



TRIUMPHANT MULTI SERVICES INC

APPLICATION FOR EMPLOYMENT

Position Applying for: RN LPN HHA GNA CNA OFFICE STAFF DSP

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

Time of Availability: MORNINGS NIGHTS WEEKENDS

Hours of Availability: _____

Basic Information

Name (Last, First Middle Initial): _____

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

Address: _____

City/State: _____ Zip Code: _____

Home Telephone: _____ Mobile: _____ Other: _____

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

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

EMAIL ADDRESS: _____

HEIGHT: _____ WEIGHT: _____

Personal Information

Gender: Male Female Marital Status: Single Married

In Case of an Emergency, Please Notify:

Name: _____ Relationship: _____

Home Telephone: _____ Alternative: _____

Educational History

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

Additional Training: _____ Diploma/Degree? Yes No

Nursing School (if applicable): _____

City/State: _____ Zip Code: _____

Dates Attended: _____ To: _____



TRIUMPHANT MULTI SERVICES INC

I hereby certify that all information provided above is true and correct to the best of my knowledge. By signing below, I authorize TRIUMPHANT MULTI SERVICES INC to investigate and verify the information.

Signature of Applicant: _____ Date: _____

For Office Use Only	
Person Conducting Interview: _____	Date: _____
Title: _____	
Comments: _____ _____	

Employment History

1. Company/Client's Name: _____

Job Title: _____ Supervisor: _____

Address: _____

City/State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Starting Pay: _____ Ending Pay: _____

Duties Performed: _____

Reason for Leaving: _____

Comments: _____

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

Job Title: _____ Supervisor: _____

Address: _____

City/State: _____ Zip Code: _____

Start Date: _____ End Date: _____

Starting Pay: _____ Ending Pay: _____

Duties Performed: _____



TRIUMPHANT MULTI SERVICES INC

Reason for Leaving: _____

Comments: _____

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

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

TRIUMPHANT



Name (Last Name): _____

TRIUMPHANT MULTI SERVICES INC

License Verification Form

Employee Name: _____ Discipline: _____

Social Security #: _____ - _____ - _____

Maryland

License #: _____ Status: _____

For Office Use Only

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

Spoke With: _____ Title: _____

Verified By: _____ Date: _____

Title: _____

Comments: _____

District of Columbia

License #: _____ Status: _____

For Office Use Only

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

Spoke With: _____ Title: _____

Verified By: _____ Date: _____

Title: _____

Comments: _____

Others

License #: _____ Status: _____

For Office Use Only

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

Spoke With: _____ Title: _____

Verified By: _____ Date: _____

Title: _____

Comments: _____



TRIUMPHANT MULTI SERVICES INC

Reference Form

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

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

Name: _____

Company Name: _____ Position: _____

Supervisor's Name: _____ Telephone: _____

Dates Employed: _____ - _____

I acknowledge filing an application with TRIUMPHANT MULTI SERVICES INC and authorizing the release of information from my former employer.

Applicant Signature: _____ Date: _____

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

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

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

Section II: Evaluation of Performance

Job knowledge/Technical skills: Excellent Good Fair Poor

Quality of work: Excellent Good Fair Poor

Ability to work with others: Excellent Good Fair Poor

Initiative: Excellent Good Fair Poor

Punctuality/Attendance: Excellent Good Fair Poor

Additional Comments: _____

Information Verified by: _____ Title: _____

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

Title: _____ Date: _____



TRIUMPHANT MULTI SERVICES INC

Reference Form

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

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

Name: _____ **Company's Name:** _____
Position: _____

Supervisor's Name: _____ **Telephone:** _____

Dates Employed: _____ - _____

I acknowledge filing an application with TRIUMPHANT MULTI SERVICES INC and authorizing the release of information from my former employer.

Applicant Signature: _____ Date: _____

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

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

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

Section II: Evaluation of Performance

Job knowledge/Technical skills: Excellent Good Fair Poor

Quality of work: Excellent Good Fair Poor

Ability to work with others: Excellent Good Fair Poor

Initiative: Excellent Good Fair Poor

Punctuality/Attendance: Excellent Good Fair Poor

Additional Comments: _____

Information Verified by: _____ Title: _____

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

Title: _____ Date: _____



TRIUMPHANT MULTI SERVICES INC

CONFIDENTIALITY STATEMENT

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

Print Name: _____

Signature: _____

Date: _____

Witness: _____
(TRIUMPHANT MULTI SERVICES INC Representative)

Date: _____



TRIUMPHANT MULTI SERVICES INC

EMPLOYEE CONFIDENTIALITY STATEMENT

I, _____, hereby agree and pledge that I will honor and respect
(Applicant's Name, Please Print)

the privacy and confidentiality of the agency, their clients, and business associates. I will not divulge any information of any type obtained through my services as an employee of TRIUMPHANT MULTI SERVICES INC. I agree not to discuss nor release any information obtained within the agency regarding any TRIUMPHANT MULTI SERVICES INC clients, their medical record or any client's condition with any individual not directly associated with TRIUMPHANT MULTI SERVICES INC, nor with TRIUMPHANT MULTI SERVICES INC employees who are not directly associated with that client. I also agree that any information that is released regarding the client or client's record will only be done with proper authorization and/or in accordance with established agency policy for the release of the information: this includes, but is not limited to: the client's identity, description, medical condition, or addresses, the agency or their business associates, financial status or condition, or any and all commercial or private transactions of the agency.

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

Print Name: _____

Signature: _____

Date: _____

Witness: _____
(TRIUMPHANT MULTI SERVICES INC Representative)

Date: _____



TRIUMPHANT MULTI SERVICES INC

PERMISSION FOR PPD TEST

I, _____, voluntarily take the PPD test intradermally as a
(Applicant's Name, Please Print)
screening method for tuberculosis. I understand that a PPD test must be administered and read annually.

A chest X-Ray must be done every five years as a prerequisite for employment at TRIUMPHANT MULTI SERVICES INC.

I release TRIUMPHANT MULTI SERVICES INC of any liability. I confirm that I have/have not had a PPD test within the last year, and I have no known allergy to the PPD test.

Print Name: _____

Signature: _____

Date: _____

Witness: _____
(TRIUMPHANT MULTI SERVICES INC Representative)

Date: _____

DECLINATION OF MANTOUX

I, _____, have submitted or will submit documentation of a PPD
(Applicant's Name, Please Print)
test and the results of said test. If an employee has a known history of having had a Positive Tuberculin test, the Mantoux method, he/she may decline the Mantoux test. He/she must agree to give the agency documentation of a negative chest X-Ray within the past 12 months.

Print Name: _____

Signature: _____

Date: _____

Witness: _____
(TRIUMPHANT MULTI SERVICES INC Representative)

Date: _____



TRIUMPHANT MULTI SERVICES INC

UNIVERSAL PRECAUTIONS

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

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

Print Name: _____

Signature: _____

Date: _____

Witness: _____
(TRIUMPHANT MULTI SERVICES INC Representative)

Date: _____

IN-SERVICE REQUIREMENT

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

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

By signing below, you acknowledge and understand that you must comply with the above requirement to remain in an "Active Status" with TRIUMPHANT MULTI SERVICES INC.

Print Name: _____

Signature: _____

Date: _____



TRIUMPHANT MULTI SERVICES INC

HEPATITIS B VACCINE DECLINATION / ACCEPTANCE FORM

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV). The HBV vaccination is strongly recommended for my protection.

I understand that I may choose to **accept** or **decline** the Hepatitis B vaccination. I also understand that declining the vaccine means I will continue to remain susceptible to HBV, a serious disease.

If, at any point in the future, I continue to have occupational exposure and decide to receive the HBV vaccination, I may obtain the vaccination series at **no cost to me**.

Triumphant Multi Services Inc. has explained that I will remain at risk for HBV until I complete the vaccination series.

SECTION 1: VACCINE ACCEPTANCE

I ACCEPT the Hepatitis B Vaccine.

I understand the benefits of the vaccine and agree to receive the HBV vaccination series provided by Triumphant Multi Services Inc. at no cost to me.

Employee Signature: _____

Date: _____

SECTION 2: VACCINE DECLINATION

I DECLINE the Hepatitis B Vaccine at this time.

I understand that by declining the vaccine, I remain at risk of acquiring Hepatitis B Virus (HBV) due to potential occupational exposure. If I later choose to receive the vaccine, I understand it will be made available to me at no cost.

Employee Signature: _____

Date: _____

Authorized Signature: _____
(TRIUMPHANT MULTI SERVICES INC Representative)

Title: _____

Date: _____

DRUG AND ALCOHOL POLICY AGREEMENT



TRIUMPHANT MULTI SERVICES INC

It is the policy of TRIUMPHANT MULTI SERVICES INC. that all its employees be free of the influence of alcohol and drugs. All employees must be fit for the duty physically and mentally, as it is necessary to perform work in a safe and competent manner.

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

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

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

ACKNOWLEDGEMENT

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

Employee Signature

Date

TRIUMPHANT MULTI SERVICES INC REQUIREMENTS FOR DIRECT SUPPORT PROFESSIONALS

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

- Be at least eighteen (18) years old or older
- Obtain annual physical documentation from a physician or other health professional that he or she is free from tuberculosis
- Hepatitis B vaccination
- High school diploma or general education development (GED) certificate
- First Aid and CPR Certificate
- Credentials such as CAN, HHA, or other related certificates (optional)
- Complete pre-service and in-service training as described in DDS policy
- Have the ability to communicate with the person for whom services are provided
- Be able to read, write, and speak the English language
- Participating in competency-based training is needed to address the unique support needs of the person, as detailed in his or her ISP
- Possess a social security card
- Possess a Driver's License or official ID
- A criminal background check: \$25 fee
- Resume
- Covid Vaccination Card
- Driving Record
- TB test result