



BITTACHON
CARE SERVICES INC

Bittachon Care Services Inc

EMPLOYMENT APPLICATION

Application Information

Full name:	<div><div>Last</div><div>First</div><div>M.I.</div></div>	Date:	
Address:	<div><div>Street address</div><div>Apt/Unit #</div></div> <div><div>City</div><div>State</div><div>Zip Code</div></div>	Phone:	
		Email:	
Date Available:		S.S. no:	
		Desired salary:	\$
Position applied for:			

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? <div></div>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? <div></div>

Education

High school:		Address:	
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma: <div></div>
College:		Address:	
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: <div></div>
Other:		Address:	
From:	To:	Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: <div></div>

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Military Service

Branch:	_____	From:	_____ To: _____
Rank at discharge:	_____	Type of discharge:	_____
If other than honorable, explain:	_____		

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	_____	Date:	_____
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Please upload a clear copy of the front and back of your government-issued ID in the designated boxes below. Additionally, please upload a copy of your Social Security Card.

**Bittachon Care Services Inc.
New Hire Background Check Consent Form**



Position Title:
Direct Support Professional

Background Check Notice and Consent

To ensure the safety of all clients, Bittachon Care Services Inc. requires all applicants for direct consumer care positions, or those supervising such positions, to undergo a comprehensive background check. This is in accordance with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) requirements under §37.2-416 of the Code of Virginia.

The background check will include the following:

1. **Fingerprinting:** As required by VA law through third-party vendor Fieldprint.
2. **Criminal Background Check:** To identify any past criminal history.
3. **Child Abuse and Neglect Check:** Conducted through the Virginia Department of Social Services (VDSS) Central Registry.

Bittachon Care Services Inc. is dedicated to maintaining a safe environment for all clients, and these checks are a critical part of our hiring process.

Consent to Background Check

I, the undersigned, hereby authorize Bittachon Care Services Inc. and its designated agents to conduct the above-mentioned background checks. I understand that the information obtained will be used to determine my eligibility for employment in a position that involves direct consumer care or the supervision of such positions.

I understand that I am required to undergo fingerprinting and that my criminal history, as well as any records of child abuse or neglect, will be reviewed. I also understand that this consent form authorizes Bittachon Care Services Inc. to obtain all necessary records from the Virginia Department of Social Services (VDSS) Central Registry and the third-party vendor Fieldprint.

Applicant Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____
- **Address:** _____
- **City, State, ZIP Code:** _____

Acknowledgment and Signature

I acknowledge that I have read and understood this consent form. I voluntarily consent to the background checks as described above and understand that my employment with Bittachon Care Services Inc. is contingent upon the successful completion of these checks.

Applicant Signature: _____

Date: _____



BITTACHON
CARE SERVICES INC.

Bittachon Care Services Inc.

Direct Support Professional (DSP) Job Description and Requirement Acknowledgement Form

Job Title:

Direct Support Professional (DSP)

Reports To:

Andrew Hudgins

Job Summary:

The Direct Support Professional (DSP) provides essential support to individuals with intellectual and developmental disabilities. The DSP is responsible for assisting clients with daily living activities, community engagement, personal care, and ensuring a safe and supportive environment. This role requires empathy, patience, and a strong commitment to improving the quality of life for the individuals served.

Key Responsibilities:

- **Daily Living Support:** Assist clients with daily living tasks, including personal hygiene, dressing, grooming, and meal preparation.
- **Community Engagement:** Facilitate and participate in community activities and outings with clients, ensuring their active involvement and social inclusion.
- **Behavioral Support:** Implement behavioral strategies and interventions as outlined in each client's individualized care plan.
- **Medical Assistance:** Administer medication and provide support during medical appointments, as required.
- **Documentation:** Accurately complete and submit all required documentation, including daily administrative notes, manually or through the Therap Software app.
- **Safety:** Always monitor and ensure a safe environment for clients, reporting any safety concerns to the appropriate supervisor.
- **Communication:** Maintain open and effective communication with clients, families, and other team members.

Qualifications:

- **Education:** High school diploma or equivalent required.
- **Experience:** Minimum 1 year of experience working with individuals with intellectual and developmental disabilities, or CNA experience with at least 6 months of relevant experience is preferred.
- **Certifications:** CPR, First Aid, and any other certifications as required by state regulations.
- **Skills:** Strong communication skills, empathy, patience, and the ability to work independently.
- **Physical Requirements:** Ability to lift up to 50lbs stand for extended periods and assist clients with mobility needs.

Performance Expectations:

- **Punctuality:** Arrive on time for all scheduled shifts.
- **Attendance:** Maintain a consistent attendance record with minimal absences.
- **Administrative Compliance:** Complete all required administrative documentation daily, either manually or through the Therap Software app.
- **Professionalism:** Always exhibit professional behavior, including adherence to the company's dress code and ethical standards.

Acknowledgement:

I, the undersigned, acknowledge that I have received, read, and understand the job description and requirements for the position of Direct Support Professional (DSP) at Bittachon Care Services Inc. I agree to perform the duties as outlined and understand that my performance will be evaluated based on the responsibilities and expectations set forth in this document.

Employee Name: _____

Signature: _____

Date: _____

Supervisor Name: _____

Signature: _____

Date: _____



Bittachon Care Services Inc Compensation Policy

1. Base Pay

All untenured employees of Bittachon Care Services Inc. will receive base pay of \$14.00 per hour.

2. Performance Bonuses

To incentivize and reward outstanding performance, Bittachon Care Services Inc. offers the following performance bonuses:

- **Administrative Notes Entry Bonus:** Employees will receive an additional \$1.50 per hour for manually completing or entering the required administrative notes into the Therap Software app daily. This performance is evaluated every two weeks, with the bonus payable in the following pay period if the employee remains in compliance.
- **Punctuality Bonus:** Employees will receive an additional \$1.50 per hour for consistently arriving at work on time. This performance is evaluated every two weeks, with the bonus payable in the following pay period if the employee meets the punctuality requirements.
- **Perfect Attendance Bonus:** Employees will receive an additional \$1.00 per hour for maintaining perfect attendance. This performance is evaluated every 30 days, with the bonus payable in the following pay period if the employee meets the attendance criteria.

3. Client Tier Classification Bonus

Recognizing the increased challenges with higher tier classifications or coaching assignments, Bittachon Care Services Inc. offers the following bonuses:

- **Tier 4 Ratio 3:1:** Employees will receive a \$5.00 per client per hour bonus in addition to other available bonuses. This bonus is contingent upon compliance with the company's policies on human rights, client safety procedures, controllable risk assessments, and the administrative note entry bonus has not been forfeited due to negligence.
- **Community Coaching Ratio 1:1:** Employees will receive a \$7.00 per client per hour bonus in addition to other available bonuses. This bonus is contingent upon compliance with the company's policies on human rights, client safety procedures, controllable risk assessments, and the administrative note entry bonus has not been forfeited due to negligence.

4. Annual Bonus

Employees are eligible for an annual bonus of \$1,500, payable in the first pay period following their one-year anniversary date, contingent upon meeting the following criteria:

- **Administrative Documentation:** The employee must consistently complete all required administrative notes, either in the Therap Software app or manually, with no missed entries throughout the year.
- **Punctuality:** The employee must have maintained a perfect attendance record, with no instances of unexcused tardiness during the entire year.
- **Attendance:** The employee must not miss any scheduled working days within the year except for days authorized.

5. Emergency Exceptions

Bittachon Care Services Inc. will make exceptions for any violations that cause bonus forfeitures if the employee provides documentation of the emergency. However, the company reserves the right to rescind any exception granted if the documentation is found to be altered, fabricated, or fraudulent. Submission of falsified documents will be classified as gross misconduct and will result in immediate termination.

6. Evaluation and Payment Schedule

- **Administrative Notes Entry Bonus:** Evaluated every two weeks and payable in the following pay period.
- **Punctuality Bonus:** Evaluated every two weeks and payable in the following pay period.
- **Perfect Attendance Bonus:** Evaluated every 30 days and payable in the following pay period.
- **Client Tier Classification Bonus:** Paid based on the client tier and compliance with relevant policies.
- **Additional Client Community Engagement Bonus** Paid based on the clients assigned in addition to the primary client and being compliant with relevant policies.
- **Annual Bonus:** Evaluated annually and payable in the first pay period of the following the employees one year anniversary date.

7. Additional Client Community Engagement Bonus

To further incentivize and reward dedication, Bittachon Care Services Inc. offers an Additional Client Community Engagement Bonus:

- **Additional Client Bonus:** Direct Support Professionals (DSPs) will receive an additional \$6.00 per hour for each client, outside of their primary assigned client, who participates in community engagement activities.
- **Administrative Compliance:** The bonus is contingent upon the successful completion of all required administrative documentation, either manually or through the Therap Software app. Performance will be evaluated every two weeks, with the bonus payable in the following pay period if the employee remains in compliance.

8. Merit Raises, Performance Coaching, and Disciplinary Actions

1. Merit raises, performance coaching, and disciplinary actions will be evaluated separately from the bonus system implemented. All policies and procedures associated with merit raises, performance coaching, and disciplinary actions will be implemented independently based upon violations of the policy in question

Conclusion

This compensation policy is designed to reward and incentivize employees for their performance, punctuality, and dedication. Bittachon Care Services Inc. is committed to providing fair and motivating compensation to ensure the highest standards of service and care for our clients.

Please refer to the descriptions of Tier 1-4, emergency exceptions, approved unexpected days off, voluntary termination, and involuntary termination on pages 1 and 2.

Acknowledgment

I have read and understood the Compensation Policy of Bittachon Care Services Inc. I agree to abide by the terms and conditions set forth in this policy.

Employee Name: _____

Employee Signature: _____ Date: _____



Bittachon Care Services Inc.
Mileage Reimbursement and Car Insurance Policy Acknowledgement Form

Purpose:

Bittachon Care Services Inc. is committed to ensuring the safety and well-being of our clients. We prioritize providing them with comprehensive insurance coverage during client commutes and ensuring they are transported by safe, responsible drivers. This document outlines our policies regarding mileage reimbursement, car insurance requirements, and driving record standards for employees.

Mileage Reimbursement Policy:

- Employees will be reimbursed at a rate of \$0.60 per mile.
 - Reimbursement applies only to the distance driven from the client's location to scheduled events and back to the client's location.
 - No reimbursement will be paid for mileage outside of scheduled daily events unless authorized by management.
 - All mileage reimbursement forms must be completed, signed, and submitted no later than the following Tuesday of the previous work week.
-

Car Insurance and Driver's License Requirements:

- Employees must maintain at least the state-required minimum amount of car insurance coverage.
 - Employees must hold a valid driver's license.
 - If an employee's car insurance coverage or driver's license lapses for any reason, they must notify management immediately.
 - Employees cannot return to work until both car insurance coverage and a valid driver's license are reinstated.
 - Employees may randomly be requested to provide proof of insurance by management. They have 48 hours to submit this proof and cannot return to work until the evidence has been provided.
-

Driving Record Standards:

- Employees are subject to random driving record background checks.
 - Employees must maintain a positive point balance on their driving records.
 - If an employee's driving record points fall below one point, they are required to attend a defensive driving class at their own expense before returning to work.
 - Employees must provide proof of insurance upon the request of management, have 48 hours to provide proof, and cannot return to work until evidence has been provided.
-

Compliance and Consequences:

- Failure to comply with the car insurance and driver's license policy within 30 days of a violation will be considered gross neglect and will result in immediate termination on the 31st day.
 - Employees have the right to reapply once they are compliant following termination.
-

Acknowledgement:

By signing this form, you acknowledge that you have read, understood, and agree to comply with Bittachon Care Services Inc.'s Mileage Reimbursement and Car Insurance Policy. You understand the requirements for maintaining car insurance coverage, a valid driver's license, and a positive driving record, as well as the conditions for mileage reimbursement and the consequences of non-compliance.

Please sign and date this form to confirm your understanding and acceptance of this policy.

Employee Acknowledgement:

I, _____ (Employee Name), have read and understood Bittachon Care Services Inc.'s Mileage Reimbursement and Car Insurance Policy. I acknowledge that I must maintain the state-required minimum car insurance coverage, a valid driver's license, and a positive driving record. I understand that if I fail to meet these requirements, I must notify management immediately and cannot return to work until compliance is restored. I also understand that failure to comply within 30 days will result in immediate termination, and I have the right to reapply once I am compliant.

Employee Signature: _____

Date: _____

Manager/Supervisor Signature: _____

Date: _____



Employee Forfeiture Bonus Policy Acknowledgement Form

Employee Forfeiture Bonus Policy Acknowledgement Form

Purpose: This document outlines Bittachon Care Services Inc.'s policy regarding the forfeiture of any pending bonus if company-assigned equipment and client personal belongings are not returned upon termination or when requested by the company.

Policy Statement: To maintain the integrity and security of Bittachon Care Services Inc.'s resources and the personal belongings of our clients, it is imperative that all employees return company-assigned equipment and any personal items belonging to clients promptly upon termination of employment or when requested by the company. Failure to do so will result in the forfeiture of any pending bonuses.

Equipment and Items Subject to Return Include but are not limited to:

- Cell phones
- Tablets
- Uniforms
- Policy and Procedure Manuals
- First Aid Kits
- Safety Equipment
- Any personal belongings of Bittachon's clients that are in or on the employee's property

Acknowledgement: By signing this form, you acknowledge that you have read, understood, and agree to comply with Bittachon Care Services Inc.'s Employee Forfeiture Bonus Policy. You understand that failure to return any company-assigned equipment or personal belongings of clients as specified above will result in the forfeiture of any pending bonus payments.

Please sign and date this form to confirm your understanding and acceptance of this policy.

Employee Acknowledgement:

I, _____ (Employee Name), have read and understood Bittachon Care Services Inc.'s Employee Forfeiture Bonus Policy. I acknowledge that if I fail to return any company-assigned equipment or personal belongings of Bittachon's clients upon termination or when requested, any pending bonus will be forfeited and not paid.

Employee Signature: _____

Date: _____

Manager/Supervisor Signature: _____

Date: _____

Instructions for Employees:

- Ensure all company-assigned equipment and client belongings are returned promptly.
- Contact your supervisor or manager if you have any questions or need further clarification regarding this policy.

For Office Use Only:

- Date of Policy Implementation: _____
- HR Representative Signature: _____
- Employee File Updated: _____



Batticon Care Services Inc.

Direct Support Professional (DSP) Dress Code Policy

Purpose:

This policy outlines the dress code for Direct Support Professionals (DSPs) at Bittachon Care Services Inc. to ensure a professional and safe environment for both employees and clients. The dress code is designed to maintain a casual yet appropriate appearance that reflects the values of our organization.

Casual Dress Code Guidelines:

Definition of Casual Dress:

Casual dress allows for comfortable and relaxed attire while maintaining a professional appearance. The following guidelines define acceptable casual dress:

- **Jeans:**
Jeans are permitted as part of the casual dress code. They should be clean, free of rips, tears, or excessive wear, and fit comfortably without being overly tight.
 - **Shirts:**
Employees are required to wear company-assigned shirts as part of the casual dress code. If a company-assigned shirt size is unavailable, a plain, modest top may be worn as a temporary replacement. The following types of shirts are *not* permitted:
 - Low-cut V-neck shirts
 - Tight-fitting tops
 - **Casual Shoes:**
Casual shoes are defined as comfortable, closed-toe footwear that provides adequate support and protection. Examples include sneakers, loafers, and flats. The following are *not* permitted:
 - Flip-flops
 - Sandals
 - High heels
 - Any footwear that exposes the toes or heels
-

Compliance and Disciplinary Actions:

Bittachon Care Services Inc. expects all employees to adhere to the dress code policy. Failure to comply will result in the following disciplinary actions:

1. First Violation:

- The employee will be sent home to change into appropriate attire and will receive a verbal warning.

2. Second Violation:

- The employee will receive a written notice documenting the dress code violation.

3. Third Violation:

- The employee will receive a final warning or may face immediate termination, depending on the severity of the violation and previous warnings.

Acknowledgment:

By signing below, I acknowledge that I have read, understood, and agree to comply with the Bittachon Care Services Inc. DSP Dress Code Policy. I understand that violations of this policy will result in disciplinary actions as outlined above.

Employee Name: _____

Employee Signature: _____

Date: _____

Manager/Supervisor Name: _____

Manager/Supervisor Signature: _____

Date: _____



Bittachon Care Services Inc. Employee Paid Training Reimbursement Policy

Policy Overview:

Bittachon Care Services Inc. provides certification training to its employees as a courtesy and invests in their professional development by covering the cost of this training in advance. While these certifications are the property of the employee, Bittachon Care Services Inc. requires reimbursement for the costs associated with this training.

Reimbursement Terms:

1. Certification Ownership:

- All certifications acquired through training paid for by Bittachon Care Services Inc. belong to the employee. However, as required by Virginia Code, Bittachon Care Services Inc. will maintain copies of these certifications in the employee's file.

2. Payroll Deduction Plan:

- To facilitate the reimbursement of training costs, Bittachon Care Services Inc. will implement a payroll deduction of \$20 per pay period until the full amount of the training costs is reimbursed.

3. Termination of Employment:

- If the employee resigns or is terminated before the full reimbursement is made, any unpaid balance will be deducted from any pending bonuses or wages.

Acknowledgment Form

I, _____ (Employee Name), acknowledge that if I receive certification training paid for by Bittachon Care Services Inc., this training is provided as a courtesy and that I am responsible for reimbursing the company for these costs.

I agree to a payroll deduction of \$20 per pay period until the full reimbursement is made. I also understand that if I resign or am terminated before the full reimbursement is made, the unpaid balance will be deducted from any pending bonuses or wages.

Employee Signature: _____

Date: _____

Bittachon Care Services Inc. Representative: _____

Date: _____



Bittachon Care Services Inc. Drug-Free Policy

Policy Overview:

Bittachon Care Services Inc. is committed to maintaining a safe and efficient work environment. To protect the safety of our clients and ensure a productive workplace, all employees are expected to always remain drug-free.

Policy Details:

1. Drug-Free Requirement:

- All employees of Bittachon Care Services Inc. must remain drug-free while on duty and are prohibited from using, possessing, distributing, or being under the influence of illegal drugs or alcohol while performing their job duties.

2. Workplace Incidents:

- In the event of any incident in the workplace, employees involved will be required to undergo an immediate drug test. This is to ensure that the incident was not influenced by substance use.

3. Right to Request Drug Testing:

- Bittachon Care Services Inc. reserves the right to request a drug test from any employee at any time. Compliance with this request is mandatory and a condition of continued employment.

4. Random Drug Testing:

- To ensure a consistent drug-free work environment, Bittachon Care Services Inc. will conduct random drug tests on employees. These tests will be carried out without prior notice and are a standard part of our commitment to safety.

Consequences of Policy Violation:

- Any violation of this policy, including a positive drug test result or refusal to comply with testing, may result in disciplinary action up to and including termination of employment.
-

Acknowledgment Form

I, _____ (Employee Name), acknowledge that I have read, understand, and agree to comply with the Bittachon Care Services Inc. Drug-Free Policy. I understand that I am required to remain drug-free while on duty to ensure the safety of clients and maintain an efficient work environment.

I agree to submit to drug testing as required by the company, including random drug testing and testing following any workplace incident. I understand that non-compliance with this policy may result in disciplinary action, including possible termination of employment.

Employee Signature: _____

Date: _____

Bittachon Care Services Inc. Representative: _____

Date: _____

Department of Behavioral Health and Developmental Services

APPLICANT'S RIGHTS

Code of Federal Regulations § 16.32 – 34 of Title 28, outlines procedures for: (1) obtaining a copy of your FBI criminal history background check report; and (2) challenging its accuracy and completeness. If you are seeking employment at a facility that provides residential services for children, you are entitled to obtain a prompt determination about the validity of your challenge before final determination is made about your eligibility for employment.

If you are denied employment because of information contained in your FBI criminal history background check report and you wish to challenge the accuracy of the report, you must send a notarized request for a copy of the report to the Central Criminal Records Exchange (CCRE) or directly to the Assistant Director of the FBI Identification Division, Attn: Special Correspondence Unit, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306. The request must specifically state that the only reason you desire the report is to challenge its accuracy. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. (If you have been permitted to provide services pending the provider's receipt of criminal history record information about you, the provider may suspend you, while a final determination is made about your fitness for employment.)

Applicant Signature_____
Date

***NOTE: Providers - Please do not send to DBHDS, only retain for your records.**

**Disclosure Statement
for
Licensed Private Provider Employees**

A criminal history background investigation is required by law (§ 37.2-416 (B,(i)), *Code of Virginia*) on each individual who was not an employee or service provider at the facility prior to July 1, 1999. (Please type or print clearly.)

Licensed Provider Business Name	Licensed Provider Number (3 or 4 digit)
Bittachon Care Service Inc	11370
Applicant's Name (Last, First, Middle)	Applicant's Social Security Number <input type="checkbox"/> No SSN #
Applicant's Mailing Address (Street, City, State, Zip)	Applicant's Phone Number (Area Code + Number)
<p>In Virginia or any other location: Have you ever been or are the subject of a founded complaint of child abuse or neglect? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.</p>	
<p>Have you ever been convicted* of or are you the <u>subject of pending charges</u> for <u>any offense</u>, including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, please list all cases and explain.</p>	
<p><i>Convictions include <u>all</u> adult convictions <u>as well as</u> Virginia juvenile adjudication's for the following, Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.</i></p>	
<p>*If convicted of misdemeanor assault & battery, were any of these convictions committed while employed in a direct consumer care position? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>I hereby certify that all entries on this disclosure statement are true and complete. I agree and understand that: (1) any falsification of the information provided, regardless of the time of discovery, may result in termination of my services as an employee; and (2) the information on this disclosure statement is subject to verification.</p>	
<p>_____ Signature of Applicant</p>	<p>_____ Date</p>