

Faith Filled Hands Policy and Procedures

Potential Employee Background Check and Reference Check Policy:

It is Faith Filled Hands obligation to provide its clients with the best care possible. In order to do this part of our preemployment screening consist of a national background check for any convictions of:

455 IAC 2-15-2 Adoption of personnel policies

(b)(2) A prohibition against employing or contracting with a person convicted of crimes including, but not limited to, the following:

(A) A sex crime (IC 35-42-4).

(B) Exploitation of an endangered adult (IC 35-46-1-12).

(C) Abuse or neglect of a child (IC 35-42-2-1).

(D) Failure to report battery, neglect, or exploitation of an endangered adult or dependent (IC 35-46-1-13).

(E) Theft (IC 35-43-4), except as provided in IC 16-27-2-5(a)(5).

(F) Murder (IC 35-42-1-1).

(G) Voluntary manslaughter (IC 35-42-1-3).

(H) Involuntary manslaughter (IC 35-42-1-4).

(I) Battery (IC 35-42-2).

455 IAC 2-6-2(a)(3)

(3) A current national criminal history will be obtained for each employee or agent involved in the direct management, administration, or provision of services **before providing direct care to individuals receiving services.**

Faith Filled Hands Competency Test

NAME: _____

DATE: _____

Choose one correct answer for each multiple choice question. Read carefully and place your answers on the other sheet provided.

1. What is considered proper dress code? _____
 - a) Scrubs and tennis shoes
 - b) Jeans, tank top, and flip flops
 - c) Leggings, tube shirt, and heels
 - d) None of the above

2. Communication is defined as: _____
 - a) Exchange of information with others
 - b) Stating your feelings and facts
 - c) Writing and drawing
 - d) Giving your opinion

3. Body Language is _____
 - a) a way of communicating feelings by using the body positioning, facial expressions and the eyes
 - b) only used by clients to tell their doctors what is causing them problems
 - c) only used by people who are deaf
 - d) only used by people who cannot speak

4. A client makes you uncomfortable because of sexual statements and an occasional misplaced hand. How would you handle the situation? _____
 - a) Push his hands away and tell him to “stop it”
 - b) Tell him to keep his hands to himself
 - c) Tell him that is unacceptable behavior and call your supervisor
 - d) Tell him that you will tell his family

5. A client accuses you of stealing ten dollars. You have not taken the money, but the client does not believe you. What should you do? _____
 - a) Ask the other employees if they took it
 - b) Ask the client why you are being accused
 - c) Offer to give the client the ten dollars
 - d) Notify the Faith Filled Hands Supervisor

6. When speaking to a client who is hard of hearing and does not wear a hearing aide, you should: _____
 - a) Face the client when speaking to him or her
 - b) Speak slowly and clearly
 - c) Speak as loud as you must in order to be heard
 - d) All of the above

7. Clients sometimes express religious beliefs with which the employee does not agree. In dealing with these situations, which should the employee use as a guide? _____

Faith Filled Hands Competency Test

- a) Clients have a right to their own beliefs, which should be respected
 - b) Clients should be told not to discuss their beliefs with employees
 - c) Employees should explain their beliefs to clients
 - d) Employees should pretend to have the same beliefs that the client has
8. After arriving to care for Ms. Taylor, she complains she has had severe cramping pains in the calf of her left leg for the last three hours. You call your supervisor to report this and then record on your patient service notes: _____
- a) "states she has leg cramps"
 - b) "complains of pain"
 - c) "left leg hurts a lot"
 - d) "states she's had severe cramping in the calf of his left led for the last three hours"
9. The principal of charting include: _____
- a) If a task is not charted, it is assumed not to have been done
 - b) If you make a charting mistake, draw a line through the mistake and write error
 - c) You may not chart activities performed by other employees
 - d) All of the above
10. When a grease fire occur, you can: _____
- a) Use a fire extinguisher to put out the fire
 - b) Smother it out with a lid
 - c) Pour baking soda over the fire
 - d) All of the above
11. Which laundry detergent is also a disinfectant? _____
- a) Fabric softener
 - b) Liquid pre-wash
 - c) Bleach
 - d) Liquid stain remover
12. When working in a kitchen it is important to practice good safety. Which of the following is **NOT** an appropriate safety measure? _____
- a) Clean all spills immediately
 - b) Refrigerate warmed food only after it has cooled
 - c) Keep drawers and cupboards closed
 - d) Air dry dishes after washing them, instead of drying with a towel
13. To prevent accidental poisoning of children and adults, which of the following actions is best? _____
- a) Keep poisons locked up
 - b) Keep an antidote ready in case someone takes a poison
 - c) Have an emergency number to call by the phone
 - d) Have the family members number near the phone
14. In case of an emergency, the **MOST** important number to call is: _____

Faith Filled Hands Competency Test

- a) A family member
 - b) The doctor
 - c) The emergency medical service
 - d) Faith Filled Hands
15. You arrive at a client's home that lives alone. He does not answer the door when you knock and the door is locked. What do you do **First**? _____
- a) Call the emergency medical service
 - b) Call the clients family
 - c) Call the agency and report your findings
 - d) Go to the next client
16. A client suddenly complains of intense, squeezing pain in the chest that goes down the arm. The client is sweating profusely. The employee should: _____
- a) Call for emergency help immediately
 - b) Massage the client's chest and arm
 - c) Assist the client back to bed
 - d) Call the agency to report your findings
17. When assisting with a shower what can you **NOT** do? _____
- a) Wash the clients back
 - b) Turn the water on
 - c) Leave the client alone
 - d) Hand the client a washcloth
18. Which of the following is the **MOST** appropriate to promote good skin care? _____
- a) Keep the skin clean and well moisturized
 - b) Apply alcohol to moist areas of the skin
 - c) Wash daily with scented soaps
 - d) All of the above
19. When caring for a client on bed rest, what should you do to prevent sores? _____
- a) Keep the top sheet well tucked in
 - b) Keep the bottom sheet free of wrinkles
 - c) Use only sheets that are 100% cotton
 - d) Use only wool blankets to cover the client
20. Which statement is **Incorrect**? _____
- a) The employee may get the pill bottle from a cabinet and bring the bottle to the client at the client's request
 - b) The employee should observe and document if the client takes his/her medication
 - c) If the family or the client's representative forgets, the employee may take the medication out of the bottle and give it to the client
 - d) The employee may help the clients to remember to take their medications
21. The employee should: _____

Faith Filled Hands Competency Test

- a) Remind the client to take their medication
 - b) Document and report to their supervisor if the client refuses to take their medication
 - c) Give the client water or other liquid, if allowed, to help in swallowing the medication(s)
 - d) All of the above
22. Beliefs and practices differ in cultures and often include what type of services are accepted _____
- a) True
 - b) False
23. When assisting a client in dressing which side do you dress **First**? _____
- a) The side further from you
 - b) The side that is the weakest
 - c) The side that is the strongest
 - d) Put your coat on
24. When assisting a client with toileting they complain of constipation. Which of the following should you do? _____
- a) Encourage them to spend as much time lying or sitting as possible to ease the discomfort
 - b) Limit their fluids
 - c) Tell them to take an extra laxative
 - d) Ask them how much fiber and liquids she is taking in her diet
25. A client was recently sent home from the hospital with an IV in his left arm. He is weak and needs assistance in bathing and dressing. Which procedure is **incorrect** when giving his care? _____
- a) Wash the arm to taped area, but do not get the tape wet
 - b) Lower the IV bag below his wrist, so that you can put his arm through the shirt sleeve
 - c) Keep the IV tubing free of tangles
 - d) Report any complaints of pain in the arm with the IV
26. The attendant is helping a client with her bed bath and the client prefers to wash her perineal area herself. Which of these measurements should the attendant take? _____
- a) Have the client use cold water only in washing her perineal area
 - b) Have the client use no soap when washing her rectal area
 - c) Remind the client to wash front to back
 - d) Remind the client to wash back to front
27. An elderly client occasionally wets his trousers. What should you do? _____
- a) Give him fluids with his meals only
 - b) Avoid giving him coffee and tea
 - c) Tell him if he urinates on himself, he will have to wear diapers
 - d) Encourage him to go to the bathroom at least every two hours

Faith Filled Hands Competency Test

28. You are assisting your client in a transfer when he suddenly becomes weak and begins to fall. You should: _____
- a) Quickly grab a chair and seat the client
 - b) Call for help
 - c) Help the client gently to the floor
 - d) Carry the client back to bed
29. You need to get your client from the bed to the wheelchair. She has left-sided weakness due to a stroke. Which step would you do **first** to insure a safe transfer? _____
- a) Have the client put her arms around your neck and lift her to a sitting position
 - b) Place your arms under her armpits and swing her to the wheelchair in one smooth move
 - c) Assist her to the edge of the bed and allow her to get her balance
 - d) Stand on her left side, bend at your waist, keep your knees locked and lift on the count of three
30. You have a client that was in a car accident and sustained multiple fractures one month ago. He is now being cared for in his home. His right leg is still in a cast. When you ambulate this client with his walker, where would you stand? _____
- a) On his left side to support his strong side
 - b) On his right side slightly behind him
 - c) Behind him
 - d) In front of him so that you can move either way to his strong side or weak side if needed

Bonus Question

The food eaten in a culture is influenced by where they live, the kinds of foods that grow there and their religious beliefs. _____

- a) True
- b) False

Glanna Taylor
Signature of Instructor

Date

Results

FAITH FILLED HANDS EMPLOYMENT APPLICATION

Please complete the entire application

It is the policy of Faith Filled Hands to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____
Social Security Number: _____
Driver's License (State/Number): _____
Date of Birth: _____
Email: _____

Emergency Contact

Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

Job Position Applied For: _____
Full or Part Time? _____

Salary Desired: \$ _____ per _____

Who referred you to our company? _____
Do you have any friends or relatives who work here? If yes, please list here:

Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

Are you at least 18 years old? _____ Yes _____ No

How will you get to work? _____

FAITH FILLED HANDS EMPLOYMENT APPLICATION

Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If no, please state any limitations:

If applicable, are you available to work overtime? _____ Yes _____ No

If you are offered employment, when would you be available to begin work?

If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you request?

Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability

or

Skill Years of Experience Rating

_____ 1 2 3 4 5
_____ 1 2 3 4 5

Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

FAITH FILLED HANDS EMPLOYMENT APPLICATION

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

Military Service:

_____ Yes _____ No

Branch:

Specialized Training: _____

FAITH FILLED HANDS EMPLOYMENT APPLICATION

References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship: _____

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

FAITH FILLED HANDS EMPLOYMENT APPLICATION

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Faith Filled Hands to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Faith Filled Hands, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE