

RevResolve Health Solutions — Talent Onboarding Packet

Hospital-level requirements · Complete before your first assignment

Fill in this packet, then email it back to RevResolve. Upload your documents through the secure link we send you. Do NOT write your Social Security number, date of birth, or bank details in this form; our background-check partner collects those through its own secure, FCRA-compliant authorization.

1. Personal and contact information

Legal first name	Middle name	Last name	
Preferred name	Mobile phone	Email	
Street address	City	State	ZIP
Emergency contact name	Relationship	Emergency contact phone	

2. Position and availability

Roles you are applying for (check all that apply)

- | | | |
|--|--|--|
| ☐ CNA | ☐ Certified medication aide | ☐ Medical assistant |
| ☐ Front desk / patient access | ☐ ED registration | ☐ LVN |
| ☐ RN | ☐ Home health aide | ☐ Biller / A/R |

Settings you can work in

- | | | |
|---|--------------------------------------|--|
| ☐ Hospital / ED | ☐ Clinic | ☐ Assisted living |
| ☐ Nursing home / skilled nursing | ☐ Memory care | ☐ Home health |
| ☐ Remote | | |

Availability

- | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| ☐ Per diem | ☐ On-call | ☐ Weekdays | ☐ Weekends |
| ☐ Nights | ☐ Contract | ☐ Full-time | |

Earliest start date	Miles willing to travel	EHR systems used (Epic, Cerner, eCW...)

3. Licenses and certifications

Type (CNA, CMA, RN license, BLS...)	Number	State / issuer	Expiration

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4. Work history (most recent first)

Employer	Job title	Dates (from – to)
Supervisor name and phone	Reason for leaving	
Employer	Job title	Dates (from – to)
Supervisor name and phone	Reason for leaving	
Employer	Job title	Dates (from – to)
Supervisor name and phone	Reason for leaving	

5. Professional references (at least 2 supervisors)

Name	Title / relationship	Phone or email
Name	Title / relationship	Phone or email
Name	Title / relationship	Phone or email

6. Education

School / program	Credential earned	Year

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7. Required documents (hospital-level)

Check each item you will upload. Hospitals typically require all of these; nursing homes, assisted living, and clinics require most of them. Your recruiter will confirm exactly what each facility needs.

- ☐ Government photo ID (driver's license or passport)
- ☐ I-9 work eligibility documents
Bring originals on your first day
- ☐ Resume
- ☐ License or certification copy
CNA registry, medication aide permit, CMA/RMA/CCMA, RN/LVN license
- ☐ BLS (CPR) card — American Heart Association
ACLS/PALS if required for the unit
- ☐ TB screening within the last 12 months
IGRA blood test or 2-step skin test; chest X-ray if positive
- ☐ MMR immunity
2 doses or positive titer
- ☐ Varicella (chickenpox) immunity
2 doses or positive titer
- ☐ Hepatitis B series
3 doses, positive titer, or signed declination
- ☐ Tdap within the last 10 years
- ☐ Seasonal flu vaccine
Required October–March by most hospitals
- ☐ COVID-19 vaccine or exemption
Only if the facility requires it
- ☐ 10-panel drug screen
We schedule this for you
- ☐ Physical / fitness-for-duty and N95 fit test
Hospital and clinical roles
- ☐ HIPAA and bloodborne pathogens training certificates
We provide the training if needed
- ☐ Skills checklist for your role
We send this with your packet
- ☐ Driver's license, auto insurance, and driving record
Home health roles only

8. Background screening

Every RevResolve worker completes screening before placement and at least yearly: criminal history (Texas and national), Texas Nurse Aide Registry and Employee Misconduct Registry for unlicensed roles, license verification, OIG and SAM exclusion checks, and reference checks. You will receive a separate disclosure and authorization from our screening partner by email. You have the right to see your report and dispute anything inaccurate.

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9. Acknowledgments

- ☐ I confirm the information in this packet is true and complete. False information may end my application or assignment.
- ☐ I understand I must complete background screening and provide the documents above before my first assignment.
- ☐ I will protect patient information under HIPAA and the confidentiality agreement I will sign.
- ☐ I will tell RevResolve right away if my license, certification, or registry status changes.
- ☐ I understand assignments depend on facility approval and that RevResolve is my employer for per diem and contract work.

Full name (typed signature)

Date

For RevResolve use only

Received by

Date received

Screening ordered (date)

Screening result

Credentials verified (date)

Cleared for placement (date)