

ABC COMMUNITY SERVICES, LLC

Application for employment

ABC LLC is an equal opportunity employer and in conformity with applicable laws does not discriminate on the basis of race, color, religion, age, sex, national origin, equal pay, veteran status, disability and any other impermissible criteria according to applicable law. No question on this application is intended to secure such information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application is valid for only thirty (30) days. For consideration of employment opportunities after thirty (30) days, you must reapply.

Date of Application: _____ Position(s) applied for: _____

(Please Print)

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (Apt. #) (City) (State) (Zip Code)

Telephone: Home: (____) _____ Work: (____) _____

Have you ever been involuntarily terminated from employment? Yes ____ No ____
Has your professional license ever been revoked, suspended, limited or not renewed? Yes ____ No ____

If you answered "Yes" or you are unsure in answer to any question above, please explain:

If hired, can you furnish proof you are able to work in the U.S.? Yes ____ No ____
(Proof of eligibility to work in the United States will be required upon beginning employment and any offer of employment is contingent upon such proof).

Have you ever pled guilty to, pled no contest to, or been convicted of a misdemeanor or felony offense?
(Responding "yes" will not necessarily disqualify applicant from employment. Do **not** include any traffic violation, information that has been sealed or expunged, or military convictions, except by general court martial.) Yes ____ No ____

If yes, please furnish details of conviction, offense, location, date and sentence: _____

On what date would you be available for work? _____

Which schedule would you prefer to work? Full-Time ____ Part-Time ____ PRN ____

Are you available for weekend and evening work? Yes ____ No ____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

List your last three employers, starting with the most recent, including military experience. Please exclude those which indicate race, color, religion, sex, equal pay, disability, age, veteran status or national origin or any other criteria upon which an employer may not discriminate according to applicable law.

Employer:	Address:	Start Date:
		End Date:
Job Title:	Duties:	
Phone:		
Fax:		
Starting Salary:	Reason for leaving:	
Ending Salary:		
Supervisor Name:	May we contact this employer? YES NO If No, please explain:	
Employer:	Address:	Start Date:
		End Date:
Job Title:	Duties:	
Phone:		
Fax:		
Starting Salary:	Reason for leaving:	
Ending Salary:		
Supervisor Name:	May we contact this employer? YES NO If No please explain:	
Employer:	Address:	Start Date:
		End Date:
Job Title:	Duties:	
Phone:		
Fax:		
Starting Salary:	Reason for leaving:	
Ending Salary:		
Supervisor Name:	May we contact this employer? YES NO If No please explain:	
Employer:	Address:	Start Date:
		End Date:
Job Title:	Duties:	
Phone:		
Fax:		
Starting Salary:	Reason for leaving:	
Ending Salary:		

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

	HIGH SCHOOL	COLLEGE/UNIV.	GRADUATE/PROF'L
School Name			
No. of Years Completed			
Credits Earned			
Diploma/Degree Awarded			
Describe Major Course of Study:			
Describe specialized training, apprenticeship skills, and extra-curricular activities.			

Professional License(s): _____ **Date(s)** _____

Honors Received: _____

Professional, trade, business or civic activities and offices held: (Please exclude those which indicate race, color, religion, sex, equal pay, disability, age, veteran status or national origin or any other criteria upon which an employer may not discriminate according to applicable law): _____

DRIVING INFORMATION: Fill out the section below only if the position you are applying for requires a driving qualification.

Do you have a valid driver's license? Yes ____ No ____
 If yes, license number: _____ Exp. Date: _____ State Issued: _____

Date of Birth: _____

Do you have personal automobile insurance coverage? Yes ____ No ____

If yes:

Name of insurance carrier: _____

Insurance agent name: _____

Policy No. _____

Vehicle(s) covered: _____

Year Make Model

Year Make Model

Coverage expiration date: _____

REFERENCES: Give name, address and telephone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER

AN EQUAL OPPORTUNITY EMPLOYER

Applicants Must Read and Sign

I, the undersigned applicant, certify and affirm that, to the best of my knowledge and belief; I ["have" or "have not," as applicable] had a case of abuse, neglect, mistreatment or exploitation substantiated against me. As a condition of submitting this application and in order to verify this affirmation, I further release and authorize [Provider Name], the Bureau of Developmental Services BDDS to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity or agency, whether governmental or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate. This authorization extends to providing any applicable information in personnel or investigative reports concerning my employment with this employer to my future employers who may be Providers of IDD services

Signature of Applicant

Date

Full Name: _____

(First)

(Middle)

(Last)

ACKNOWLEDGMENT OF APPLICANT

I affirm that all information contained in this application is true, correct, and complete to the best of my knowledge. I have not withheld any fact or circumstance that would, if discovered, affect my application unfavorably. **I understand that the misrepresentation or omission of any information called for in this application or other company records may disqualify me from further consideration for employment and may be cause for immediate dismissal if discovered at a later date.**

I further acknowledge that I executed an authorization so that ABC LLC can verify any and all information contained herein. This includes the investigation of references and employers listed within to provide you all information concerning my previous employment and other pertinent information.

I understand that if the position I am applying for requires a driving qualification, an offer of employment is conditional on evidence that I have in full force and effect personal automobile liability insurance coverage and that, if hired, I must keep such coverage in full force and effect continuously throughout the period of my employment. I acknowledge that the ABC LLC may independently contact my automobile liability insurance carrier to verify that I have such coverage prior to an offer of employment, and if I am hired, thereafter the Company may check at any time and upon any frequency.

I further understand that any offer of employment is conditional on being able to provide verification of entitlement to work in the United States. I also understand that I may be required to provide verification of information reported on this form.

If employed by ABC LLC, I will comply with all rules, regulations, instructions and policies set forth and communicated. I further understand that said rules, regulations, instructions and policies shall be subject to modification or discontinuance at any time and without advanced notice.

I acknowledge that I have read, understood and executed the attached document entitled "EMPLOYER'S AUTHORIZATION FORM TO OBTAIN CONSUMER REPORT" so that the Company can complete an investigation of my background and all statements contained in this application for employment as may be necessary in arriving at employment decisions, and I release from any and all liability any person or entity providing such information about me, pursuant to that authorization. I release all parties, including but not limited to the ABC LLC, and its other subsidiaries, and my prior employers from all liability for any damage that may result from the furnishing or use of any information concerning me.

I also understand and agree that no representative of ABC LLC has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is written and signed by an authorized ABC LLC representative. I also understand if I should become employed by the Company that my employment is at-will and can be terminated by me or ABC LLC at any time without cause and without notice.

I hereby acknowledge that I have read all of the above Statements and understand the same.

_____ Signature _____ Date

APPLICANT – do not write in box below

HUMAN RESOURCES USE ONLY HIRING INFORMATION

Department: _____	Position: _____
Starting Date: _____	Starting Salary: _____
Full Time: _____	Part Time: _____

EMPLOYER'S AUTHORIZATION FORM TO OBTAIN CONSUMER REPORT

Applicants Must Read and Sign

I _____ **UNDERSTAND** that, pursuant to the Fair Credit Reporting Act, ("Employer") will obtain a consumer report on me for employment purposes, including but not limited to hire, promotion, demotion or termination purposes.

I **UNDERSTAND** that Employer will notify me upon my request of whether Employer received a consumer report on me for employment purposes and that Employer will notify me upon my request of the name and address of the consumer reporting agency that furnished the report. I also understand that before Employer takes any adverse action based in whole or in part on any information contained in a consumer report or investigative consumer report, Employer will provide me with a copy of the report, along with information necessary to contact the consumer reporting agency and a summary of my rights under the Fair Credit Reporting Act.

I hereby **AUTHORIZE** Employer to obtain a consumer report on me for employment purposes and likewise **AUTHORIZE** any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agencies, financial institutions, automobile liability insurers, or other persons/entities having knowledge of me to submit information or opinions about me so that my employment qualifications may be evaluated, and if hired, to submit such information in the future to evaluate my eligibility for continued employment.

Signature of Applicant

Date

Full Name: _____
(First) (Middle) (Last)

Other Names Used/Dates: _____

Current Address: _____
(Street)

(City) (State) (Zip Code)

Telephone Number: () _____

Social Security Number: _____

ABC COMMUNITY SERVICES, LLC

JOB DESCRIPTION

DIRECT SUPPORT PROFESSIONAL (DSP)

POSITION PURPOSE:

The ABC LLC Direct Support Professional (DSP) will assist the individuals we serve in achieving the quality of life each person desires and encourage mutual respect and dignity through teaching, guidance and counseling in accordance with ABC LLC philosophies, local, state and federal regulations and management policies.

REPORTABILITY:

Program Coordinator

COMPETENCIES:

- Demonstrate the ability to communicate adequately, in order to:
 - complete required forms and reports of visits; and
 - follow oral or written instructions
- Demonstrate the ability to provide services according to the individual's PCISP
- Demonstrate willingness to accept supervision
- Demonstrate an interest in and empathy for individuals

NATURE AND SCOPE:

Relationships: There are seven fundamental relationships that must be maintained:

1. With the individual being served
2. with co-workers
3. with the administrative and management staff
4. with families, advocates and guardians and friends
5. with support staff
6. with the community
7. with other service agencies

The relationships that are developed with the individuals receiving services are the most vital. To ensure that the individuals are receiving the appropriate supports, including a realization of self-worth, one must establish good rapport with all team members.

As a Full-Time for Part-Time DSP, one must be able to work as a cooperative team member ensuring that the job responsibilities are met. A Manager must support the individual in developing community acceptance, understanding, and respect through building and maintaining community relationships

QUALIFICATIONS, SKILLS, KNOWLEDGE AND ABILITIES:

- The ability to provide individualized support to the people we serve.
- The ability to effectively communicate verbally and in writing.
- The ability to work effectively with minimal supervision.
- The ability to solve problems according to ABC LLC policies and procedures.
- The ability to support the individuals in meeting their financial needs.
- The basic knowledge of cooking and cleaning.

JOB DESCRIPTION:

The DSP is free to act within the guidelines of the position description and employee handbook; however, he is responsible to show just cause for actions and remains accountable to the administrative staff. All decisions will be made in a professional, conscientious manner with the well-being of the individuals being served and the employees kept in mind at all times and in accordance with the applicable rules and regulations.

PRINCIPLE RESPONSIBILITIES:

1. for ensuring that the human dignity of the Individuals is respected:
2. for the support services of the Individuals.
3. for Individualized Programming.
 - a. To build positive, empowering relationships with and among the people we serve.
 - b. To ensure that the individual is making informed choices regarding his life to the greatest extent possible.
 - c. To provide positive role models for the individuals being served.
 - d. To maintain confidentiality per HIPAA in all work-related areas.
 - e. To follow policies and procedures outlined by ABC LLC manuals and in-service training as they pertain to the individual's rights.
 - f. To uphold ABC LLC's philosophies, including individual-centered services, social role valorization, normalization and independence.
 - g. To comply with state and federal regulations concerning individual's rights and endangered adult issues.
 - h. To ensure that the individual's home is personalized according to his taste and means as much as possible.
 - i. To ensure each individual receives support in maintaining an appearance that enhances his social acceptance in accordance with the individual's tastes and means.
 - j. To ensure that community based, age-appropriate, meaningful activities occur on a regular basis.
 - k. To encourage correspondence and contact with family and friends.
 - l. To ensure transportation is provided.
 - m. To ensure self-governing meetings are held on a regular basis.
 - n. To ensure that all on-call staff are aware of significant changes in behavior and health status of individuals.
 - o. To communicate pertinent information to appropriate team members.
 - p. To involve individuals in programming decisions, facilitating individuals' control and choice.
 - q. To complete assessments incorporating the information and ensuring that this information is provided to all Team Members.
 - r. To implement programs in accordance with Team decisions.

- s. To assist in evaluating, writing and reviewing programs according to company procedures. The previous list is not intended to be an all-inclusive of job responsibilities. Other duties may be required as assigned.

PHYSICAL DEMANDS:

The physical and mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Regularly required to sit (in a chair or vehicle), stand or walk for long periods of time
- Frequently required to lift, push or pull up to 50 pounds
- Frequently required to assist in lifting and transferring consumers with mobility limitations

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____



Applicant Name:

Applicant Phone Number:

Applicant Email Address:

Direct Support Professional (DSP) Interview Questions

1. Tell me about yourself:
2. Do you have any experience working with people with intellectual and developmental disabilities? If so, please describe your experience.
3. What makes you a good candidate for this position?
4. What is your greatest strength and how would it help you in this position?
5. What is your greatest weakness?
6. What do you enjoy about working with people who need support?
7. Describe a difficult situation you had with a client and how you dealt with it.
8. Do you have any allergies to pets, smoke, or something other we need to be aware of?

Notes:



Applicant Name:

Applicant Phone Number:

Applicant Email Address:

Pre-Screen Questions

1. Do you have a valid driver's license? Yes No
2. Do you have valid car insurance? Yes No
3. Do you have a reliable vehicle? Yes No
4. What days and hours are you looking to work? Monday Tuesday Wednesday
 Thursday Friday Saturday Sunday
 Days (7a-3p or 7a-7p) Evening (3p-11p) Overnights (11p-7a or 7p-7a)
5. What side of town are you willing to travel to? North East South West
 Castleton/Fishers Greenfield Greenwood Danville Speedway
6. Are you looking for part-time or full-time? Part-Time Full-time
7. Do you currently have any certifications? CPR/First Aid Core A&B CPI
 I-Train TB HHA/CNA HCSP Other

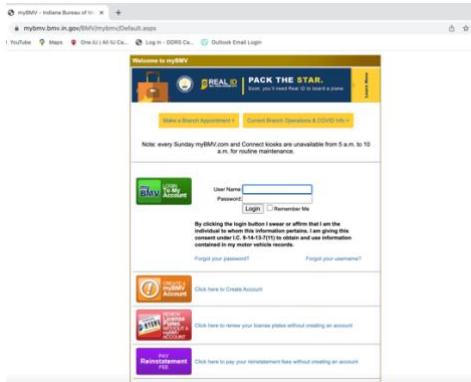
Notes:



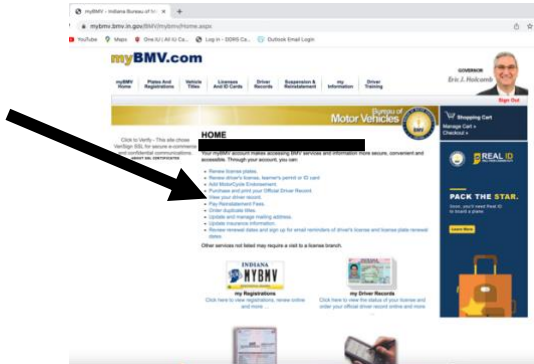
BMV Check Instructions

Go to this website: <https://mybmw.bmv.in.gov/bmw/mybmw/default.aspx>

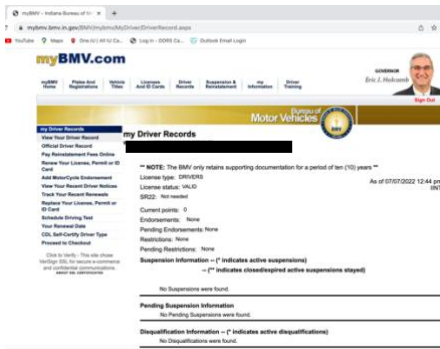
1. If you already ***have an account***, click 'login to my account' and login using your existing username and password
2. If you ***do not have an account***, click 'create a myBMV account' and follow the prompts to complete the registration process



Once you are logged in click on 'view your driver record.'



Print your driving record for your HR file



If you have any questions, please ask!

Thank you,

Executive Leadership Team
ABC Community Services, LLC

ABC COMMUNITY SERVICES, LLC

VEHICLE CHECKLIST

Today's Date: _____

Applicant's Name: First _____ Last _____

Vehicle Insurance Verified: YES _____ NO _____

Please make a checkmark next to each car part in the "Pass" or "Fail" areas as you complete the checklist.

Brakes: Pass _____ Fail _____

Lights: Pass _____ Fail _____

Headlights Pass _____ Fail _____

Taillights Pass _____ Fail _____

Turn Signals Pass _____ Fail _____

Brake/Stop Lights Pass _____ Fail _____

License Plate Light Pass _____ Fail _____

Parking Lights Pass _____ Fail _____

Safety Belts: How many?

_____ Pass _____ Fail _____

Side view mirrors: Left Pass _____ Fail _____

Right Pass _____ Fail _____

Rear view mirror Pass _____ Fail _____

Windows: Pass _____ Fail _____

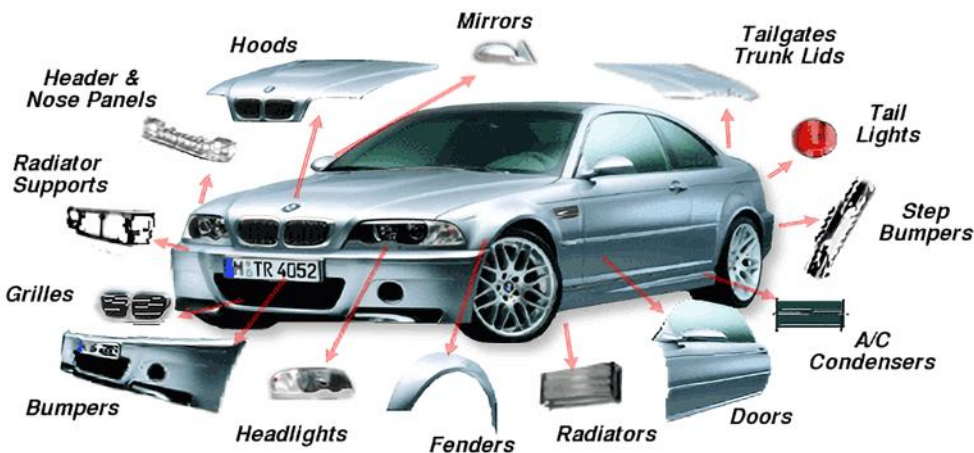
Wipers: Pass _____ Fail _____

Horn: Pass _____ Fail _____

Muffler: Pass _____ Fail _____

Bumpers: Front Pass _____ Fail _____

Back/Fender Pass _____ Fail _____



Approved: _____

Signature _____



EMPLOYEE DEMOGRAPHIC SHEET

NAME: _____

ADDRESS: _____ CITY/ST/ZIP _____

PHONE: _____ Email address: _____

Social Security Number Date of birth Male/ Female Marital Status

Emergency contact: Name Phone Number Relationship

Do you have any allergies to any animals or smoke? a YES or c NO (if yes, please explain BELOW)

AVAILABILITY

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START TIME							
END							

Are there any upcoming dates you will be unavailable within the next 60 days? If so, please explain.

~~FOR HUMAN RESOURCES USE ONLY~~ **FOR HUMAN, RESOURCES USE! ONLY**

Job Title: _____ Pay Rate: _____

Hire Date: _____



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.



EMPLOYEE'S HANDBOOK
WELCOME

Acknowledgement of Receipt
of ABC Community Services LLC
Employee Handbook

This Employee Handbook is an important document intended to help you become acquainted with ABC LLC. This handbook is not a contract, but a summary of important ABC LLC policies and procedures.

Because the general business atmosphere of ABC LLC and economic conditions are always changing, the policies in this handbook may be changed at any time at the sole discretion of ABC LLC.

Please read the following statements and sign below to indicate your receipt and acknowledgment of the ABC LLC Employee Handbook.

I have received a copy of the ABC LLC Employee Handbook. I understand that the policies, rules, and benefits described in it are subject to change at the sole discretion of ABC LLC at any time. I further understand that my employment is "at will" and may be terminated at any time by myself or ABC LLC, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind, including but not limited to benefits which provide for vesting based upon length of employment.

I understand that the "at will" nature of my employment relationship may not be altered except in writing, which must be signed by me and an authorized member of ABC LLC's management team.

I am aware that during my employment, confidential information will be made available to me (i.e., individuals' lists, individuals' treatment plans and other related information). I understand that this information is critical to the success of ABC LLC and must not be given out or used outside ABC LLC premises or with non-ABC LLC employees. In the event of termination of employment, whether voluntarily or involuntarily, I hereby agree not to utilize or exploit this information with any other individual or company.

Employee's Printed Name

Position

Employee's Signature

Date



Employee Acknowledgement
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

By signing below, I am acknowledging my awareness of the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and that I have read and agree to comply with HIPAA and have read the aforementioned information.

I further acknowledge and understand that, as an employee, contractor, interim, or volunteer with ABC LLC, I am prohibited from releasing any protected health information (PHI) which may come to my attention in the course of my duties to any unauthorized person. Moreover,

I acknowledge and understand that any breach of confidentiality, client or otherwise, resulting from my written or verbal release of health information or records provides

grounds for disciplinary action, which may include my immediate termination as an employee of the ABC LLC or immediate termination of my contractual or volunteer relationship with ABC LLC.

Employee's Name:

Employee's
Signature:

Date:

Human Resource
Signature:

Date:



Equal Employment Opportunity

EEO Policy

ABC Community Services, LLC as required by law, makes equal employment opportunities available to all persons without regard to race, sex, age, color, religion, national origin, disability, citizenship status, sexual orientation, gender identity, or any other category protected under federal, state, or local law.

Reasonable Accommodation

ABC Community Services, LLC will take appropriate steps to provide reasonable accommodations upon request to qualified individuals with disabilities so long as doing so does not cause an undue hardship. ABC also will take appropriate steps to provide reasonable accommodations upon request to employees whose religious beliefs or restrictions create a conflict with ABC's policies, practices, or procedures so long as doing so does not cause an undue hardship. If you need accommodation, please provide in writing to your immediate supervisor a description of your situation and your needs, and someone will contact you to discuss your needs.

Anti-Harassment

ABC Community Services, LLC is committed to providing a workplace free of inappropriate treatment of any employee because of the employee's race, sex, religion, age, national origin, disability, sexual orientation, gender identity, or any other category protected under federal, state, or local law. To be unlawful, conduct must be so severe and pervasive that it unreasonably interferes with an employee's ability to work. ABC does not, however, condone or tolerate any inappropriate conduct based on an employee's race, sex, age, religion, national origin, disability, sexual orientation, gender identity, or any other category protected under federal, state, or local law.

Examples of Inappropriate Conduct

Moreover, ABC Community Services, LLC is committed to protecting employees from inappropriate conduct whether from other employees or non-employees such as visitors, vendors, parents, volunteers and contractors.

Inappropriate conduct may include, among other things:

Epithets, slurs, stereotyping, or threatening, intimidating, or hostile acts that relate to race, sex, age, religion, national origin, disability, sexual orientation, or gender identity; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of race, sex, age, religion, national origin, disability, sexual orientation, or gender identity.



Specifically included in this Anti-Harassment Policy is a commitment to provide a workplace free of inappropriate conduct of a sexual nature. Such conduct may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender.

Employee Signature: _____ Date: _____

HR Rep/Designee Signature: _____ Date: _____



Intimidation and Harassment

ABC Community Services, LLC, affirms its commitment to provide a work environment free from intimidation and harassment. Abuse of the dignity of anyone through ethnic, racist, or sexist slurs or through other derogatory or objectionable conduct is offensive employee behavior and will be considered intimidation and/or harassment. If you engage in such behaviors, you will be subject to disciplinary action, including discharge. Likewise, if you feel you have been the object of harassment or intimidation based upon the aforementioned, you are to advise your Human Resources Department, follow the normal open-door policy.

Signature

Print Name

Date



SEXUAL HARRASSMENT

It is our policy to prohibit any acts of sexual harassment to any of our employees. Furthermore, ABC Community Services, LLC affirms its commitment to provide a work environment free from sexual harassment.

Sexual harassment includes many different types of behaviors, including unwelcome advances, unwanted touching, obscene jokes or comments, offers of benefits in exchange for sexual acts, or threats of adverse consequences for refusing advances. It can include both physical and verbal conduct.

Sexual harassment can be defined as any unwanted behavior that is sexual in nature. Sexual harassment does not discriminate. Victims can include individuals of all genders and sexual orientations. Victims can also be bystanders who are forced to witness their coworkers being harassed.

Below is Examples of Types of Behaviors that Are Considered Sexual Harassment:

- Spreading sexual rumors of a sexual or romantic nature
- Repeated hugs or unwanted touching
- Leaving unwanted gifts of a sexual or romantic nature
- Making sexual jokes
- Asking an employee about their sexual life
- Employers discussing their sex life in front of employees
- Commenting on the attractiveness of others in front of employees/co-workers.
- Repeated compliments of an employee's appearance

If any employee feel they have been subjected to sexual harassment, they are advised to contact Human Resources or its designee and follow the normal open-door policy for reporting.

Signature

Date

Print



CONFLICT OF INTEREST

ABC Community Services LLC., is judged by the collective and individual performance of it's owners, managers, and employees. We have a particular interest in preserving our reputation and the reputation of our employees for the utmost honesty and integrity. Thus, ABC LLC, holds itself and its employees to the highest standards of lawful and ethical conduct.

Therefore, you must be careful that your relationship with clients, client family members, vendors or other activities do not subject you or the Company to question or undue criticism. You must refrain from engaging in any activity that could conflict with your status as an ABC LLC, employee. This includes the use of your position with the Company for personal profit or advantage or entering transactions or relationships where it may appear you have a conflict of interest or are improperly benefiting from your affiliation with the Company. Good judgment and common sense are to supplement these provisions to avoid even the appearance of impropriety. To the extent there is a conflict or ambiguity between permissive conduct and that which is not permitted, the latter shall have precedence.

If you question the propriety of a transaction or activity, you should seek guidance from your Human Resources Department.

Signature

Print Name

Date



ABC COMMUNITY SERVICES, LLC

WORKPLACE VIOLENCE

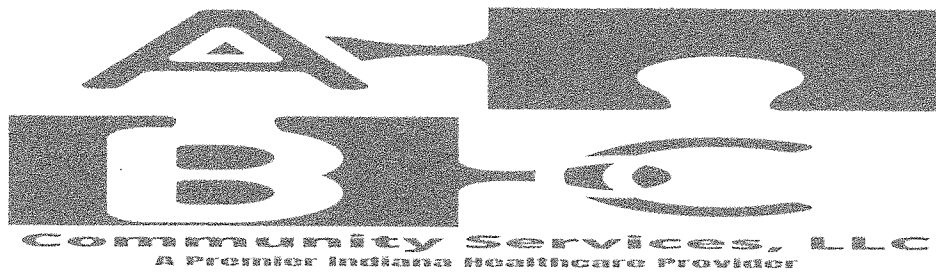
It is our policy to prohibit any acts or threats of violence by any Direct Support Professionals, former direct support professionals, or visitor against any direct support professional, individual, or visitor on our premises at any time or while they are engaged in business with, or on behalf of, the company, on or off our premises.

Additionally, direct support professionals have a “duty to warn” their supervisor or other ABC Community Services LLC’s management of any suspicious workplace activity, situations, or incidents that they observe or that they are aware of. This includes, for example, threats of violence, aggressive behavior, offensive acts, threatening or offensive comments or remarks, and the like.

Direct Support Professionals reports made pursuant to this policy will be held in confidence to the maximum extent. ABC LLC will not condone any form of retaliation against any Direct Support Professionals for making a report under this policy.

Employee Signature: _____ Date: _____

HR/ Designee Signature: _____ Date: _____



DRUG FREE WORKPLACE

The presence of any detectable amount of any illegal drug or illegal controlled substance in a DSP's body system, while performing company business or while with an individual providing direct support is prohibited.

In full cooperation with the federal government, it is ABC Community Services, LLC policy to have a drug-free workplace. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, mind-altering chemical, depressant, stimulant, or alcohol is strictly prohibited "on premises." "On premises" includes any work site, vehicle or office that is owned, serviced, or used by ABC Community Services, LLC. Violation of this policy will result in immediate discharge.

As part of our policy, we are establishing and maintaining a drug free awareness program to inform DSPs about: (a) our policy of maintaining a drug-free workplace; (b) the dangers of drug abuse in the workplace; (c) drug counseling, rehabilitation and similar programs that are available in the community; and (d) the fact that an DSP may not only lose his/her job and potentially be charged with neglect, but also may be sent to prison for drug abuse violations.

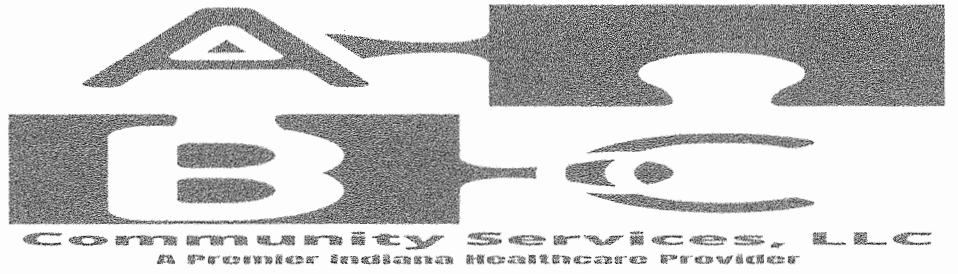
For compliance with the federal law and as a condition for continued employment with ABC Community Services, LLC, each DSP must: (a) comply with this policy of a drug-free workplace; and (b) for a violation occurring in the workplace, notify ABC Community Services, LLC no later than five (5) days after the DSP's conviction. Within ten (10) days after receiving notice that a DSP has been convicted of violating a criminal drug statute, we are required to report that fact to any government agency with which we have a contract.

Agreement to and cooperation of this policy is required by all persons as a condition of employment.

It is ABC Community Services, LLC' policy not to continue employment of anyone who tests positive for any illegal substance and/or drugs in their system regardless to the frequency or amount that they may have used. Medications legally prescribed are excluded.

All DSPs may be required, as permitted by federal and state laws, to undergo a drug test for pre-employment purposes, random testing or for cause which is due to reasonable suspicion of ABC Community Services, LLC. DSPs may also be required to undergo alcohol/drug screening when there is a suspicion of on-the-job impairment.

Anyone who refuses to take or who fails to pass a drug/alcohol screening test will not be qualified for employment by ABC Community Services, LLC.



DSPs are subject to drug/alcohol testing based on (but not limited to) observations by supervision of apparent workplace use, possession, or impairment. All levels of supervision making this decision shall use the Reasonable Suspicion Checklist to document specific observations and behaviors that create a reasonable suspicion that the person is under the influence of illegal drugs or alcohol. If the results of the Reasonable Suspicion Checklist indicate further action is justified, the manager or supervisor should confront the DSP with the documentation and assist with testing. DSPs who have tested positive or otherwise violated this policy are subject to discipline, up to and including discharge.

Employee Signature

Date

Employee Name (printed)

HR Rep/Designee Authorized Representative Signature

Date

ABC Community Services, LLC

To: All Employees of ABC Community Services, LLC

From: Human Resources

Subject: Employment Policies

Dress Code

All ABC's employees should be neatly groomed and wear clothes that are not revealing or tight when working in the homes. Employees should be able to squat, kneel and run in any of the below:

- Cargo pants
- Carpenter pants
- Shorts
- Capris
- Skirts
- Tee/Sweatshirts (without profanity, insensitive dialogue) this includes content regarding race, sex, gender, etc.)
- Close toes/closed heel shoes
- Scrubs

*If a guardian requires scrubs, employees are required to wear scrubs.

Employees found in violation of this policy will be subject to disciplinary action.

Smoking Policy

ABC has created a smoking policy to attempt to protect everyone against the effects of secondhand smoke, promote health in the workforce and support those people who would like to quit smoking.

Smoking is prohibited at all properties. This policy is intended to benefit all employees and approved visitors. All employees are responsible for its continued implementation. Employees found in violation of this policy will be subject to disciplinary action and/or termination.

Cell Phone Usage

- Cell phone usage should be minimized. Cell phones should be use for emergencies only. Cell phones should be put away during working hours. ABC is not responsible for damages to cell phones that are destroyed due to the negligence of an employee. Employees found in violation of this policy will be subject to disciplinary action and/or termination.

Employee Signature: _____ Date: _____

HR Signature: _____ Date: _____

ABC Community Services LLC

Personnel Rights Acknowledgement

It is the policy of ABC LLC to provide equal employment opportunities for all applicants and employees without regard to race, color, religion, sex, age (within statutory limits), national origin, citizenship, disability, or service in the Armed Forces. ABC LLC is committed to provide a positive working atmosphere. Below is a list of rights afforded to our personnel:

- ❖ Work in a safe and positive atmosphere
- ❖ To be treated with respect and dignity
- ❖ To work in at at-will capacity
- ❖ To file a grievance
- ❖ To work in an environment that is free of discrimination
- ❖ To receive adequate and industry standard trainings
- ❖ To be paid time and a half for hours worked over 40 (full time hourly employees)
- ❖ To receive timely performance reviews annually
- ❖ To receive timely, fair and just disciplinary actions
- ❖ To be informed of all job openings within the organization
- ❖ To view one's own personnel records upon request.

I have read the above informing me of my rights as an employee/agent of ABC Community Services, LLC.

Employee Signature

Date



April 12, 2024

To: ALL Employees of ABC Community Services, LLC

From: Executive Leadership

Effective Immediately:

This is what is needed for a complete visit that meets your job requirement.

Electronic Visit Verification (EVV)

All employees working directly with clients (patients) are required to login to the EVV system.

- The 21st Century Cures Act requires Medicaid providers ... to use an electronic visit verification (EVV) system to document services rendered.
- Providers are responsible for ensuring the system selected complies with federal requirements, including documentation of the following information:
 1. Type of service performed
 2. Individual receiving the service
 3. Date of the service
 4. Location of service delivery
 5. Individual providing the service
 6. Time the service begins and ends
 7. Staff notes for the service delivered must be input in the EVV system before leaving the client's home

***Failure to comply with state and federal regulations is a direct violation of ABC Community Services, LLC policy and procedures and will result in disciplinary action(s) up to and including termination of employment. ***

Check one:

- **I agree and will follow the EVV rule.**
- **I disagree and will not follow the EVV rule.**

Employee Name (printed): _____

Employee Signature: _____ Date: _____

HR Signature: _____ Date: _____



PRN MEDICATION ADMINISTRATION PROTOCOL

Please read this policy in its entirety in order to ensure your full understanding. Failure to follow this protocol will result in immediate disciplinary action

1. If a target behavior is identified the DSP staff must **FIRST**, call the on-call supervisor.
 - a. When calling, please have the following information ready to give to the on-call supervisor:
 1. Individual's name
 2. Name of the PRN medication
 3. Identified target behavior
 4. What happened prior to the behavior
 5. What de-escalation techniques has DSP staff used to try and stop the target behavior
 6. HAS THE BEHAVIOR CONSULTANT (BC) BEEN CONTACTED?
2. Next, the on-call supervisor is *required* to get **APPROVAL** from one of the following in order for the DSP staff to administer a PRN controlled medication.
 1. The CEO/NP, Jacqueline Edwards
 2. The COO, Arnetta Jackson
 3. The individual's Primary Care Physician (PCP)
 4. The individual's Behavior Consultant (BC)
 5. The individual's Guardian
3. Once **APPROVAL** has been given by one of the above people, the DSP staff can then administer the PRN controlled medication.
4. The DSP staff are still required to follow all documentation policies regarding administering a medication including initialing the MAR when giving a PRN medication. Additionally, staff should fill out an ABC Community Services, LLC Incident Reporting form after giving the medication. Please include as much information as possible on the form, including who you talked to and who gave you permission to administer the PRN medication. Once the form is complete, please submit the form to your supervisor within eight (8) hours of the incident. *(If you are unable to physically submit the form, you may take a photo on your mobile device and text/email to (765) 615-9356 or admin@abccommunityservices.com).*

If you have any questions regarding any of the information contained in this letter, please reach out to your supervisor immediately.

Employee Name (printed): _____

Employee Signature: _____ Date: _____

HR Signature: _____ Date: _____



Pay Schedule 2026

Pay Period Start	Pay Period End	Pay Date
01/04/2026	01/17/2026	01/23/2026
01/18/2026	01/31/2026	02/06/2026
02/01/2026	02/14/2026	02/20/2026
02/15/2026	02/28/2026	03/06/2026
03/01/2026	03/14/2026	03/20/2026
03/15/2026	03/28/2026	04/03/2026
03/29/2026	04/11/2026	04/17/2026
04/12/2026	04/25/2026	05/01/2026
04/26/2026	05/09/2026	05/15/2026
05/10/2026	05/23/2026	05/29/2026
05/24/2026	06/06/2026	06/10/2026
06/07/2026	06/20/2026	06/26/2026
06/21/2026	07/04/2026	07/10/2026
07/05/2026	07/18/2026	07/24/2026
07/19/2026	08/01/2026	08/07/2026
08/02/2026	08/15/2026	08/21/2026
08/16/2026	08/29/2026	09/04/2026
08/30/2026	09/12/2026	09/18/2026
09/13/2026	09/26/2026	10/02/2026
09/27/2026	10/10/2026	10/16/2026
10/11/2026	10/24/2026	10/30/2026
10/25/2026	11/07/2026	11/13/2026
11/08/2026	11/21/2026	11/27/2026
11/22/2026	12/05/2026	12/11/2026
12/06/2026	12/19/2026	12/25/2026
12/20/2026	01/02/2026	01/08/2026