



Thank you for showing interest in joining our team with Hospice of Cumberland County.

We invite you to complete the following and return it to our administrative office located at 30 E. Adams Street, Crossville, TN, 38555.

- Please fill out the application completely even though you also attach a résumé
- Attach proof of certification/credential if applicable for position applying for
- Honestly fill out the appropriate competency skills checklist (R.N., L.P.N., C.N .T.) as applicable. Do not let this check list intimidate you as it is more for us to know what to cover in orientation/training than it is in hiring decision
- It is not required to show with this application; however, to be considered for hire you will need to show proof of Tennessee Drivers License

Again, thank you for your interest and best wishes.



Hospice of Cumberland County

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Phone: () _____ Email Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____



Hospice of Cumberland County

Previous Employment

Company: _____ Phone: ____ (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: ____ (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: ____ (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

B ranch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If the application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date: _____



Hospice of Cumberland County

HOSPICE NURSING INITIAL AND ANNUAL CLINICAL COMPETENCY/SKILLS CHECKLIST

Name: _____ Classification (RN, LPN): _____

Please mark the appropriate box with an X for your level of proficiency in the following items

- 0 – Never performed task and have no experience
- 1 – Familiar with the task, need more skill and practice
- 2 – Experienced in the task and performed with some assistance
- 3 – Proficient in task, can perform independently and without supervision
- 4 – Highly proficient; able to teach, train and supervise

General	0	1	2	3	4	Medications/IV Therapy	0	1	2	3	4
Assist with admission						Following protocols					
Supervise unlicensed person						Patient teaching					
Vital sign monitoring T,P,R,BP						Checking dosage					
Pulse oximetry						Evaluate pertinent lab data					
Assess breathing patterns/ breath sounds						Routes of administration					
Oropharyngeal suctioning						Oral/sublingual medications					
Tracheostomy suctioning						Topical medications					
Administer/monitor O2						Rectal/vaginal medications					
Care of diabetic pt						IM/SubQ medications					
Care of trach pt						IV push medications					
Blood glucose monitoring						IVPB medications					
Insert/maintain foley catheter						Continuous infusion					
Apply/maintain condom catheter						Needle-less system					
Maintain urostomy						Infusion pumps					
Maintain suprapubic catheter						Ophthalmic/Otic meds					
Wound care complex						Pain Assessment					
Wound care minor						Use of pain assessment tools					
						Use of pain assessment tools					
						Assess unconscious pt pain					
						Assess dementia pt pain					
						Titration of meds to effect					



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Charting	0	1	2	3	4	Psycho/social support	0	1	2	3	4
Obtaining physician orders						Spiritual support					
Completion of nursing assess.						Pt/family education of dying process					
Charting medication admin.						Appropriate contact of social worker					
Care planning						Community resources					
Referral log											
Taking verbal orders						Cardiac					
Venous access devices/subQ						Heart sounds					
Establish peripheral IVs						s/s of CHF					
Hep lock/saline lock						Disarm pacemaker/defibrillator with magnet					
Insert subcutaneous needle for infusion						BLS					
Maintain PICC line						Deaths					
Insert PICC line						Pronouncement					
Flush central/ PICC lines						Post mortem care					
Access/flush central ports						Disposal of medication					
Sterile site dressing change											
Obtain blood specimen from device						Other					
Patient/family education						Phone triage					
Operation of PT, INR meter						Prioritization of workload					
Discontinue peripheral IV						Delegation					
						Ordering medications/supplies					
						Exemplary customer service					
						Use fax/copier/multi-line phone					

Nurse signature: _____ Date: _____

By signing I verify that I am competent to perform the listed skills at the level I indicated.



Hospice of Cumberland County

Certified Nursing Technician Skills Checklist Initial/Annual Review

Basic Skills	Have Knowledge ✓	Can perform with help ✓	Can perform alone ✓	Need Training ✓	Initials
Assist pt with shower					
Assist pt with tub bath					
Bed bath/ skin care					
Peri care female					
Peri care male					
Oral care					
Denture care					
Hair care					
Shaving					
Nail care					
Prevention/observation pressure sores					
Assist pt with toileting					
Ambulatory					
Bedpan/urinal					
Bedside commode					
Care of urinary catheter					
Empty/measure urinary bag					
Assist with enemas					
Assist pt with walking					
Cane					
Walker					
Gait belt					
Crutches					
Proper use of wheelchair					
Assist with feeding					
Partial assist					
Total assist					
Prepare thickened liquids					
Record intake/output					



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Basic Skills	Have Knowledge ✓	Can perform with help ✓	Can perform alone ✓	Need Training ✓	Initials
Make unoccupied bed					
Make occupied bed					
Proper disposal of soiled linen					
Care of eyeglasses					
Care of hearing aides					
Temperature					
Oral					
Rectal					
Axillary					
Pulse					
Radial					
Apical					
Via oximeter					
Blood Pressure					
By manual cuff					
By automatic cuff					
Respirations					
Visual					
Audible					
Use of pulse oximeter					
Obtaining pt. weight					
Use of call light					
Use of protective devices					
Bed rails					
Patient alarm					
Padding, heel, elbow, etc					
Infection Control					
Use of personal protective gown, gloves, mask					
Hand washing					
Blood and body fluid precaution					
Disposal of contaminated supplies					



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Basic Skills	Have Knowledge ✓	Can perform with help ✓	Can perform alone ✓	Need Training ✓	Initials
Use of correct body mechanics					
Turn/position pt					
Transfer bed to chair					
Transfer one person					
Transfer two person					
Care of combative pt					
Care of anxious pt					
Care of cognitively impaired pt					
Oral suctioning					
Post mortem care					
CPR (optional)					
Heimlich (Optional)					
Oxygen set up and safety					
Assist with admission					
Assist with transfer					
Assist with discharge					
Emergency preparedness					
Location of fire extinguisher					
Location of fire alarms					
Location of emergency exits					
Location of evacuation plan					

CNT signature: _____ Date: _____

By signing and initialing the skills checklist I verify that I am competent to perform the skill at the level I checked.