



# **Application Packet**

**Servicing the Pacific Northwest**

The information contained herein belongs to  
I.V. Nurse Consultants Inc. / Vascular Access Specialist Team

**4227 S Meridian Suite C565  
Puyallup, WA 98373-3603  
(253) 269-1234**

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**I.V. Nurse Consultants Inc. / Vascular Access Specialist Team**

## **Servicing the Pacific Northwest**

and is not to be shared with anyone  
other than the applicant applying for one of our positions.

Nothing contained in this application packet is intended to create (nor shall be construed as creating) a contract of employment (expressed or implied) or guarantee employment for any term or for any specific procedures. It is our companies first step of our application process only.

**Employment Application**

**I.V. Nurse Consultants Inc.**  
**Servicing Pacific Northwest**

**EMPLOYMENT APPLICATION**

**To Applicant:** We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position which best meets your qualifications and may assist us in your future upgrading. *Applications that are not completely filled in may not be reviewed and/or accepted in the hiring process.*

**Position applying for:** \_\_\_\_\_ **Current Wage:** \_\_\_\_\_ **Preferred Wage:** \_\_\_\_\_

**Personal Information:** (Please type or print clearly) **Date:** \_\_\_\_\_

**Date of Birth:** (*Month and Day only*) \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Have you previously been employed by us? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when were you employed and what position? \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, do you have legal proof to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a veteran? \_\_\_ Yes, \_\_\_\_\_ No **Years of Service:** \_\_\_\_\_

**Branch of Service:** \_\_\_\_\_

**Date you are available for work?** \_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_

**Days and Hours Available:** (*only list days and times you would be able to commit to*)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

**If you could have the ideal work days and hours what would they be?**

\_\_\_\_\_  
\_\_\_\_\_.

**Please list any experiences, skills, qualifications, and education which relates to the position for which you are applying for.**

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

## Please Include Your Resume Record of Education

Level of Education	Site Name and Address (include City, State, Zip)	Course of Study (Major Emphasis)	Circle Education Completed	Have you Graduated (circle one)	List Diplomas, Certificates, Or Degrees	List Year Graduated
High School (Secondary)			Grade	Yes / No		
			9 10 11 12			
College			Semester	Yes / No		
			1 2 3 4			
ROP/ROC, Trade Schools			Semester	Yes / No		
			1 2 3 4			

## Employment History

List all past employers below, paid or volunteer, beginning with your most recent first.

**Job 1**      May we contact this employer as a reference? (circle one)      Yes   or   No

Company Name Address	From (Month/Year)	Describe your Job Responsibilities	Starting Wages	Ending Wages
	Until (Month/Year)			
Phone Number		Reason for Leaving	Supervisor's Name	
Type of Business				

**Job 2**      May we contact this employer as a reference? (circle one)      Yes   or   No

Company Name Address	From (Month/Year)	Describe your Job Responsibilities	Starting Wages	Ending Wages
	Until (Month/Year)			
Phone Number		Reason for Leaving	Supervisor's Name	
Type of Business				

**Job 3**                      May we contact this employer as a reference? (circle one)                      Yes    or    No

Company Name Address	From (Month/Year)	Describe your Job Responsibilities	Starting Wages	Ending Wages
	Until (Month/Year)			
Phone Number		Reason for Leaving	Supervisor's Name	
Type of Business				

**Personal References**  
(not former employers or relatives)

1. \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_
2. \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_
3. \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Professional References**

1. \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_
2. \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_
3. \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

**Applications to be sent by email to: [Employment@ivnc-usa.com](mailto:Employment@ivnc-usa.com)**

- Include:**
- 1. Signed Confidential Character Reference Form**
  - 2. Background Release Form**
  - 3. Quality Assurance and Skills Check Form**

# I.V. Nurse Consultants Inc. / Vascular Access Specialist Team

4227 S Meridian Suite C565., Puyallup WA 98373-2418

(253) 566-8282 *office* OR (253) 284-1670 *fax*

<b>Confidential Character Reference Form for Classified Applicants</b>
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Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print Name*

**Applicant:** I authorize any current or former employer, person, firm, corporation, educational, or vocational institution, or government agency to provide I.V. Nurse Consultants Inc./ Vascular Access Specialist Team (IVNC & PSVAIC) with information they have regarding me. I hereby release and discharge those who provide information and IVNC & PSVAIC from any liability as a result of furnishing and receiving this information. **I agree that references and personal information which become part of this application will be regarded confidential and shall not be reveal or disclosed to me.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Character Reference:** *(Not to be filled out by applicant)*

**The above named applicant:** has applied for a classified position with IVNC & PSVAIC. We ask that you carefully evaluate the applicant in terms of professional contact with the applicant either as an employee in your company or as a volunteer in your organization.

<b>Note: Please rate the applicant in each of the following categories on a scale of 1 to 5, with 5 being highest</b>	N/A	1	2	3	4	5
<b>Flexibility:</b> Willingness to learn new concepts or ways of doing things. Cooperates with others.						
<b>Commitment to Accomplishment:</b> Exertion of effort to attain particular goals. A desire for producing results. Organization of ideas, time, materials, and space in such a way that accomplishment occurs.						
<b>Enthusiasm:</b> Displays overall optimism and zeal for what one is doing. Willingness to be involved. Enthusiasm develops positive interpersonal relationships with others.						
<b>Clarity of Expression:</b> Understands and correctly interprets concepts presented or discussed. Presents and discusses concepts precisely; answers questions clearly. Uses correct oral and written communication skills.						
<b>Integrity:</b> Actions are consistent with stated views. Exhibits reliable follow-through on commitments						
<b>Relationships:</b> Ability and willingness to develop appropriate relationships with others. Exhibits listening, patience, caring, and liking for others.						
<b>Multicultural:</b> Accepts cultural and ethnic difference in others.						
<b>Dependability:</b> Can be relied upon to maintain regular attendance, is punctual, and is communicative in a timely manner when personal responsibilities interfere with professional responsibilities.						
<b>Modeling Appropriate Behavior:</b> Dress, appearance, courteousness, and behavior of individual.						

**Overall rating of this candidate (check one)** **Poor    Fair    Good    V. Good    Excellent**  
 Comments: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number:(    )

Thank you for assisting us in evaluating this applicant. Please return completed form to **I.V. Nurse Consultants Inc.**  
 4227 S Meridian Suite C565, Puyallup WA 98373, or Fax (253) 284-1670.  
 To avoid a time delay we ask that this be done in a timely manner.

# Background Release Form

## Authorization for Release of Background Information

In connection with my application for I.V. Nurse Consultants Inc (IVNC), I authorize IVNC, their agent, to solicit background information relative to my criminal record history. I understand that IVNC may conduct inquiries into my background that may include criminal records, personal references, and other public record reports pertaining to me.

I release IVNC, their respective employees, their agent and employees and all persons, agencies and entities providing information or reports about me.

**PLEASE PRINT**

Full Legal Name: _____		Date of Birth: _____		Gender: M or F	
City of Birth: _____		County: _____		State: _____ AKA or Maiden Name: _____	
Social Security Number: _____		Driver's License #: _____		State Issued: _____	
Phone number: _____		Email: _____			
<b><u>Please note: If your address is a rural route or PO Box, we must have the City &amp; County that your mail is delivered to.</u></b>					
Current Address: _____		City: _____		County: _____ State: _____ Zip _____	
How long at this address? _____ (months/years)					
Previous Address: _____		City: _____		County: _____ State: _____ Zip: _____	
How long at this address? _____ (months/years)					

**Please answer the following questions. Circle the answer that qualifies.**

<p>Have you been convicted of, or do you have charges pending for any crime? <span style="float: right;">Yes or No</span>          If yes please give the crime, the conviction date or charge status, and the state where it occurred.          _____</p>
<p>Have you ever been found to have sexually abused, physically abused, neglected, abandoned, or exploited, a child or adult? <span style="float: right;">Yes or No</span>          If yes, please give date, name of court, state licensing board, disciplinary board, or dependency action, details of the finding and state where it occurred.          _____</p>
<p>Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked or suspended?          Yes or No          If yes, give date, contract and /or license type, name of contracting and/or licensing agency. And state where it occurred:          _____</p>
<p>Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation or abandonment?          Yes or No          If yes, give date, court, and state where it occurred: _____</p>
<p><b>I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as a provider, caretaker, licensee, contractor and/or as an individual authorized to care for vulnerable adults or children. I hereby authorize I.V. Nurse Consultants Inc. (IVNC) to obtain background information including but not limited to, convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement or any state and federal agency including other states and the FBI.</b></p>

Applicants Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Print: \_\_\_\_\_

# Quality Assurance and Skills Check

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

Here are multiple pictures of lines placed with descriptions about the pre- and post-insertion. You are to assess each line and give your feedback.



Less than 24hrs post insertion.  
Patient is a bilateral mastectomy with lymph node removal. Physician ordered IV fluids with 20meq of KCL.

## Question and Picture ONE:

1. Is this insertion site an appropriate choice for the physician's order? Please explain.

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2. What are the complications associated with this placement? Please explain.

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3. What additional complications may still develop from this insertion? Please explain.

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4. What steps would you recommend to prevent these complications? Please explain.

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5. What would you do differently, if anything, if you were inserting this line? Please explain.

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6. Is this a line you would like placed in you? Please explain.

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Less than 12hrs post insertion. Patient slightly confused, dehydrated with a low sodium level. Physician has ordered NS to be given with no stop date.

Question and Pictures TWO & THREE:

7. Is this insertion site an appropriate choice for the physician's order? Please explain.

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8. What are the complications associated with this placement? Please explain.

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9. What additional complications may still develop from this insertion? Please explain.

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10. What steps would you recommend to prevent these complications? Please explain.

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Question and Pictures TWO & THREE:

11. What would you do differently, if anything, if you were inserting this line? Please explain.

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12. Would you recommend an IV team who promotes this as their quality of insertions and represents themselves as Vascular Access Specialist? Please explain.

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13. Is this a line you would like placed in you? Please explain.

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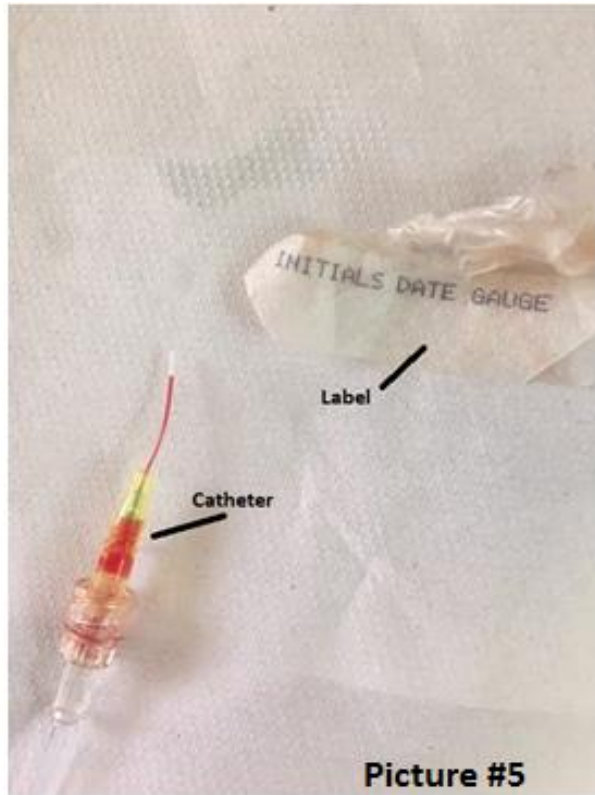
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**Picture #4**



**Picture #5**

Line reported as not working. Pump registering as down occlusion.

Question and Pictures TWO, THREE, FOUR & FIVE:

19. Was an appropriate dressing and taping applied on this line? Please explain.

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20. What is the purpose of the white tabs on the tape? Please explain.

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21. Was the line taped well enough to prevent the patient from pulling the line out? Please explain.

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22. What steps would you recommend to prevent the line from being pulled out? Please explain.

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Question and Pictures TWO, THREE, FOUR & FIVE:

14. What would you do differently, if anything, if you were inserting this line? Please explain.

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15. What is the purpose of a label? Please explain.

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16. What should be listed on an insertion label? Please explain.

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17. Why would the IV pump be beeping as down occlusion? Please explain.

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18. Is this a line you would like placed in you? Please explain.

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Picture #6

Less than 12hrs post insertion. Patient slightly confused, dehydrated with a low sodium level. Physician has ordered NS to be given with no stop date. Discussion with staff to get order for Midline if infusion is to continue.

Question and Pictures SIX:

28. Other than taping, what else can you do to prevent a patient from pulling out a line? Please explain.

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29. When checking patient chart, what do you look for? Please explain.

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30. What criteria do you look for when you suggest each of the following lines? (PIV - Midline - PICC) Please explain.

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Question and Pictures SIX:

23. Is this insertion site an appropriate choice for the physician's order? Please explain.

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24. What, if any, are the complications you see associated with this placement? Please explain.

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25. What would you do differently, if anything, if you were inserting this line? Please explain.

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26. Is this a line you would like placed in you? Please explain.

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27. What signs and symptoms do you look for when assessing a line? Please explain.

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