowledge base but no experience	Some knowledge base and some experience (< 6 mo. exp.)	Knowledgeable but not comfortable performing	Knowledgeable and comfortable (>1 year experience)	Knowledgeable, confident and competent in performing	
	0	1	2	3	4	5	
ASSESSMENT & NURSING INTERVENTION							
Burns							
Cardiovascular							
ENT/EYE							
GI/Abdominal							
GYN/GU							
IV Site							
Multiple Trauma							
Musculoskeletal							
OB							
Respiratory							
Skin							
ASSISTING WITH PROCEDURES							
Casting							
Cricothyrotomy							
Culdocentesis							
Emergency Childbirth							
Incubation							
Nasal Packing (Anterior/Posterior)							
Pericardiocentesis							
Peritoneal Tap							
Temporary Cardiac Pacemaker Insertion							
Thoracentesis							
Thoracotomy							
Tracheotomy							
Uterine/Curettage							
CARDIAC ARRESTS							
Initiated Resuscitation							
Prepared Meds							
Active Participation							
CARDIAC							
12 Lead EKG - Running							
Arterial Line							
Cardioversion - Elective							

Skills, Knowledge and Experience					
No experience and no knowledge base	Some knowledge base but no experience	Some knowledge base and some experience (< 6 mo. exp.)	Knowledgeable but not comfortable performing	Knowledgeable and comfortable (>1 year experience)	Knowledgeable, confident and competent in performing

0 1 2 3 4 5 FOR OFFICE USE ONLY

CARDIAC (continued)	0	1	2	3	4	5	FOR OFFICE USE ONLY
CPR Defibrillation - Date of Cert./Renewal							
CVP - Manometer Readings							
Maintenance							
EKG Monitoring - Recognition of Basic Arrhythmias							
Nursing Intervention							
IABP (Kontron)							
Pacemaker - Insertion							
Care of Temporary - Failure to Capture							
Failure to Sense							
Care of Permanent - Failure to Capture							
Failure to Sense							
Streptokinase/TPA Therapy							
Swan Ganz - Recognition of Normal Waves							
(PAP, PAWP, CVP)							
- Trouble-Shooting							
- C.O.							
Drugs (Familiarity, Ability to Titrate)							
Dopamine							
Levaphed							
Lidocaine							
Nipride							
Bretylum							
Pronestyl							
Aramine							
Dobutamine							
Insulin							
Heparin							
CHEMOTHERAPY							
Drugs and Agents							
Protocols							

Skills, Knowledge and Experience					
No experience and no knowledge base	Some knowledge base but no experience	Some knowledge base and some experience (< 6 mo. exp.)	Knowledgeable but not comfortable performing	Knowledgeable and comfortable (>1 year experience)	Knowledgeable, confident and competent in performing
0	1	2	3	4	5

FOR OFFICE USE ONLY

GASTROINTESTINAL						
Colostomy/Ileostomy						
Gastrostomy						
Jejunostomy						
Lavage and Irrigations						
Paracentesis						
Tube Feedings						
TUBES: INSERTION AND CARE						
Ewall						
Keofeed						
Levine						
Salem Sump						
T-Tube						
IV THERAPY						
Angiocaths						
Broviac Catheter						
CVP Monitoring						
Cutdowns						
Heparin Lock						
Hickman Catheter						
Hyperal or CPV Dressing						
Insertion						
Intralipid						
IV Additive Administration						
IV Push - Medications Administration						
Piggyback Solutions						
PUMPS						
Extracorporeal						
IMED						
IVAC						
Valley Lab						
Total Parenteral Nutrition						
Transfusions of Blood and Blood Products						
Veni-Puncture						

Skills, Knowledge and Experience					
No experience and no knowledge base	Some knowledge base but no experience	Some knowledge base and some experience (< 6 mo. exp.)	Knowledgeable but not comfortable performing	Knowledgeable and comfortable (>1 year experience)	Knowledgeable, confident and competent in performing
0	1	2	3	4	5

FOR OFFICE USE ONLY

	0	1	2	3	4	5	
NEUROLOGICAL							
Assessment (Glasgow Coma Scale)							
ICP Monitoring and Intervention							
ORTHOPEDIC							
Balanced Traction							
Bucks Traction							
Cast Care							
Cervical Traction							
Hoyer Lift							
Pelvic Traction							
Skeletal Traction							
PRECAUTIONS							
Isolation - Reverse							
Isolation - Universal							
Radium							
Seizure							
RENAL/GU							
Catheters - Foley Insertion/Removal							
Catheters - 3 Way Foley							
Dialysis:							
PD - Acute							
IPD (Intermittent Peritoneal Dialysis)							
CAPD (Continuous Ambulatory Peritoneal Dialysis)							
GU Irrigation - Intermittent							
GU Irrigation - Continuous							
Irrigation of Foley							
Nephrostomy Tube							
Suprapubic Tube							

Skills, Knowledge and Experience

No experience and no knowledge base	Some knowledge base but no experience	Some knowledge base and some experience (< 6 mo. exp.)	Knowledgeable but not comfortable performing	Knowledgeable and comfortable (>1 year experience)	Knowledgeable, confident and competent in performing
-------------------------------------	---------------------------------------	--	--	--	--

0 1 2 3 4 5

FOR OFFICE USE ONLY

RESPIRATORY THERAPY							
Chest Tubes - 3 Bottle Suction							
Chest Tubes - Pleurvac							
Chest Tubes - Water Seal							
Endotracheal Tubes							
IPPB							
Nasal - Tracheal Suction							
O ₂ Equipment							
Oral Suction							
Ventilators							
SPECIAL CARE							
Burns							
Decubitus							
Delirium/Trauma							
Hypothermia							
Peri-Anal Lesion							
Wound/Incision							
UNIT DOSE SYSTEM - MEDICATION							

Complete the following areas only if applying for a position in Operating Room.

OPERATING ROOM PROCEDURES

For each of the following items, the applicant will use the numeric value of the category which best describes his/her skills, knowledge and experience. A numeric value should be indicated for each item as applicable to the responsibilities in the areas of scrubbing and circulating. A table of the categories and their respective values is on page 1.

	Skill Level		FOR OFFICE USE ONLY		Skill Level		FOR OFFICE USE ONLY
	Scrubbing	Circulating			Scrubbing	Circulating	
CARDIOVASCULAR				OPHTHALMOLOGY			
Abdominal Aortic Aneurysm				Cataract Extraction			
Aorto-Femoral Bypass				Corneal Transplant			
AV Shunt				Enucleation			
Endarterectomy				Intraocular Lens Implant			
Femoral Popliteal Bypass				Orbital Repair			
Open Heart (CABG, Valves, etc.)				Scleral Buckling			
Pacemaker							
				ORTHOPEDIC			
GENERAL SURGERY				Amputation			
Abdominal - Perineal Resection				Arthroscopy			
Bronchoscopy (Flexible/Rig)				Bateman Prosthesis			
Cholecystectomy				Hip Nailing			
Choledochoscopy				Laminectomy			
Gastrectomy				Spinal Fusion			
Laryngoscopy				Total Hip Replacement			
Radical Neck				Total Knee Replacement			
Splenectomy							
Thoracotomy				OTOLARYNGOLOGY			
Whipple				Caldwell Luc			
				Mastoidectomy			
GYNECOLOGY				Myringotomy			
Abdominal Hysterectomy				Submucous Resection			
Laparoscopy							
Pelvic Exoneration				PLASTICS			
Radium Insertion				Mamoplasty			
Vaginal Hysterectomy				Palate Repairs			
				Skin Grafts			
NEUROLOGY							
Anterior Cervical Fusion							
Craniotomy							
Clipping Cerebral Aneurysm							
VA/VP Shunt							

	Skill Level		FOR OFFICE USE ONLY		Skill Level		FOR OFFICE USE ONLY
	Scrubbing	Circulating			Scrubbing	Circulating	
UROLOGY				EQUIPMENT			
Cystectomy (with Ileo Conduit)				Cameron Miller			
Cystoscopy				Cell Saver			
Nephrectomy				Laser - CO2			
Prostatectomy				Laser - YAG			
Retrogrades/Pyeography				Mayfield/Crutchfield Tong			
Ureteroscopy with Ultrasound				Stirrups			
				Suction Apparatus			
EQUIPMENT				Tourniquet			
AUTO SUTURES				Wilson Frame			
Gia				Zeiss Microscope			
TA 30, 55, 90				with Observer Arm			
EEA							
DRILLS							
Craniotome							
Hall Ear and Micro Drill							
Maxi Driver							
Midas Pex							
Orthairtome							
Stryker Electric and Ear							
RETRACTORS							
Octopus							
O'Connor Sullivan							
Upper Hand							