

Golden Hands Homecare Inc.

APPLICATION FOR EMPLOYMENT

Position Applying for: Rehabilitation Specialist Therapist Rehabilitation Counselor

Type of Employment: FULL-TIME PART-TIME TEMPORARY ON-CALL

Time of Availability: MORNINGS NIGHTS WEEKENDS

Hours of Availability: _____

Basic Information

Name _____ (Last, First Middle Initial):

Date of Birth: _____ Social Security Number: ----- _____

Address: _____

City/State: _____ Zip Code: _____

Home Telephone: _____ Mobile: _____ Other: _____

Desired Start Date of Employment: _ Are you willing to travel? Yes No

Are you authorized to work in the United States on an unrestricted basis? Yes No

EMAIL ADDRESS: _____

Personal Information

Gender: Male Female Marital Status: Single Married

In Case of an Emergency, Please Notify:

Name: _____ Relationship: _____

Home Telephone: _____ Alternative: _____

Educational History

Type of Degree Earned: High School Diploma G.E.D. College Grad. School

Additional Training: _____ Diploma/Degree? Yes No

Nursing School (if applicable): _____

City/State: _____ Zip Code: _____

Dates Attended: _____ To: _____

I hereby certify that all information provided above is true and correct to the best of my knowledge. By signing below, I authorize Golden Hands Homecare Inc.. to investigate and verify the information.

Signature of Applicant: _____ Date: _____

Golden Hands Homecare Inc.

For Office Use Only
Person Conducting Interview: _____ Date: _____
Employment History

1) Company/Client's _____ Name: _____

Job Title: _____ Supervisor: _____

Address: _____

City/State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Starting Pay: _____ Ending Pay: _____

Duties Performed: _____

Reason for Leaving: _____

Comments: _____

2) *Company/Client's _____ Name: _____

Job Title: _____ Supervisor: _____

Address: _____

City/State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Starting Pay: _____ Ending Pay: _____

Duties Performed: _____

Reason for Leaving: _____

Comments: _____

Golden Hands Homecare Inc.

*Please attach additional sheet if you have more information to provide...

I certify that the information on this employment application is true and complete to the best of my knowledge, I understand that any misrepresentation, willful omission, false or misleading information is grounds for rejection of this application form, refusal to hire, withdrawal of an offer of Employment, or immediate discharge whenever discovered. P&J CARE is authorized to conduct investigations, including verification of prior employment history and education. I also understand that employment is dependent upon receipt of acceptable employment history and satisfactory completion of a pre-employment health screening which will include illicit drug or alcohol testing and provision of documents required by the immigration reform and control Act of 1986. P&J Care Inc does not discriminate against any qualified person because of age, race, color, religion, sex, national origin, disability or sexual orientation. By signing this application, I acknowledge that an offer of employment at P&J Care Inc should not be interpreted as an offer of continued or permanent employment.

Name (Last Name): _____

License Verification Form

Employee Name: _____ Discipline: _____

Social Security # ----- _____

Maryland

License #: _____ Status: _____

For Office Use Only

Verified By: Automated System Verbal Contact (*If verbal, complete the following. If not, skip.*)

Spoke With: _____ Title: _____ Verified By: _____

_____ Date: _____

Title: _____

Comments: _____

District of Columbia

License #: _____ Status: _____

For Office Use Only

Verified By: Automated System Verbal Contact (*If verbal, complete the following. If not, skip.*)

Spoke With: _____ Title: _____ Verified By: _____

_____ Date: _____

Title: _____

Comments: _____

Golden Hands Homecare Inc.

Others

License #: _____ Status: _____

For Office Use Only

Verified By: Automated System Verbal Contact (*If verbal, complete the following. If not, skip.*)

Spoke With: _____ Title: _____ Verified By: _____

_____ Date: _____

Title: _____

Comments: _____

Golden Hands Homecare Inc.

Reference Form

The undersigned, having applied for a position with our company, hereby authorizes you to release any information necessary relating to employment. This hereby releases your organization unconditionally from all liability for damage whatsoever that might result from furnishing this information.

Section I: *(To be completed by Applicant)*

Name: _____

Company Name: _____ Position: _____

Supervisor's Name: _____ Telephone: _____

Dates Employed: _____ - _____

I acknowledge filing an application with Golden Hands Homecare Inc. and authorize the release of information from my former employer.

Applicant Signature: _____ Date: _____

Section II: *(Supervisor, please confirm information in Section I and complete Section II.)*

Is the Applicant's position title correct? Yes No _____
(if no, please correct information)

Are the dates of employment, correct? Yes No _____
(if no, please correct information)

Section II: Evaluation of Performance

Job knowledge/Technical skills: Excellent Good Fair Poor

Quality of work: Excellent Good Fair Poor

Ability to work with others: Excellent Good Fair Poor

Initiative: Excellent Good Fair Poor

Punctuality/Attendance: Excellent Good Fair Poor

Additional Comments: _____

Information Verified by: _____ Title: _____

Reference record completed by *(Authorized Representative)*: _____

Title: _____ Date: _____

Golden Hands Homecare Inc.

Reference Form

The undersigned, having applied for a position with our company, hereby authorizes you to release any information necessary relating to employment. This hereby releases your organization unconditionally from all liability for damage whatsoever that might result from furnishing this information.

Section I: *(To be completed by Applicant)*

Name: _____
Company's Name: _____ Position: _____
Supervisor's Name: _____ Telephone: _____
Dates Employed: _____ - _____

I acknowledge filing an application with Golden Hands Homecare Inc. and authorize the release of information from my former employer.

Applicant Signature: _____ Date: _____

Section II: *(Supervisor, please confirm information in Section I and complete Section II.)*

Is the Applicant's position title correct? Yes No _____
(if no, please correct information)

Are the dates of employment, correct? Yes No _____
(if no, please correct information)

Section II: Evaluation of Performance

Job knowledge/Technical skills: Excellent Good Fair Poor

Quality of work: Excellent Good Fair Poor

Ability to work with others: Excellent Good Fair Poor

Initiative: Excellent Good Fair Poor

Punctuality/Attendance: Excellent Good Fair Poor

Additional Comments: _____

Information Verified by: _____ Title: _____

Reference record completed by *(Authorized Representative)*: _____

Title: _____ Date: _____

Golden Hands Homecare Inc.

CONFIDENTIALITY STATEMENT

Disclosure of confidential information gained through your employment by OUR-REHOBOTH CARE INC. is stated as an act of prohibited conduct subject to formal disciplinary action. Any information concerning a patient's illness, family, financial condition or personal peculiarities is strictly confidential. When a patient's history or condition is reviewed, it must be done in privacy with only those people involved with the care of the patient. Any other information coming to you in the course of your work concerning another person or employee is also considered confidential and may not become the topic of conversation with others.

Print Name: _____

Signature: _____

Date: _____

Witness: _____
(Golden Hands Homecare Inc. *Representative*)

Date: _____

Golden Hands Homecare Inc.

EMPLOYEE CONFIDENTIALITY STATEMENT

I, _____, hereby agree and pledge that I will honor and respect
(Applicant's Name, Please Print)
the privacy and confidentiality of the agency, their clients and business associates. I will not divulge any information of any type obtained through my services as an employee of OUR-REHOBOTH CARE INC. I agree not to discuss nor release any information obtained within the agency regarding any Golden Hands Homecare Inc. clients, their medical record or any client's condition with any individual not directly associated with Golden Hands Homecare Inc., nor with Golden Hands Homecare Inc. employees who are not directly associated with that client. I also agree that any information that is released regarding the client or client's record will only be done with proper authorization and/or in accordance with established agency policy for the release of the information: this includes, but is not limited to: the client's identity, description, medical condition, or addresses, the agency or their business associates, financial status or condition, or any and all commercial or private transactions of the agency.

My signature on this document indicates that I understand, and I am aware of, and agree to abide by the aforementioned policies and that any breach will have significant consequences which may include suspension or termination of employment and/or civil prosecution.

Print Name: _____

Signature: _____

Date: _____

Witness: _____
(Golden Hands Homecare Inc. Representative)

Date: _____

Golden Hands Homecare Inc.

UNIVERSAL PRECAUTIONS

(OSHA BLOODBORNE PATHOGENS, SECTION 1910.1030 OF TITLE 29, CODE OF FEDERAL REGULATIONS)

I, _____, am aware and understand that due to my occupation, I
(Applicant's Name, Please Print)
am at risk for exposure to blood or other potentially infectious materials. Therefore, I have been given proper instruction on OSHA regulation and requirements. I also understand and I am aware of Universal Precautions and know that as a requirement of my job description I will practice Universal Precautions as described in my job description.

Print Name: _____

Signature: _____

Date: _____

Witness: _____
(Golden Hands Homecare Inc. Representative)

Date: _____

Golden Hands Homecare Inc.

IN-SERVICE REQUIREMENT

It is the policy of Golden Hands Homecare Inc. that each licensed employee or independent contractor attends a minimum of four in-service hours per year. This is best accomplished by doing one (3) hour in-service every three (3) months, for a total of 12 hours per year.

Golden Hands Homecare Inc. offers a variety of in-services throughout the year. You will be notified of scheduled in-services by memo in your paycheck. OSHA, Infection Control, and Tuberculosis are required annually. These courses must be home care focused. Should you attend an in-service elsewhere (i.e. hospital, nursing home, and/or other agencies), we will gladly accept a copy of your attendance record/certificate and will credit you with that in-service requirement.

By signing below, you acknowledge and understand that you must comply with the above requirement to remain in an "Active Status" with Golden Hands Homecare Inc.

Print Name: _____

Signature: _____

Date: _____

Golden Hands Homecare Inc.

DRUG AND ALCOHOL POLICY AGREEMENT

It is the policy of Golden Hands Homecare Inc. that all its employees be free of the influence of alcohol and drugs. All employees must be fit for the duty physically and mentally, as is necessary to perform work in a safe and competent manner.

Possession, trading, manufacture and sale of illegal drugs or alcohol on the job are considered therefore, a violation of this policy.

Also, it is a violation of this policy to work under the influence of illegal drugs or alcohol.

Violations of this policy are subject to disciplinary action up to and including termination.

ACKNOWLEDGEMENT

I, certify that I am not under the influence of drugs or alcohol, nor will I use or possess in anyway controlled substances (marijuana, heroin, cocaine, crack, hash etc). I understand that these examples do not cover all controlled substances. Failure to comply with this agreement may result in termination of my employment with Golden Hands Homecare Inc. I have been briefed and fully understand Golden Hands Homecare Inc. Golden Hands Homecare Inc. drug and alcohol policy and I agree to fully comply with the provisions herein.

Employee Signature

Date

Golden Hands Homecare Inc.

REQUIREMENTS FOR DIRECT SUPPORT PROFESSIONALS

The basic requirements for all employees and volunteers providing direct services are as follows:

- Be at least eighteen (18) years old or older
- Hepatitis B vaccination
- High school diploma or general education development (GED) certificate
- First Aid and CPR Certificate
- Credentials such as LCSW-C, LMSW, LCPC, LGPC, and CPRP
- Complete monthly supervision and training per agency policy, and COMAR regulation
- Have the ability to communicate with the person whom services are provided
- Be able to read, write, and speak the English language
- Participate in competency based training needed to address the unique support needs of the person, as detailed in his or her ISP
- Possess a social security card
- Possess a Drivers License or official ID
- A criminal background check