

ABSOLU+E

# Absolute Home Health, Inc.

4740 Murphy Canyon Rd Ste 222, San Diego, CA 92123  
Agency Phone: (858) 541- 2000 Agency Fax: (858) 541- 2011

## Application for Employment

Client hire date \_\_\_\_\_ Client Company \_\_\_\_\_

Personal information \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Present address \_\_\_\_\_

Street City State Zip

Permanent address \_\_\_\_\_

Street City State Zip

Phone # ( ) \_\_\_\_\_ If you are under 18, can you furnish a work permit?  Yes  No

Employment desired  Full time  Part time  Temp  Seasonal

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so may we inquire of your present employer?  Yes  No

Ever applied for this company before?  Yes  No Where \_\_\_\_\_ When \_\_\_\_\_

Are you on layoff and subject to recall?  Yes  No. Will you travel if required?  Yes  No

Will you relocate if job requires it?  Yes  No. Will you work overtime if required?  Yes  No

Are you able to meet the attendance requirements of this position?  Yes  No. Have you ever been

Bonded?  Yes  No. Have you ever been convicted of a felony in the past 7 yrs  Yes  No

Such conviction may be relevant if job related, but does not bar you from employment. If yes – explain

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Education		Name and location Of School	# of years Completed	Did you Graduate?	Subjects Studied
Academic	Currently Attending				
	Last Completed				
Trades of Business	Currently Attending				
	Last Completed				

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with this company. \_\_\_\_\_

Date Month and Year	Name and address of employer	Salary	Job	Reason for Leaving
From <input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text" value="mm/dd/yyyy"/>				
From <input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text" value="mm/dd/yyyy"/>				

References: Give the names of three persons not related to you to whom you have known at least 1 year

Name	Address	Phone	Yrs acquainted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and write	Read and speak	Speak only
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### In case of Emergency notify

Name

Address

Relationship

Phone

### **Conditions of Employment – please read carefully**

Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation, and failing settlement in mediation, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company. Panel of mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act, 9 U.S.C. Section 1-et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

## CONFIDENTIALITY OF INFORMATION AGREEMENT

### Confidentiality of Information

- All information designated confidential that is obtained or generated as a result of any or all of the operations of the agency will be dealt with in a confidential manner.
- All information that is gathered, maintained, or stored by the agency becomes the agency's property and cannot be released without proper authorization from the administration.
- Altering information is prohibited by the agency and by law. Correction of any identified erroneous information must be done according to agency policy.

### WHAT WE CAN DO TO MAINTAIN CONFIDENTIALITY OF INFORMATION

- In order to protect any individual from invasion of privacy and to protect the interest of the agency, any information gathered for patient care or operations will be gathered, maintained and stored in such a manner as to assure confidentiality.
- Access to information will be limited to a need to know basis to perform the scope of one's duties and responsibilities.
- Dissemination of information will be handled according to agency policy, and staff will be informed during orientation, will sign the confidentiality statement and it will be placed in the employee's file.
- Proven violation of breach of the confidentiality agreement may be cause for immediate termination.

I understand that I am responsible for following this Confidentiality Policy Agreement & the Guidelines, both Written and Verbal.

## CRIMINAL HISTORY SEARCH CONSENT FORM

I have had no prior convictions of an offense which would bar or potentially bar employment as listed below.

CRIMINAL HOMICIDE

SOLICITATION OF A CHILD

INDECENCY WITH A CHILD

ARSON

AGGRAVATED ROBBERY

ASSAULTIVE OFFENSES

BURGLARY & CRIMINAL TRESPASS

THEFT

WEAPONS

FRAUD

PUBLIC LEWDNESS

INDECENT EXPOSURE

KIDNAPPING & FALSE IMPRISONMENT

PUBLIC INDECENCY

AGREEMENT TO ABDUCT FROM CUSTODY

A FELONY VIOLATION OF A STATUTE INTENDED TO CONTROL THE POSSESSION OR DISTRIBUTION OF AN ILLEGAL SUBSTANCE

SALE OR PURCHASE OF A CHILD

ROBBERY

- I UNDERSTAND THAT THE HOME HEALTH AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK BEFORE OFFERING ME EMPLOYMENT. I, THE UNDERSIGNED, HEREBY AUTHORIZE THIS AGENCY TO CONDUCT AND VERIFY MY CRIMINAL HISTORY BY PERFORMING A CRIMINAL HISTORY CHECK.

## DRUG TESTING POLICY

Agency employees may not possess, distribute and or use alcoholic beverages or controlled substances including inhalants while on premises of property controlled by the Agency or while in the course of conducting company business or engaged in any company sponsored activity.

Patients or visitors may not possess, distribute and or use alcoholic beverages or controlled substances while on the premises of the property controlled by the Agency.

Any employee who has knowledge of a person or persons violating this policy must report it to his/her supervisor immediately.

Based on reasonable cause, the agency may conduct searches or inspections of an employee's personal belongings and may be asked to take a drug test. Refusal to consent may result in termination.

- \* I HAVE READ AND UNDERSTAND THE ABOVE AND WILL COMPLY WITH THIS AGREEMENT.

## HEALTH & SAFETY AGREEMENT

I do understand the physical requirements of my job and understand proper lifting and moving techniques, which I am expected to use in moving and lifting objects and/or patients.

I have been informed and do fully understand that any injury claimed by me while on the job must be reported immediately to my supervisor and documented on an Accident/Incident Report form. I understand that unless an incident report is completed immediately and signed by me, the agency may not consider a voluntary payment of any medical bills or any other benefits as a result of my injury. I further understand that if the accident/injury is proven to be a result of my failing to follow policy/procedure, the agency may not be expected to cover medical payments.

I do fully understand that I am not encouraged to lift or transfer any object or patient by myself unless I know that I can safely lift or transfer alone. If I believe there is no one readily available to assist me in lifting or moving patients or equipment while on duty, I am to wait until I can obtain assistance before moving or lifting.

- I have had the opportunity to review and have all questions answered regarding Health & Safety.

## FOLLOWING INFECTION CONTROL AGREEMENT

ABSOLUTE HOME HEALTH, INC. wants to improve patient outcomes by identifying and reducing the risk of infection in patients and agency staff.

The agency will document infections that are acquired while the patient is receiving services from the agency. The documentation will include at a minimum the date that the infection was detected, patients name or number, primary diagnosis, signs/symptoms, type of infection, pathogens identified and treatment.

The infection control program will include surveillance, identification, prevention, control, and reporting. Targeted surveillance of infections will focus on specific patient population or procedures.

Infection Control Standards are established in compliance with the recommendations of the National Center for Disease Control in Atlanta, Georgia. All staff is educated on these standards and they are practiced consistently. Any incidents of infection related to care and service are reported.

- I recognize, and am fully aware of the fact that any patient may be contagious at any time and that this may not always be a known fact while care is being provided. I will follow all Infection Control and Universal Precautions Procedures of the agency. I also state that currently I am in excellent health and have no impairments that may alter my job performance.

## UNIVERSAL PRECAUTIONS Training Document

### LESSON 1- BLOOD BORNE INFECTION

Definition of exposure

Spread of HIV infection in the general population

Symptoms and effects of HIV infection

Spread of Hepatitis B, including number of infections, hospitalization, and deaths caused by HBV each year

Symptoms and effects of HBV infection and HBV vaccination

The hepatitis B virus and HIV virus can be transmitted in the workplace.

It is estimated that there are 1 and ½ million HIV carriers in the U.S.

There may be as many as one million carriers of HBV.

### LESSON 2 – TRANSMISSION OF BLOOD BORNE INFECTION

Sources of blood borne infections in the workplace

Four primary ways of getting blood borne infections outside the workplace

Three primary ways of getting blood borne infections at work

Risky jobs, tasks, and work practices

### LESSON 3 – EXPOSURE CONTROL

- The HBV vaccine for all workers who come into contact with blood or other potentially infectious body fluids on the job
- The steps that should be taken after an exposure incident in order to prevent infection
- Three primary ways of getting blood borne infections at work
- My rights in case of exposure and / or infection
- I have the right to have HBV vaccinations provided to me free of charge, if I am at risk for infection. If I refuse it at this time, I have the right to be vaccinated free of charge at any time in the future provided I am still at risk for infection.

### LESSON 4 – USING PERSONAL PROTECTIVE EQUIPMENT

- Types of personal protective equipment (PPE) required for different tasks or situations
- Key requirements for selecting, providing, using, and disposing of or cleaning PPE
- Limitations of personal protective equipment

### LESSON 5 – WORK PRACTICE CONTROLS

- Disposing of used needles or other sharps
- Working with lab materials
- Decontaminating work areas, instruments, and equipment
- Identifying and handling regulated waste
- Hand washing and other personal hygiene and health practices

\* I have received training covering all of the above topics and been informed of my rights accordingly.

## REPORTING: ABUSE / NEGLECT / EXPLOITATION

### REPORTING:

- ABUSE
- NEGLECT
- EXPLOITATION

**All agency staff are required to report suspected abuse/neglect/exploitation and develop a plan to minimize the risk of such. The home health employee is responsible for reporting & documenting:**

- A child's susceptibility to abuse including self-abuse and neglect
  - Elderly individuals as well as children are susceptible to abuse as well
  - Physical components, such as impairments and the ability of patient/caregiver to provide adequate care
  - Mental impairments, such as mental retardation, Alzheimer's disease, disorientation, confusion, etc.
  - Emotional status, such as passive personality, depression, etc.
  - Physical environment, such as safety in or outside the home
- The employee is responsible for reporting all incidents to DOPCS and/or Supervisor. A written report may be forwarded for Social Services with the request for referral. The Supervisor will review the situation and investigate to determine if this is a reportable incident. If so, it will be reported to the appropriate agency or Adult/Child Protection Agency by the DOPCS/Administrator or an appropriate designee.

\* I have read and understand the information above. As a home health employee it is my responsibility to report & document any suspected abuse, neglect, or exploitation.

## EMPLOYEE DRESS CODE

ABSOLUTE HOME HEALTH, INC. strives to present a professional and safe health care image to patient's families, the community, and other Health Care professionals. ABSOLUTE HOME HEALTH, INC. staff members adhere to the following standards in their dress appearance.

1. All staff will wear an approved ABSOLUTE HOME HEALTH, INC. name badge when providing patient care.
2. Clothing shall be clean, neat, and well maintained. Allowed Clothing: Loose comfortable clothing, scrubs, walking shorts that are at least mid thigh in length, hemmed blue jeans, plain T-shirt, and casual street wear. Appropriate undergarments should be worn. Not Allowed: mini skirts, short shorts, tank tops, halter-tops, midriffs, cut offs, frayed blue jeans, or T-shirts with any sayings on them.
3. Shoes should be conservative and comfortable. We encourage closed toed shoes for personal safety and infection control while providing patient care. No flip-flops or thong sandals.
4. When attending school with a patient, the employee will be provided with a copy of the schools dress code and must adhere to it.
5. Nurses should keep a clean lab coat available to wear over their clothes when accompanying patients to any medical appointment. (These may be unexpected).
6. ABSOLUTE HOME HEALTH, INC. employees will try to meet the requests of parents or primary caregivers within reason.
7. Employees are expected to keep their hair dry, neat, and clean. Long hair must be styled so it does not come in contact of the patient. Mustaches and beards must be clean and trimmed.
8. Perfume should be conservative. Strong odors can be offensive to patients.
9. Jewelry represents a safety hazard, so it must be worn with discretion, i.e. wedding rings, rings without large mountings, small earrings or studs. Visible piercing, except for earrings, should be removed when providing patient care. Both professionalism and safety should be considered when wearing jewelry.
10. Fingernails are to be kept clean, trimmed and moderately short for patient safety.

**\* If an employee is sent home to change clothes due to inappropriate attire, the employee will be sent home on his/her own time and may result in disciplinary action.**



***\* Interpretation of compliance to this dress code policy is subject to the discretion of the Administrator, DOPCS, or acting supervisor.***

## DISCLAIMER AND WAIVER OF LIABILITY

I acknowledge and will adhere to the rules and regulations as set forth by the California Department of Public Health Licensing and Certification Sacramento District Office and Medicare and Medicaid. I understand that the falsification of documents, particularly those pertaining to the submission of visit notes where in fact no visit was made, is considered to be fraud and is subject to filing of a criminal grievance, civil and/or criminal prosecution, and immediate termination. I therefore hold the home health care agency, its shareholders, directors and officers, harmless from any falsified documents.



**I have read and understand the above information. I understand that the falsification of documents, particularly those pertaining to the submission of visit notes where in fact no visit was made, is considered to be fraud and is subject to filing of a criminal grievance, civil and/or criminal prosecution, and immediate termination.**