

SkillsUSA 2014 Contest Projects

Nurse Assisting

Click the “Print this Section” button above to automatically print the specifications for this contest. Make sure your printer is turned on before pressing the button.

**NURSE ASSISTING
SKILLSUSA CHAMPIONSHIPS
2014**

INSTRUCTION SHEET FOR CONTESTANT

- ASSIGNMENT:** Fill out a job application
Participate in job interview
Assessment of resume
- TIME TO COMPLETE SKILL:** Job application will be completed while waiting
5 minutes for interview
- EQUIPMENT:** All equipment you will need is in the station area.
Please clean and replace equipment.

Judge's Initials _____

PLEASE LEAVE THIS SHEET WITH THE JUDGE WHEN COMPLETED TASK AT THIS STATION.

Forms

(Please Print in Ink)

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

PERSONAL

LAST NAME			FIRST	MIDDLE	HOME TELEPHONE NO.
PRESENT ADDRESS			CITY	STATE	ZIP CODE
PERMANENT ADDRESS			CITY	STATE	ZIP CODE
ANY PREVIOUS NAME(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:					E-MAIL ADDRESS (optional)
POSITION APPLIED FOR:			SALARY DESIRED:		
HOW DID YOU LEARN ABOUT THIS POSITION? (NEWSPAPER, INTERNET, FRIEND, IF OTHER - PLEASE LIST)					
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>			CHECK ALL YOU WOULD CONSIDER WORKING:		
NAME:			DEPT:		
RELATIONSHIP:			FULL TIME / REGULAR <input type="checkbox"/>		
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?			FULL TIME / TEMPORARY <input type="checkbox"/>		
ARE YOU 18 YRS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>			PART TIME / REGULAR <input type="checkbox"/>		
ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			PART TIME / TEMPORARY <input type="checkbox"/>		
LONG RANGE OCCUPATIONAL GOALS:			WOULD YOU CONSIDER WORKING:		
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN A MISDEMEANOR TRAFFIC VIOLATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH STATE(S), AND EXPLAIN: (You are not required to disclose any SEALED or EXPUNGED criminal records.)			WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH STATE(S), AND EXPLAIN:			ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU BEEN SANCTIONED, CITED, REPORTED, OR EXCLUDED FROM PARTICIPATION IN MED CARE, MEDICAD, OR ANY OTHER HEALTHCARE RELATED LAW OR REGULATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:			ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>		
If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.			ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>		
LONG RANGE OCCUPATIONAL GOALS:			SHIFT AVAILABILITY (check if that apply):		
			DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/>		

EDUCATION / SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?		LIST DIPLOMA OR DEGREE
HIGH			1	2	3	4	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)									
AREA(S) OF SPECIALIZATION OR MAJOR INTEREST:					LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE:				
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:							WORD PROCESSING: (Approx. WPM)		
PROFESSIONAL LICENSES					PROFESSIONAL CERTIFICATIONS				
<input type="checkbox"/> CURRENTLY LICENSED		<input type="checkbox"/> ELIGIBLE FOR LICENSE		LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:					
<input type="checkbox"/> CURRENTLY REGISTERED		<input type="checkbox"/> ELIGIBLE FOR REGISTRATION							
TYPE: NO: STATE: DATE:		TYPE: NO: STATE: DATE:		TYPE: STATE: DATE:					
<input type="checkbox"/> CURRENTLY LICENSED		<input type="checkbox"/> ELIGIBLE FOR LICENSE		LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:					
<input type="checkbox"/> CURRENTLY REGISTERED		<input type="checkbox"/> ELIGIBLE FOR REGISTRATION							
TYPE: NO: STATE: DATE:		TYPE: NO: STATE: DATE:		TYPE: STATE: DATE:					

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Briefly describe duties and skills acquired through military or volunteer service: (include dates)

PREVIOUS EXPERIENCE

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (\$/Mo/Yr)
JOB TITLE:				
EMPLOYER NAME:		PHONE:		
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (\$/Mo/Yr)
JOB TITLE:				
EMPLOYER NAME:		PHONE:		
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (\$/Mo/Yr)
JOB TITLE:				
EMPLOYER NAME:		PHONE:		
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (\$/Mo/Yr)
JOB TITLE:				
EMPLOYER NAME:		PHONE:		
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

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LANGUAGE	LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED							
	LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	

LIST AT LEAST THREE (3) PROFESSIONAL / WORK / SCHOOL REFERENCES WHO ARE NOT RELATIVES OR PERSONAL ACQUAINTANCES:			
NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

SIGNATURE	CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW	
	<p>I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.</p>	
	<p>I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.</p>	
	<p>I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.</p> <p>I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentences, except for a written agreement signed by an administrative representative of this facility and notarized.</p>	
	Date _____	Signature _____

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Judge Initials _____

Contestant Number _____

**Nurse Assisting
SkillsUSA Championships
2014**

Points earned out of 75 = %

<i>Performance Points</i>	<i>Pts. Poss.</i>	<i>Pts. Earned</i>	<i>Remarks</i>
JOB APPLICATION			
1. Prints in blue/black ink	2		
2. Follows all directions as provided	2		
3. Completes all the following information on form:			
a. Personal information	2		
b. Education	2		
c. Work experience	2		
d. References	2		
4. Spells all words correctly	2		
5. Completes form neatly and thoroughly; places "none" or "NA" in places as necessary	2		
JOB INTERVIEW			
6. Dressed appropriately	0		
7. Introduces self and shakes hands firmly if indicated	3		
8. Refers to employer by name	3		
9. Sits correctly with good posture	3		
10. Listens closely to employer's questions/comments	3		
11. Speaks slowly and clearly without mumbling	3		
12. Smiles but avoids excessive laughter or giggling	3		
13. Maintains appropriate eye contact	3		
14. Uses correct manners and acts politely	3		
15. Uses correct English and avoids slang terms	3		
16. Avoids smoking, chewing gum, eating candy	1		
17. Asks questions pertaining to job responsibility and avoids questioning fringe benefits, raises, etc.	3		
18. Thanks employer for the interview at the end	3		
19. Shakes hands firmly if indicated	3		

Judge Initials _____

Contestant Number _____

**Nurse Assisting
SkillsUSA Championships
2014**

<i>RESUME</i>			
21. Uses good quality paper	2		
22. Types all information neatly and accurately	2		
23. Follows consistent format/spacing throughout	2		
24. Includes all of the following information:			
a. Personal identification: name, address, telephone	2		
b. Employment objective	2		
c. Educational background: name and address of school, special courses, or training	2		
d. Work or employment experience: name/address of employers, dates employed, job title, description of duties, in order from most recent backward	2		
e. Skills and specific knowledge	2		
f. Other activities; organizations, offices held, awards, volunteer work, hobbies, interests	2		
g. References: full name, title, and address or states "References will be furnished on request"	2		
25. Correct spelling and punctuation	2		
Total	75		

JUDGE COMMENTS:

**NURSE ASSISTING
SKILLSUSA CHAMPIONSHIPS
2014**

INSTRUCTION SHEET FOR CONTESTANT

- ASSIGNMENT:** Fill out a job application
Participate in job interview
Assessment of resume
- TIME TO COMPLETE SKILL:** Job application will be completed while waiting
5 minutes for interview
- EQUIPMENT:** All equipment you will need is in the station area.
Please clean and replace equipment.

Judge's Initials _____

PLEASE LEAVE THIS SHEET WITH THE JUDGE WHEN COMPLETED TASK AT THIS STATION.

Forms

(Please Print in Ink)

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

PERSONAL

LAST NAME	FIRST	MIDDLE	HOME TELEPHONE NO.
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
ANY PREVIOUS NAMES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:			BEST TIME TO CONTACT YOU:
POSITION APPLIED FOR:			DATE AVAILABLE FOR WORK:
SALARY DESIRED:			CHECK ALL YOU WOULD CONSIDER WORKING:
HOW DID YOU LEARN ABOUT THIS POSITION? (NEWSPAPER, INTERNET, FRIEND, IF OTHER - PLEASE LIST)			FULL TIME / REGULAR <input type="checkbox"/>
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>			FULL TIME / TEMPORARY <input type="checkbox"/>
NAME: DEPT: RELATIONSHIP:			PART TIME / REGULAR <input type="checkbox"/>
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?			PART TIME / TEMPORARY <input type="checkbox"/>
ARE YOU 18 YRS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>			WOULD YOU CONSIDER WORKING:
ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>			WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:			ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN A MISDEMEANOR TRAFFIC VIOLATION? YES <input type="checkbox"/> NO <input type="checkbox"/>			ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, WHICH STATE(S), AND EXPLAIN: (You are not required to disclose any SEALED or EXPUNGED criminal records)			ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF THIS OR ANY OTHER STATE OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH STATE(S), AND EXPLAIN:			SHIFT AVAILABILITY (check all that apply):
HAVE YOU BEEN SANCTIONED, CITED, REPORTED, OR EXCLUDED FROM PARTICIPATION IN MEDICARE, MEDICAID, OR ANY OTHER HEALTH-CARE RELATED LAW OR REGULATION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:			DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/>
If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.			

EDUCATION / SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)								
AREA(S) OF SPECIALIZATION OR MAJOR INTEREST:					LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE:			
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:						WORD PROCESSING: (Approx. WPM)		
PROFESSIONAL LICENSES				PROFESSIONAL CERTIFICATIONS				
<input type="checkbox"/> CURRENTLY LICENSED		<input type="checkbox"/> ELIGIBLE FOR LICENSE		LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?		<input type="checkbox"/> CURRENTLY CERTIFIED		
<input type="checkbox"/> CURRENTLY REGISTERED		<input type="checkbox"/> ELIGIBLE FOR REGISTRATION		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:		<input type="checkbox"/> ELIGIBLE FOR CERTIFICATION		
TYPE: STATE: NO: DATE:		TYPE: STATE: NO: DATE:		TYPE: STATE: NO: DATE:		TYPE: STATE: NO: DATE:		
<input type="checkbox"/> CURRENTLY LICENSED		<input type="checkbox"/> ELIGIBLE FOR LICENSE		LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?		<input type="checkbox"/> CURRENTLY CERTIFIED		
<input type="checkbox"/> CURRENTLY REGISTERED		<input type="checkbox"/> ELIGIBLE FOR REGISTRATION		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:		<input type="checkbox"/> ELIGIBLE FOR CERTIFICATION		
TYPE: STATE: NO: DATE:		TYPE: STATE: NO: DATE:		TYPE: STATE: NO: DATE:		TYPE: STATE: NO: DATE:		

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PREVIOUS EXPERIENCE

Briefly describe duties and skills acquired through military or volunteer service: (include dates)

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME	SALARY: (Hr/Mo/Yr)
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME	SALARY: (Hr/Mo/Yr)
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME	SALARY: (Hr/Mo/Yr)
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME	SALARY: (Hr/Mo/Yr)
JOB TITLE: _____				
EMPLOYER NAME: _____ PHONE: _____				
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

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LANGUAGE	LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED								
	LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	
REFERENCES	LIST AT LEAST THREE (3) PROFESSIONAL / WORK / SCHOOL REFERENCES WHO ARE NOT RELATIVES OR PERSONAL ACQUAINTANCES:								
	NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS				TELEPHONE		
SIGNATURE	CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW								
	<p>I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.</p> <p>I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.</p> <p>I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.</p> <p>I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.</p>								
		Date						Signature	

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Judge Initials _____

Contestant Number _____

**Nurse Assisting
SkillsUSA Championships
2014**

Points earned _____ out of 75 = _____ %

<i>Performance Points</i>	<i>Pts. Poss.</i>	<i>Pts. Earned</i>	<i>Remarks</i>
JOB APPLICATION			
1. Prints in blue/black ink	2		
2. Follows all directions as provided	2		
3. Completes all the following information on form:			
a. Personal information	2		
b. Education	2		
c. Work experience	2		
d. References	2		
4. Spells all words correctly	2		
5. Completes form neatly and thoroughly; places "none" or "NA" in places as necessary	2		
JOB INTERVIEW			
6. Dressed appropriately	0		
7. Introduces self and shakes hands firmly if indicated	3		
8. Refers to employer by name	3		
9. Sits correctly with good posture	3		
10. Listens closely to employer's questions/comments	3		
11. Speaks slowly and clearly without mumbling	3		
12. Smiles but avoids excessive laughter or giggling	3		
13. Maintains appropriate eye contact	3		
14. Uses correct manners and acts politely	3		
15. Uses correct English and avoids slang terms	3		
16. Avoids smoking, chewing gum, eating candy	1		
17. Asks questions pertaining to job responsibility and avoids questioning fringe benefits, raises, etc.	3		
18. Thanks employer for the interview at the end	3		
19. Shakes hands firmly if indicated	3		

Judge Initials _____

Contestant Number _____

**Nurse Assisting
SkillsUSA Championships
2014**

<i>RESUME</i>			
21. Uses good quality paper	2		
22. Types all information neatly and accurately	2		
23. Follows consistent format/spacing throughout	2		
24. Includes all of the following information:			
a. Personal identification: name, address, telephone	2		
b. Employment objective	2		
c. Educational background: name and address of school, special courses, or training	2		
d. Work or employment experience: name/address of employers, dates employed, job title, description of duties, in order from most recent backward	2		
e. Skills and specific knowledge	2		
f. Other activities; organizations, offices held, awards, volunteer work, hobbies, interests	2		
g. References: full name, title, and address or states "References will be furnished on request"	2		
25. Correct spelling and punctuation	2		
Total	75		

JUDGE COMMENTS:

Contestant Number _____

**Nurse Assisting
SkillsUSA Championships
2013
PROFESSIONAL APPEARANCE**

Points earned _____ out of **20 pts** = _____%

Judge Initials _____

<i>Performance Points</i>	<i>Pts. Poss.</i>	<i>Pts. Earned</i>	<i>Remarks</i>
1. Uniform is neat and clean	4		
2. Hair is orderly and pulled back from face	4		
3. Minimal amount of make-up/clean shaven	4		
4. Minimal amount of jewelry is worn	4		
5. Shoes are appropriate	4		
Total	20		

JUDGE COMMENTS:

PLEASE PRINT

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date: / /

APPLICANT DATA:

Position applied for:

Full Name:

Address: LAST FIRST MIDDLE City: State: Zip:

Phone: () Cell/Beeper/Other Phone: E-Mail Address:

Date available to start: Social Security #: Salary Requirement:

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-time Part Time Temporary Seasonal

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: State:

Who referred you to us? _____

EDUCATION:

High School: Address:

of Years Completed: Did you graduate? Yes No

GPA: Class Rank:

College/University: Address:

of Years Completed: Did you graduate? Yes No Degree:

Major: GPA: Class Rank:

Other: Address:

of Years Completed: Did you graduate? Yes No Degree:

Major: GPA: Class Rank:

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: Phone: ()

Address: City: State: Zip:

Name: Phone: ()

Address: City: State: Zip:

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

**NURSE ASSISTING
SKILLSUSA CHAMPIONSHIPS
2014**

INSTRUCTION SHEET FOR CONTESTANT

- ASSIGNMENT:** Empty indwelling catheter bag using standard precautions
Measure and record output
- TIME TO COMPLETE SKILL:** 10 minutes
You will be informed with 5 minutes remaining
- EQUIPMENT:** All equipment you will need is in the station area and
utility area.
Please clean and replace equipment.
- SITUATION:** Mr. Martell has an indwelling catheter. The bag needs to
be emptied and his output recorded on the graphic sheet.

PLEASE LEAVE THIS SHEET WITH THE JUDGE WHEN COMPLETED TASK AT THIS STATION.

Judge's Initials _____

Contestant Number _____

**Nurse Assisting
SkillsUSA Championships
2014**

EMPTY URINARY COLLECTION BAG/RECORD OUTPUT

Points earned _____ out of **120 pts** = _____ %

Judge Initials _____

<i>Performance Points</i>	<i>Pts. Poss.</i>	<i>Pts. Earned</i>	<i>Remarks</i>
1. Assembles equipment needed	4		
2. Verbalizes/performs hand hygiene	4		
3. Knocks on door, introduces self, identifies patient, and explains procedure	4		<i>Antes Jim</i>
4. Provides privacy	4		
5. Applies gloves	4		
6. Places measuring pitcher on paper towels on floor	4		
7. Ensures urine is emptied from tubing into bag.	4		
8. Puts drainage outlet in graduate	4		
9. Releases clamp	4		
10. Tilts bag as necessary to empty urine	4		
11. Wipes drainage outlet with antiseptic/disinfectant	4		
12. Clamps outlet and replaces in unit	4		
13. Accurately reads amount in graduate	4		
14. Disposes of urine appropriately	4		
15. Rinses the graduate and replaces it	4		
16. Removes gloves	4		
17. Hand hygiene (may verbalize)	4		
18. Makes sure patient data on I&O form	4		
19. Accurately records urinary output	4		
20. Accurately totals shift output	4		
21. Observes checkpoints before leaving:			
a. Lowers bed to lowest level	2		
b. Places call signal and supplies within reach	2		
c. Opens curtain	2		
d. Leaves area neat and clean	2		
22. Hand hygiene (may verbalize)	2		
23. Reports any abnormal findings	2		

24. Organization of work:			
a. arrives at contest ready to begin skill problem	2		
b. reads problems/checks assumptions/questions	2		
c. obtains necessary equip to complete problem	2		
d. organizes equip/solves problem conveniently	2		
25. Attitude:			
a. toward patient	2		
b. toward supervisors (judges)	2		
c. toward task	2		
26. Communication skills:			
a. facial expressions	2		
b. ability to listen	2		
c. attempt to lower patient anxiety	2		
d. interprets/implements oral/written directions	2		
e. accuracy of oral/written terminology	2		
27. Safety measures:			
a. Utilizes safety precautions for patient & self	2		
28. Speed in completion of task:			
a. completed within allotted time	2		
Total	120		

JUDGE COMMENTS:

**NURSE ASSISTING
SKILLSUSA NATIONALS
2014**

INSTRUCTION SHEET FOR CONTESTANT

- ASSIGNMENT:** Wash your hands
- TIME TO COMPLETE SKILL:** 10 minutes
You will be informed with 5 minutes remaining
- EQUIPMENT:** All equipment you will need is in the station area.
Please clean and replace equipment.
- SITUATION:** You will demonstrate proper hand hygiene technique.
- *Hereafter, you will be expected to verbalize hand hygiene,
but will demonstrate glove application and removal at
proper times during each station.

Judge's Initials _____

PLEASE LEAVE THIS SHEET WITH THE JUDGE WHEN COMPLETED TASK AT THIS STATION.

**Nurse Assisting
National Leadership and Skills Championships
2014
Handwashing**

Contestant Number _____

Total points out of possible **140 POINTS** = _____

Judge Initials _____

<i>Performance Points</i>	<i>Pts. Poss.</i>	<i>Pts. Earned</i>	<i>Remarks</i>
1. Assembled equipment (soap, towels, orange stick/nail file, wastebasket - collects missing items)	10		
2. Pushed watch up arm 4 to 5 inches. If uniform sleeves were long, pushed them up.	5		
3. Stood so that clothes did not touch the sink.	5		
4. Stood so the soap and faucet were easy to reach.	5		
5. Did not touch inside of sink at any time.	5		
6. Turned on and adjusted the water until it felt warm.	5		
7. Wet wrists and hands. Kept hands lower than elbows.	5		
8. Wet the area 3 to 4 inches above the wrists.	5		
9. Applied adequate amount of soap to hands.	5		
10. Rubbed palms together and interlaced fingers to work up a good lather for at least 15 seconds.	5		
11. Washed each hand and wrist thoroughly.	5		
12. Cleaned well between fingers, including the tips	5		
13. Cleaned top surfaces of both hands	5		
14. Cleaned under fingernails:			
a. rubbed fingertips against palms	5		
b. cleaned under fingernails with nail file or orange stick	5		

15. Cleaned both wrists up to 4 inches up forearms			
16. Rinsed wrists and hands well. Water flowed from the wrists to fingertips.	5		
17. Rinsed thoroughly, removed all soap - kept tips below wrists	5		
18. Dried wrists and hands with a clean, dry paper towel.	5		
19. Patted dry starting at fingertips.	5		
20. Kept fingertips below wrists while drying.	5		
21. Discarded the paper towels into the wastebasket.	5		
22. Turned off faucets with clean, dry paper towels.	5		
23. Discarded paper towels into the wastebasket.	5		
ATTITUDE			
a. toward supervisors (judges)	5		
b. toward task	5		
COMMUNICATION SKILLS			
a. facial expressions	2		
b. ability to listen	2		
c. interprets/implements oral/written directions	2		
d. accuracy of oral/written terminology	2		
SPEED IN COMPLETION OF TASK			
a. completed within allotted time	2		
Total	140		

JUDGE COMMENTS:

BASIC HEALTH CARE
SKILLSUSA NEW MEXICO STATE CONTEST
2014

INSTRUCTION SHEET FOR CONTESTANT

ASSIGNMENT: Measure Vital Signs

TIME TO COMPLETE SKILL: 15 minutes
You will be informed with 5 minutes remaining

EQUIPMENT: All equipment you will need is in the station area.
Please clean and replace equipment.

SITUATION: Mrs. Delpha is a 63 year old female admitted with stasis
ulcers of her lower extremities. You will take her vital
signs.

Judge's Initials _____

PLEASE LEAVE THIS SHEET WITH THE JUDGE WHEN COMPLETED TASK AT THIS STATION.

Contestant Number _____

**Nurse Assisting
SkillsUSA Championships
2014**

MEASURE/RECORD VITAL SIGNS

Earned _____ out of **200 pts** = _____ %

Judge Initials _____

	<i>Pts. Poss.</i>	<i>Pts. Earned</i>	<i>Remarks</i>
<i>Performance Points</i>			
1. Assembles equipment for taking Vital Signs	5		
2. Performs hand hygiene	5		
3. Knocks on door, introduces self, and identifies patient using two identifiers, explains procedure	5		
4. Provides privacy	5		
5. Obtains patient permission	3		
6. Assures patient is comfortable	3		
PULSE			
7. Places fingers correctly for counting pulse	5		
8. Counts pulse for at least 30 seconds	5		
9. Obtains correct count to +/- 2 beats per minute	5		
10. Notes rhythm and volume	5		
RESPIRATIONS			
11. Leaves hand on pulse site	5		
12. Counts respirations for at least 30 seconds	5		
13. Keeps patient unaware of counting activity	5		
14. Obtains correct count to +/- 2 breaths per minute	5		
15. Notes rhythm and character	5		
BLOOD PRESSURE			
16. Cleans stethoscope earpieces and bell/disk with alcohol	5		
17. Applies BP cuff correctly	5		

18. Places stethoscope in ears correctly	5		
19. Locates brachial artery and places bell correctly	5		
20. Inflates cuff	5		
21. Reads pressure to +/- 2 mm Hg	5		
22. Recognizes abnormal V/S measurements and reports immediately	5		
23. Cleans stethoscope earpieces and bell/disk with alcohol	5		
24. Observes patient for comfort	5		
25. Observes checkpoints before leaving:			
a. Lowers bed to lowest level	5		
b. Places call signal and supplies within reach	5		
c. Opens curtain	5		
d. Leaves area neat and clean	5		
26. Hand hygiene (may verbalize)	5		
27. Reports any abnormal findings	5		
28. Organization of work:			
a. arrives at contest ready to begin skill problem	5		
b. reads problems/checks assumptions/questions	5		
c. obtains necessary equip to complete problem	5		
d. organizes equip/solves problem conveniently	5		
e. places trash in wastebasket	5		
29 Attitude:			
a. toward patient	3		
b. toward supervisors (judges)	3		
c. toward task	3		
30. Communication skills:			
a. facial expressions	2		
b. ability to listen	2		
c. attempt to lower patient anxiety	2		
d. interprets/implements oral/written directions	2		
e. accuracy of oral/written terminology	2		
31. Safety measures:			
a. Utilizes safety precautions for patient & self	5		
32. Speed in completion of task:			
a. completed within allotted time	5		
Total	200		

**NURSE ASSISTING
SKILLSUSA CHAMPIONSHIPS
2014**

INSTRUCTION SHEET FOR CONTESTANT

- ASSIGNMENT:** Perform upper and lower extremity range of motion on one side of the body.
- TIME TO COMPLETE SKILL:** 15 minutes
You will be informed with 5 minutes remaining
- EQUIPMENT:** All equipment you will need is in the station area.
Please clean and replace equipment.
- SITUATION:** Mrs. Smith has weakness in her upper and lower extremities requiring range of motion three times a day.
You will perform range of motion to one side of her body only.

Contestant Number _____

Judge's Initials _____

PLEASE LEAVE THIS SHEET WITH THE JUDGE WHEN COMPLETED TASK AT THIS STATION.

**Nurse Assisting
SkillsUSA Championships
2014**

Station 1

Performance Checklist

Station - ROM
Contestant Number _____
Judge Initials _____

Total possible points - 170
Points earned _____

<i>Performance Points</i>	<i>Pts. Poss.</i>	<i>Pts. Earned</i>	<i>Remarks</i>
1. Assembles equipment	2		
2. Hand hygiene (may verbalize)	2		
3. Knocks on door, introduces self, identifies patient, and explains procedure	8		
4. Provides privacy	5		
5. Positions person in supine position	2		
6. Removes call light	2		
7. Covers person with bath blanket	2		
8. Raises bed to good working height	2		
9. Performs ROM on all extremities as follows:			
a. Proceeds in organized manner	5		
b. Performs each movement a minimum of 3 times	4		
c. Provides support at joints for body parts	4		
d. Does not expose patient during procedure	4		
e. Moves joint through full range of motion	4		
f. Instructs patient to inform if pain/discomfort	4		
10. Exercises nearest shoulder:			
a. Supports arm properly	2		
b. Abducts and adducts arm	2		
c. Flexes and extends arm	2		
11. Exercises nearest elbow:			
a. Flexes and extends elbow	2		
12. Exercises nearest wrist:			
a. Flexes, extends, and hyperextends hand	2		

b. Deviates ulnarly and radially	2		Station 1
13. Exercises nearest fingers and thumb:			
a. Flexes and extends fingers	2		
b. Abducts and adducts fingers	2		
c. Performs opposition by touching thumb to each finger tip	2		
14. Exercises nearest hip:			
a. Abducts and adducts leg	2		
b. Flexes and extends knee	2		
c. Rotates leg medially and laterally	2		
15. Exercises nearest ankle:			
a. Dorsiflexes and plantar flexes foot	2		
b. Inverts and everts foot	2		
16. Exercises nearest toes:			
a. Abducts and adducts toes	2		
b. Flexes and extends toes	2		
17. Positions patient in correct alignment	2		
18. Removes blanket without exposing person and places in dirty linen bag.	4		
19. Replaces bed covers	2		
19. Observes checkpoints before leaving:			
a. Lowers bed to lowest level	2		
b. Replaces call signal and supplies within reach	5		
c. Opens curtain	2		
d. Leaves area neat and clean	5		
20. Hand hygiene (or verbalizes)	4		
21. Reports any abnormal findings	2		
22. Organization of work:			
a. arrives at contest ready to begin skill problem	2		
b. reads problems/checks assumptions/questions	2		
c. obtains necessary equip to complete problem	2		
d. organizes equip/solves problem conveniently	2		
23. Attitude:			
a. toward patient	4		
b. toward supervisors (judges)	4		
c. toward task	4		
24. Communication skills:			
a. facial expressions	4		
b. ability to listen	4		
c. attempts to lower patient anxiety	4		
d. interprets/implements oral/written directions	4		
e. accuracy of oral/written terminology	4		
25. Safety measures:			
a. Utilizes safety precautions for patient & self	10		
26. Speed in completion of task:			
a. completed within allotted time	10		
Total points available	170		