

# Who Is All Health Staffing?

Since 1999, All Health Staffing has become a national leader of supplementary healthcare staffing. We specialize in travel and temp to perm placement of nurses, therapists and other healthcare professionals in a variety of settings throughout the United States. Founded on principles of honesty and integrity, our goal is to maintain a positive by which all others should be measured.

The secret of our success is simple. We recognize that our best advertisements are our employees. Whether it is your first assignment or your fifth, we want each experience with our company to be richly rewarding for you both personally and professionally. Moreover, All Health Staffing will do whatever it takes to exceed your expectations of us. Many companies invest thousands of dollars monthly in fancy full page, full color advertising. We choose to invest in our healthcare professionals through one of the best compensation packages in the business.

**We are very proud of the fact that the vast majority of our new hires learn of us through the recommendations of our valued employees.**

**There can be no better compliment than that of those who have already experienced the All Health Staffing difference. We are confident that you will find that All Health Staffing really is more than just another healthcare traveling company!**

## **Putting Us To Work For You**

Putting us to work for you is very simple. Initially, we ask that you carefully complete the enclosed employment packet. This is important in that it allows our clients to conform to stringent JCAHO accreditation standards. In order to speed up the process, you may fax your information back to us toll-free at 877-436-1693.

Secondly, you should consider where you would like to go and for how long! Most of our positions begin as 13-week assignments and can be mutually extended. We will contact you approximately eight weeks from your scheduled end date to open a dialogue regarding either an extension or a new assignment altogether. Should you wish to travel to a state in which you are not currently licensed, you should allow a minimum of six weeks for processing time by the applicable governing licensing board. Please remember that you are responsible for your own licensure application. We will reimburse you for the fees.

Lastly, sit back and relax in the knowledge of the fact that All Health Staffing is taking care of all of your assignment details so you won't have to! We want you to enjoy every minute of every assignment with our company. We won't smile until you do.

# What's In It for You?

All Health Staffing is proud to offer one of the best total compensation packages in the industry. In addition to one of the most competitive pay rate scales in the industry, we also offer the following amenities:

- A fully furnished, one-bedroom luxury apartment or a generous monthly stipend
- A \$150 soft pack allowance reimbursement (paid on your first assignment) in which you select your own pots, pans, dishes, linens, towels, etc. to use for all of your assignments with us
- Company-paid health insurance. Company contributes up to \$200 per month
- A retirement plan with \$1 for \$1 Company matching and 100% vesting from day one!
- Weekly pay with immediate direct deposit
- Up to \$500 relocation for relocation assistance to and from your assignment
- 100% state licensure reimbursement after 30 days of employment
- Professional Liability/Malpractice insurance of \$1mm/occurrence and \$3mm aggregate
- A \$500 referral bonus for every healthcare professional that accepts an assignment with us based on your referral
- Guaranteed hours
- 24-hour on-call customer service

Attention to detail and personal service is part of what makes us different. We truly are thankful that you chose us and we really listen to your concerns. With All Health Staffing, you won't be just another number who has to continually explain your "situation" to different people. We take careful note of what is important to you, our valued partner, and work tirelessly to make YOUR dreams a reality.

Most travel companies view their relationship with employees as you work for them. However, we do not espouse to that philosophy. We realize that you have a real choice when selecting a travel company to represent you. That is why, at All Health Staffing, ***we work for you every day!***

## **All Health Staffing**

### **The Details**

- **Professional Liability/Malpractice insurance.** Our occurrence form policy provides you with limits of \$1 million per incident, \$3 million aggregate. Coverage applies only to work performed through All Health Staffing.
  
- **Licensure.** All Health Staffing will reimburse licensure fee for states in which you work for All Health Staffing, after 30 days of working in said state.
  
- **Travel to and from assignments:** All Health Staffing will provide you with your own 1 bedroom furnished apartment and cover up to \$500 round-trip for assignment relocation based on .34/mi.
  
- **Referral Bonus:** As an added benefit of working with us, we would like for you to also tell your friends about All Health Staffing. Therefore, we offer a \$500 referral bonus for each RN or other healthcare professional which accepts a thirteen-week assignment with us.
  
- **Soft pack allowance:** If you stay in housing provided by All Health Staffing, we will reimburse up to \$150 when you begin your employment with us. Submit it on an expense report and it will be paid out approximately two (2) weeks later. The soft pack is used to reimburse you for towels, sheets, pillows, pots, pans, etc.

## **Recommended Minimum Position Qualifications:**

- Graduation from an accredited school.
- Current state licensure or license eligible.
- Current certifications
- Provides the following documents prior to employment:
  - A. A physical or physician’s statement of good health within the past 12-month period.
  - B. TB test or chest x-ray within the past 12-month period
  - C. Hepatitis B form (or signed declination form)
  - D. OSHA Blood borne Pathogen test completed
  - E. Current BLS or CPR
  - F. A 10-panel Drug screen (provided by All Health Staffing)
  - G. Completed and signed skills checklist
  - H. Three (3) references
  - I. I-9 form and corresponding documents.
  - J. Vaccination record (or titres)
  - K. Criminal Background check (provided by All Health Staffing)

### **Physical Requirements and Work Environment**

Physical requirements for this position are classified as heavy under the Department of Labor classification. The employee must be capable of exerting up to 50 pounds of force (2/3 or more of the time) to move objects, equipment and/or patients. While performing the duties of this job, the employee is regularly required to stand, walk, sit, stoop kneel, bend or crouch, use hands to manipulate tools, equipment, or controls and reach with hands and arms. The employee is required to have visual and hearing acuity sufficient enough to assess patient safety and ability. Employee works mostly inside in patient’s rooms or clinic. This position is classified as Category 1 for the purpose of exposure determination under the OSHA regulations regarding the standard as all procedures or job related tasks that involve an inherent risk for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of blood or body fluids. The use of protective equipment and measures is required for every employee engaged in Category 1 tasks.

The essential functions described here are representative of those on employee encounters while performing the basic function of a Registered Nurse or Therapist. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential factions.

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Employee Signature

Date

AHS is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, national origin, color, sex, age, or disability. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

## **All Health Staffing**

### **EMPLOYMENT APPLICATION**

#### **PERSONAL DATA**

<b>NAME</b>			<b>DATE</b>
<b>STREET</b>		<b>CITY/STATE/ZIP</b>	
<b>TELEPHONE</b>		<b>TELEPHONE (alt)</b>	

**ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?    ♦ YES       ♦ NO**

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MISDEMEANOR?**

**♦ YES               ♦ NO**

**IF YES, PLEASE EXPLAIN:**

**HOW DID YOU BECOME AWARE OF THE POSITION FOR WHICH YOU ARE INTERVIEWING?**

**♦ NEWSPAPER ♦ RADIO AD ♦ EMPLOYEE REFERRAL ♦ INTERNET ♦ PROFESSIONAL ORGANIZATION ♦ JOB FAIR ♦ MARKETING LETTER ♦ COLLEGE ♦ JOURNAL MAGAZINE**

#### **EDUCATION**

	Name & Location	Highest Level Completed (circle)	Graduate Yes/No	Certificate/Degree Diploma/Course
High School		1 2 3 4		
Business, Trade, Tech		1 2 3 4		
College/University (Undergraduate)		1 2 3 4		
College/University (Graduate)		1 2 3 4		

#### **PAST WORK EXPERIENCE**

**(List current employer first)**

EMPLOYER	FROM/TO	POSITION	SALARY	COMMISSION	REASON FOR LEAVING

**PROFESSIONAL REFERENCES**

NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

**PREFERENCES**

<b>Recruiter:</b>	_____	
<b>Facility Preference:</b>	_____	<b>Temp:</b> <input type="checkbox"/> <b>Perm:</b> <input type="checkbox"/>
<b>Best time to interview:</b>	_____	<b>Notice:</b> _____
<b>Locations Preferred:</b>	1) _____	2) _____
	3) _____	
<b>Pets:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>If yes, what?</b> _____	<b>How many?</b> _____
<b>The most important considerations in accepting a new assignment:</b>	1) _____ 2) _____	3) _____
<b>Settings Preferred:</b>	1) _____	2) _____
	3) _____	

**CREDENTIALS/LICENSES**

<b>Credentials/Licenses:</b>	<b>ST:</b> _____	<b>Lic #:</b> _____	<b>Exp. Date:</b> _____
<b>Credentials/Licenses:</b>	<b>ST:</b> _____	<b>Lic #:</b> _____	<b>Exp. Date:</b> _____
<b>Credentials/Licenses:</b>	<b>ST:</b> _____	<b>Lic #:</b> _____	<b>Exp. Date:</b> _____
<b>Credentials/Licenses:</b>	<b>ST:</b> _____	<b>Lic #:</b> _____	<b>Exp. Date:</b> _____

**CLINICAL AFFILIATIONS**

1.)
2.)
3.)

<b>REQUIRED DOCUMENTATION</b>
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At the time of acceptance of an assignment, would you be able to provide All Health Staffing copies of the following documents?

		IF NO, EXPLAIN
Current Physical within one (1) year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Current TB Test within one (1) year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Proof of CPR Certification?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Proof of Hepatitis B Series/Refusal?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Proof of MMR Vaccination?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

# ALL HEALTH STAFFING

## Reference Request

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**Part (1)**

I grant permission to the employer listed below to furnish information on my performance to AHS.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Position applied for: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

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**Part (2) / Previous Employer to Complete:**

Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Reason for Leaving: Voluntary? \_\_\_\_\_  
Terminated? \_\_\_\_\_  
If Terminated, Reason: \_\_\_\_\_  
Eligible for Rehire: Yes or No If not, Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PERFORMANCE EVALUATION:**

	Below Avg.	Average	Above Avg.	Superior
Skill Level	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Appearance	_____	_____	_____	_____

\_\_\_\_\_  
Signature and Title of Evaluator

\_\_\_\_\_  
Date

# All Health Staffing

## Background Check

I have applied for employment with All Health Staffing in a position that requires me to possibly administer medicine and to carry out my duties in an ethical and professional manner. I am aware that a felony arrest record may preclude me from employment with most facilities throughout the county. Furthermore, I assert that I do not have such a record.

My signature gives The Helms Group Inc., Dba All Health Staffing and any third party it may deem appropriate, approval to run a thorough background check on my behalf. This check may include my social security and DMV info too. Moreover, any such institution or person conducting the screening is removed from any and all liability caused as a result of the findings.

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Date: \_\_\_\_\_