



Application Information		
Full Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number:	E-mail Address:	
Date of Birth:	Social Security:	Are you Licensed? Yes No
Position Applied for:		
Licensed Number:		
License Expiration Date:		
Are you a Citizen of the United States? Yes No		
If no, are you authorized to work in the United States? Yes No		
Education		
High School:		
Dates:	Did you graduate? Yes No	Degree:
College:		
Dates:	Did you graduate? Yes No	Degree:
Professional School:		
Dates:	Did you graduate? Yes No	Degree:
Previous Work Experience		
Company:	Phone Number:	Comments:
Dates:	Title:	Verification:



Emergency Contact Information	
Full Name:	Phone Number:
Street Address:	Relationship:

References	
Full Name:	Business & Title:
Street Address:	Phone Number:
Full Name:	Business & Title:
Street Address:	Phone Number:
Full Name:	Business & Title:
Street Address:	Phone Number:

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

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all statements contained herein, including the References and Employers listed above, concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement of employment for any specified period, or take any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature

_____/_____/_____
Date



**COMPLIANCE WITH BACKGROUND SCREENING
AND FIVE-YEAR RESCREENING REQUIREMENTS**

I hereby attest to meeting the requirements for employment of section 435.05, Florida Status, and I understand that every employee is required to undergo Level 2 Background screening and five years rescreening for qualifying for this employment.

I have been formally instructed that my Criminal Background screening data is maintaining confidentially within a sealed, confidential envelope in a locked file that no criminal data is to be removed from the home health agency unless a Release of Information form has been completed and signed for me.

I hereby understand that I am authorizing by this form to release my Background Information data to state/Federal surveyors at their request if needed for conduct the annual survey or any necessary investigation.

Employee Name

Date

Employee Signature



EMPLOYEE: _____

JOB TITLE: _____

S.S #: _____ - _____ - _____

PROBATIONARY DAY:

I ACCEPT AND UNDERSTAND THE FIRST 90 DAYS OF EMPLOYMENT WILL BE CONSIDERED MY INTRODUCTORY PERIOD. IF FOR ANY REASON MY EMPLOYMENT IS TERMINATED DURING THIS PERIOD, I UNDERSTAND AND ACCEPT THIS ACCOUNT WILL NOT BE CHARGED WITH ANY UNEMPLOYMENT BENEFITS I MAY BE ELEGIBLE TO RECEIVE UNDER THE STATE UNEMPLOYMENT COMPENSATION LAW.

I ALSO UNDERSTAND AND ACCEPT THAT AT THE END OF THE 90 DAY PERIOD, I WILL RECEIVE A WRITTEN EVALUATION OF MY WORK PERFORMANCE. SHOULD THE AGENCY FAIL TO PROVIDE THIS WRITTEN EVALUATION, IT SHALL UNDERSTOOD AND ACCEPTED BY ALL INVOLVED THAT THE INTRODUCTORY PERIOD WILL HAVE BEEN COMPLETED SATISFACTORILY.

EMPLOYEE SIGNATURE

DATE



CONFIDENTIALITY STATEMENT

I HAVE BEEN FORMALLY INSTRUCTED REGARDING AGENCY POLICY AND PROCEDURES FOR MAINTAINING THE CONFIDENTIALITY OF ALL INFORMATION CONTAINED IN CLIENT/PERSONAL FILES AND RECORDS,
AS WELL AS ANY OTHER PROPRIETARY INFORMATION REGARDING THE AGENCY THAT IS OBTAINED VERBALLY.

I UNDERSTAND THAT, EXCEPT AS NEEDED TO CONDUCT BUSINESS, CLIENT AND/OR PERSONNEL INFORMATION/PROPRIETARY INFORMATION MAY NOT BE DISCUSSED WITH ANYONE, EITHER INSIDE/OUTSIDE THE AGENCY.

I UNDERSTAND THAT MEDICAL RECORDS WILL NOT BE REMOVED FROM AGENCY OFFICE UNLESS THE CLIENT HAS SIGNED A "RELEASE OF INFORMATION FORM", AND THE REMOVAL OF SUCH INFORMATION IS APPROVED BY THE AGENCY ADMINISTRATION AND/OR DESIGNEE.

I UNDERSTANT THAT ANY BREACH OF CONFIDENTIALITY MAY BE GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT.

EMPLOYEE SIGNATURE

DATE



POLICY ON JOB

AS AN EMPLOYEE OF K&N HOME CARE SERVICES LLC. I UNDERSTAND THAT THE JOB I AM BEING HIRED TO PERFORM BELONGS TO K&N HOME CARE SERVICES LLC. I ALSO UNDERSTAND THAT IT IS ILLEGAL FOR ME TO TRANSFER OR ATTEMPT TO TRANSFER ANY CASE TO ANOTHER AGENCY OR TAKE OWNERSHIP OF ANY JOB THAT I AM EMPLOYED IN.

SHOULD I ACT UNDERHANDEDLY AND TAKE OVER SUCH A JOB SO THAT I MAY BE PAID DIRECTLY BY THE CLIENT, TO THE EXCLUSION OF MY EMPLOYER, OR TO TRANSFER ANY CASE TO ANOTHER AGENCY, I WILL BE IN VIOLATION OF STATE, FEDERAL AND AGENCY RULES.

TRANSPORTATION RESPONSIBILITY CONTRACT

IT HAS BEEN EXPLAINED TO ME THAT AS AN EMPLOYEE OF K&N HOME CARE SERVICES LLC. WITH THE UNDERSTANDING THAT I HAVE PERSONAL TRANSPORTATION AT MY DISPOSAL TO BE USED FOR TRAVEL TO AND FROM CONSUMER ASSIGNMENTS. I FURTHER UNDERSTAND THAT I AM RESPONSIBLE FOR AUTO LIABILITY OF \$10,000.00 / \$20,000.00 FOR BODILY INJURY AND \$5,000.00 IN PROPERTY DAMAGE.

EMPLOYEE SIGNATURE

DATE



JOB DESCRIPTION HOME HEALTH AIDE

REPORTS TO:

Home Service carries out supportive duties for the Nursing Assistant. Home Service provides, Non-clinical skills under the direction and supervision of a Registered Professional.

SUMMARY:

The Home Service carries out supportive duties for the Nursing Assistant Home Service provides Non-clinical skills under the direction and supervision of a Registered Professional.

DUTIES AND RESPONSIBILITIES:

Duties of the Home Health Aide include, but may not be limited to:

- . Provides assistance with personal care, hygiene, and activities of daily living.
 - . Encourage client participation in activities to the extent to which the client is able.
 - . Assists with ambulation as instructed.
 - . Assists client to a) bed, b) commode, c) chair.
 - . Turns and positions bed bound clients.
 - . Measures and records intake/output, as assigned.
 - . Measures and records temperature, pulse, respiration, and blood pressure, if necessary.
 - . Changes bed linen if needed.
 - . Prepares simple meals following dietary instructions as instructed.
 - . Maintains a neat and clean environment.
 - . May grocery shop one time a week for list of ten items or less as needed.
 - . Informs supervisor or family of any changes in client's condition or home situation.
 - . Follows care plan as written.
 - . Provides documentation of care given on Agency approved forms.
 - . Accompany clients to doctors' offices and on other trips outside the home, providing transportation, assistance, and companionship.
 - . Entertain, converse with, or read aloud to patients to keep them mentally healthy and alert.
 - . Provide patients with help moving in and out of bed, bath, wheelchairs, and automobiles, and with dressing and grooming.
 - . Performs any other task/duty that is specifically assigned by supervisor, and for which aide has been specifically trained.
 - . Documentation of specific training must be included in the employee's personnel file.
 - . Conducts self in a professional manner at all times and in all situations.
 - . Provides Agency with:
Required certificate, and necessary information to be able to verify experience Documentation of all trainings.
- Accepts only those assignments for which he/she is qualified. Complies with all agency policies and procedures.



ACTIVITIES THE HOME HEALTH AIDE MAY NOT PERFORM INCLUDE:

- Communicate with Agency about any problems or concerns
- Complies with HIPPA Privacy Rules, Policies and Procedures.
- Provide patients and families with emotional support and instruction in areas such as Infant Care,
- Independent living and adaptation to disability or illness.
- Reports any suspected violations of Privacy Practice to Privacy Official as soon as breach possible breach is identified.
- Irrigation of urinary catheters, colostomies, or wounds
- Administration of medications
- Naso-gastric tube feeding.
- Applying heat by any method.
- Changing of sterile dressings.
- Any other services not included in the client's care plan.
- Any services requiring the skills of a licensed nurse and/or therapist.
- Any service for which(s) he has not been trained.

QUALIFICATIONS:

- High School graduate preferred.
- Must provide evidence of formal training and / or certification as Home Services as required by state law.
- Must provide evidence of competency training and evaluation as well as evidence of at least quarterly attendance at in-service education programs.
- Minimum of one (1) year current experience is required.
- Mandatory to have a Police Local Record and a Background Screening (Level II). You must filled out the Affidavit of Good Moral Conduct.

BY MY SIGNATURE, I ACKNOWLEDGE AND ACCEPT THE RESPONSIBILITIES OF THIS POSITION.
I AM QUALIFIED BY EDUCATION AND / OR EXPERIENCE TO CARRY OUT THESE DUTIES.

EMPLOYEE SIGNATURE: _____

DATE: _____