

# MOLARI HealthCare Services

RN/  
LPN

### OFFICE USE ONLY

Cori Received	_____	CPR Copy	_____
References	1 _____ 2 _____	Applicant Contact	_____
License Copy	_____	Orientation Date	_____
TB Test	_____		

## Application for Employment

MOLARI HealthCare Services is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, national origin, age, ancestry, sex, sexual orientation, physical or mental disability, marital or veteran status or being a member of the Reserve or National Guard.

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MI

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Social Security Number: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Other Phone # ( ) \_\_\_\_\_ Cell/Pager # \_\_\_\_\_

Position applying for (HM, PCA, CNA, LPN, RN, other) \_\_\_\_\_

## Education Background

A. List last two (2) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

School	Number of Years Completed	Degree or Diploma	GPA Class Rank	Major	Minor

Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ How far are you willing to travel for work? \_\_\_\_\_ miles.

Central Berkshire County  South Berkshire County  North Berkshire County

## Employment History

Provide the following information of your past and current employers and assignments starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comment section. Strictly at your discretion, you may include in this section any verified work performed on a volunteer basis. If you do so, please indicate specifically which of your prior experiences include work performed on a volunteer basis.

EMPLOYER	TELEPHONE #	FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
SALARY		REASON FOR LEAVING		

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# MOLARI HealthCare Services

## Employment History (continued)

EMPLOYER	TELEPHONE #	FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE				
IMMEDIATE SUPERVISOR AND TITLE				
SALARY		REASON FOR LEAVING		

**Comments** (including explanation of any gaps in employment): \_\_\_\_\_

Please rate yourself on the following: <i>1 being the worst, 5 being excellent</i> (please circle)	<b>Punctuality</b>	1 2 3 4 5
	<b>Reliability</b>	1 2 3 4 5

Referral Source:  Radio  Newspaper  Telephone Book  Government Employment Agency  
 Walk - in  Other \_\_\_\_\_ Name (if applicable) \_\_\_\_\_

Specify hours available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____	_____

Approximately how many hours per week are you available? \_\_\_\_\_

Are you willing to work overnight?  Yes  No

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

Do you have reliable transportation?  Yes  No

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

RN/LPN/CNA License Number \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

TB Read Date \_\_\_\_\_ Hepatitis B Date \_\_\_\_\_

Have you ever been bonded?  Yes  No

Have you ever been convicted of a felony?  Yes  No

ANSWERING, "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## **MOLARI HealthCare Services**

### **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with MOLARI INC. (herein referred to as MOLARI) is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from MOLARI's employment, whenever it is discovered.

I expressly authorize, without reservation, MOLARI, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding MOLARI, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that MOLARI does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I understand that this application remains current for one (1) year. At the conclusion of that time, if I have not heard from MOLARI and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that if I am hired, my employment with MOLARI will be at will and may be terminated by MOLARI or me at any time. I understand that no documents or statements of MOLARI will constitute a contract of employment that in any way limits MOLARI's right to terminate my employment at will.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

- Male
- Female
- White Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Asian and White not Hispanic or Latino
- American Indian or Alaska native (Not Hispanic or Latino)
- American Indian or Alaska Native and Black or African American not Hispanic or Latino
- Two or more races (not Hispanic or Latino)
- Other Hispanic or Latino
- Veteran (dates served) \_\_\_\_\_
- Disabled Veterans
- Recently Separated Veterans
- Armed Forces Service Medal Veteran
- Other Protected Veteran
- Disabled

# SEXUAL HARASSMENT POLICY

## I. Introduction

It is the goal of MOLARI Employment Services, Inc. to promote a workplace that is free of sexual harassment. Sexual harassment of employees occurring in the workplace or in other settings in which employees may find themselves in connection with their employment is unlawful and will not be tolerated by this organization. Further, any retaliation against an individual who has complained about sexual harassment or retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is similarly unlawful and will not be tolerated. To achieve our goal of providing a workplace free from sexual harassment, the conduct that is described in this policy will not be tolerated and we have provided a procedure by which inappropriate conduct will be dealt with, if encountered by employees.

Because MOLARI takes allegations of sexual harassment seriously, we will respond promptly to complaint of sexual harassment and where it is determined that such inappropriate conduct has occurred, we will act promptly to eliminate the conduct and impose such corrective action as is necessary, including disciplinary action where appropriate.

Please note that while this policy sets forth our goals of promoting a workplace that is free of sexual harassment, the policy is not designed or intended to limit our authority to discipline or take remedial action for workplace conduct which we deem unacceptable, regardless of whether that conduct satisfies the definition of sexual harassment.

## II. Definition of Sexual Harassment

In Massachusetts, the legal definition for sexual harassment is this: "Sexual harassment" means sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

- a) Submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions;
- b) Such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment.

The legal definition of sexual harassment is broad and in addition to the above examples, other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a work place environment that is hostile, offensive, intimidating, or humiliating to male or female workers may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct which if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

- Unwelcome sexual advances – whether they involve physical touching or not;
- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life; comment on an individual's body, comment about an individual's sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, cartoons;
- Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- Inquiries into one's sexual experiences; and,
- Discussion of one's sexual activities.

All employees should take special note that, as stated above, retaliation against an individual who has complained about sexual harassment, and retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is unlawful and will not be tolerated by this organization.

# SEXUAL HARASSMENT POLICY

## III. Complaints of Sexual Harassment

If any of our employees believes that he or she has been subjected to sexual harassment, the employee has the right to file a complaint with our organization. This may be done in writing or orally.

If you would like to file a complaint you may do so by contacting MOLARI at (413) 499-4546 attention Gail Molari. Gail is also available to discuss any concerns you may have and to provide information to you about our policy on sexual harassment and our complaint process.

## IV. Sexual Harassment Investigation

When we receive the complaint we will promptly investigate the allegation in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. Our investigation will also interview the person alleged to have committed sexual harassment. When we have completed our investigation, we will, to the extent appropriate inform the person filing the complaint and the person alleged to have committed the conduct of the results of that investigation.

If it is determined that inappropriate conduct has occurred, we will act promptly to eliminate the offending conduct, and where it is appropriate we will also impose disciplinary action.

## V. Disciplinary Action

If it is determined that inappropriate conduct has been committed by one of our employees, we will take such action as is appropriate under the circumstances. Such action may range from counseling to termination from employment, and may include such other forms of disciplinary action, as we deem appropriate under the circumstances.

## VI. State and Federal Remedies

In addition to the above, if you believe you have been subjected to sexual harassment, you may file a formal complaint with either or both of the government agencies set forth below. Using our complaint process does not prohibit you from filing a complaint with these agencies. Each of the agencies has a short time period for filing a claim (EEOC – 180 days; MCAD – 6 months).

1. The United States Equal Employment Opportunity Commission ("EEOC")  
1 Congress Street – 10<sup>th</sup> Floor  
Boston, MA 02114  
(617) 565-3200
2. The Massachusetts Commission Against Discrimination ("MCAD")  
Boston Office: Springfield Office:  
One Ashburton Place – Rm. 601 436 Dwight Street, Rm. 220  
Boston, MA 02108 Springfield, MA 01103  
(617) 727-3990 (413) 739-2145

## SEXUAL HARASSMENT POLICY

MOLARI, Inc. is required by law to distribute its sexual harassment policy to its employees annually. Please read the sexual harassment policy, sign your name verifying that you have read and understand the attached pages.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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XMOLAR  
CH444  
EOEA  
ELDER AFFAIRS



**CHAPTER 6, 172C CORI REQUEST FORM**

MOLARI, Inc. D/B/A MOLARI HealthCare Services is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, 172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

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

**APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME                      MOTHER'S MAIDEN NAME

\_\_\_\_\_  
MAIDEN NAME, PREVIOUS MARRIED NAMES OR ALIAS                      DATE OF BIRTH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_                      PLACE OF BIRTH \_\_\_\_\_

SEX: (CIRCLE ONE) MALE OR FEMALE                      HEIGHT/ WEIGHT \_\_\_\_\_                      EYE COLOR \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

DRIVER'S LICENSSE NUMBER AND STATE \_\_\_\_\_

The above information was verified by reviewing the following form of government- issued identification:

\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE                      DATE

80 Center Street • Pittsfield, MA 01201-6137  
413-499-4546 • Fax 413-442-6519 • 800-649-4562  
Email: molari@molariinc.com • www.molariinc.com

Applicant's name: \_\_\_\_\_  
Position: \_\_\_\_\_ Date: \_\_\_\_\_  
Interviewer: \_\_\_\_\_

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1. Describe past job duties/responsibilities
  
  
  
  
  
  
  
  
  
  
2. Briefly answer questions about the following skills and values

**Work Standards:** To set high goals or standards of performance for self, subordinates, others and the organization. Dissatisfaction with average performance.  
Give an example of a goal you set and how you met your goal.

What was your last work performance like? What satisfied or dissatisfied you about the evaluation?

**Practical learning:** To gain understanding of knowledge or skills acquired by experience. Modification of a behavioral tendency by experience.  
What have you learned from your actual work experience that you didn't learn from a book or nursing school?  
Give a specific example.

**Problem Analysis:** to relate and compare data from different sources, identify issues, secure relevant information and identify relationships.  
On your last job what was the biggest problem you had with a co-worker? How did you go about solving it?

Describe a problem situation where you disagreed with the solution. Why did you disagree?

**Dependability:** Capable of being relied upon. Reliance and trust as a result of meeting the dependency of another person with consistency.  
When was the last time you were unable to meet a commitment you made? How did you handle it?

Tell of a time when you had to make a personal sacrifice to get to work.

**Integrity:** Firm adherence to a code of established moral or artistic values.

Tell of a time when you followed a policy that you didn't agree with. Be specific.

Describe a situation where you discovered a co-worker not following a nursing policy or procedure. What did you do?

**Flexibility:** Ability to modify behavior in response to changing or new situations.

What adjustments did you have to make when you changed jobs?

Oftentimes in nursing we have to use different approaches to patients even though they have the same diagnosis or condition. How do you determine the approach you will use?

**Judgement:** Developing alternative courses of action and making decisions which are logical assumptions and which reflect factual information.

What was the last emergency situation you were in? How did you handle it?

What was the most difficult decision you had to make in the last year? How and why did you make that decision? What alternatives did you consider?

**Stress Tolerance:** Stability of performance under pressure and/or opposition.

What kind of working conditions do you find most stressful?

What kind of pressures did you have on your last job?

**Initiative:** Active attempts to influence events to achieve goals; self-starting rather than passively accepting. Taking action to achieve goals beyond what is necessarily called for; originating action. Give some examples where you did more than what was required.

**Listening Skills:** To pay attention to, to hear with thoughtful attention to what the speaker is saying. Can you give an example of a time when you were able to help a client just by listening to them?

Check Appropriate: RN \_\_\_\_\_

LPN \_\_\_\_\_

LVN \_\_\_\_\_

Print name, last, first \_\_\_\_\_

License # \_\_\_\_\_

**MOLARI, Inc. RN / LPN/ LVN SKILL INVENTORY**

**Directions:** To help the assessment of your technical skills, mark an X in the appropriate box(es) for each item in the Routines listed alphabetically below.

<i>ITEMS IN ROUTINES</i>	<i>Skilled</i>	<i>Moderate Experience</i>	<i>Some or little experience</i>	<i>No Experience</i>	<i>Classroom Training</i>	<i>On the job Training</i>	<i>Comments</i>
1. Assess. of patients: admission							
2. Assessment of patients: interim							
3. Assessment of patients: discharge							
4.							
5. Asstg physician: bone marrow							
6. Asstg physician: chest tube							
7. Asstg physician: cutdown							
8. Asstg physician: liver biopsy							
9. Asstg physician: lumbar puncture							
10. Asstg physician: paracentesis							





<b><i>ITEMS IN ROUTINES</i></b>	<i>Skilled</i>	<i>Moderate Experience</i>	<i>Some or little experience</i>	<i>No Experience</i>	<i>Classroom Training</i>	<i>On the job Training</i>	<i>Comments</i>
46. Procedures: irrigations							
47. Procedures: oral hygiene							
48.							
49. Suctioning: Emerson pump							
50. Suctioning: gastric							
51. Suctioning: hemovac							
52. Suctioning: pharyngeal							
53. Suctioning: pleura-vac unit							
54. Suctioning: tracheal							
55.							
56. Tracheostomy care							
57.							
58. Traction							
59.							
60.							

## **UNIVERSAL PATIENT CARE PRECAUTIONS EMPLOYEE FACT SHEET**

Infection Control in the health care delivery setting is an important component of your job as a MOLARI employee. This is vital for the benefit of the individuals you care for as well as for your own health and well being.

The following "Universal Precautions" represent wise practices that apply to prevention of transmission of blood-borne infections such as AIDS and Hepatitis B. These practices are to be used when caring for *ALL* patients, not just those thought to pose a risk.

### **UNIVERSAL PRECAUTIONS**

1. Wash hands after contact with body substances, before clean or sterile invasive procedures, and before eating or preparing food.
2. Wear gloves for direct contact with body substance (pus, sputum, urine, feces, blood, saliva, or when starting an IV, taking blood specimens, removing patient from bedpan, handling contaminated linens, suctioning a patient, caring for an open wound, changing a dressing, or if you have an open lesion on your hand).
3. Wear a gown or moisture repellent apron when soiling is expected such as when a patient has diarrhea or if changing a dressing to an open wound.
4. Use masks and eye coverings when providing direct care to the patient during suctioning, taking blood or working with IV's, changing TPN or other central line dressings, whenever mucous membrane exposure is expected, or in the presence of known or suspected diseases spread by the respiratory route.
5. Wash exposed portions of body and exposed clothing as soon as possible if unprotected contact with blood fluid occurs.
6. Disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture resistant containers near the usage area. To prevent needle injuries, needles should *not* be recapped, purposely bent, broken, removed from disposable syringes, or manipulated by hand.

Note: Pregnant health care workers are not known to be at greater risk than those who are not pregnant; however, if one develops the viral infection that causes AIDS during pregnancy, the fetus is at risk through perinatal transmission. As a result, pregnant workers should be especially familiar with and strictly adhere to these precautions.

### **HOSPITAL/ NURSING HOME/ INSTITUTION DIRECTIVES**

1. Follow "universal" blood and body fluid infection control precautions for all institutionalized patients.
2. Each institution may differ in their universal precautions relating to the handling and disposal of waste, linens, etc.

## **HOME CARE DIRECTIVES**

1. Follow universal blood and body fluid infection control precautions.

2. Other Personal Care:

-Check with the Director of Professional Services regarding the disposal of blood and other body fluids. Usually, these are flushed down the toilet.

-Other contaminated items should be wrapped in a sturdy plastic bag and then placed in a second bag before being discarded. Garbage may or may not need to be labeled, depending on state laws. Check with the Director of Professional Services regarding disposition of garbage and other contaminated items.

-Lab specimens should be placed in a plastic bag, sealed, placed in another plastic bag and should be labeled appropriately for lab personnel to see. Specimens can be stored in the refrigerator if not immediately taken to the lab.

3. Household Cleaning

A normal hygienic environment should be maintained to protect the patient.

Household cleaning and maintenance can be carried out using regular soaps and cleaning materials. Examples are dish detergents, floor cleaners, and bathroom cleansers. Items in the home that become contaminated with body fluids should be washed with soap and water and disinfected with a 1:10 liquid bleach solution (One-cup bleach to 9 cups water). Solution should be prepared fresh daily.

Bathroom areas with which the patient's secretions/ body fluids might come in contact should be disinfected with bleach solution between each use by the patient and other household members.

Kitchen cabinets, the sink and other furnishings may need to be disinfected regularly if the patient is mobile and body fluids are in contact with this area. Eating utensils and dishes should be kept separate and washed immediately after eating with hot soapy water or run through a dishwasher cycle.

Bed linen and clothing should be kept separate from other household members and stored in a plastic bag until laundered in hot water. A commercial soap and ½ cup of bleach should be used per wash load. If a dryer is available, it should be set at the highest setting.

## **MANAGEMENT OF EXPOSURE**

If you incur a needle-stick or cut, splash to the eye, mouth or other mucous membrane by blood or body fluids while on an MOLARI assignment, contact the MOLARI Director of Professional Services for instructions.

I have reviewed and understand the Universal Patient Care Precaution Employee Fact Sheet and agree to comply.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE