



Application for Employment

PERSONAL INFORMATION

(Please print clearly)

Date: _____

Name: _____
Last First
Middle Initial

Date of Birth _____

Address: _____
Street City State
Zip Code

Telephone: _____ Social Security No. _____

Are you at least 18 years of age Yes No

If not a U.S. citizen, do you have the right to remain permanently and work in the U.S.A.? Yes No

EMPLOYMENT DESIRED

Position applied for:

Shift you can work: Day Evening Either Hours desired: Full Time Part Time Temporary

How did you learn of this opening?

Have you ever applied to this company before? Yes No When:

Have you ever worked for this company before? Yes No When:

Supervisor: _____ Reason for leaving:

RECORD OF EDUCATION

Highest grade completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4
Grade School High School College

Name and location of last school attended:

Vocational or trade training:

Are you a CNA or do you have training in this field? Explain?

Years of experience working with the elderly?

Professional organization membership honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying:

: This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperative in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed - I will be required to complete an employment verification form (1-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____



REFERENCES

FORMER EMPLOYERS ALL EMPLOYEES MUST HAVE AT LEAST 6 MONTHS WORK EXPERIENCE IN THE HEALTH CARE FIELD OR HAVE RELATED EDUCATION

List below your work experience, starting with you present or last place of employment.

DATE EMPLOYED	NAME AND TELEPHONE NUMBER OF EMPLOYER	FOR OFFICE USE ONLY REFERENCE	OFFICE USE ONLY REFERENCE CHECK)		
From:			Start:		
To:			Finish:	Eligible for re-hire?	
From:			Start:		
To:			Finish: :	Eligible for re-hire	
From:			Start:		
To:			Finish: :	Eligible for re-hire	

May we contact your present employer at this time? Yes No

REFERENCES

List three persons who know you well. Do not include relatives or former employers.

NAME	ADDRESS	PHONE	YEARS ACQUAINTED WITH YOU

Personal Reference -----FOR OFFICE USE ONLY

Name: _____ Relation _____
 _____ Years Known _____

How well do you feel she/he handles stress?

On a scale from 1 to 10 how dependable is she/he?



INTERVIEW QUESTIONS –APPLICANT PLEASE ANSWER THE FOLLOWING QUESTIONS

If any how many years do you have working with older adults?



What were your duties in the past regarding elderly care?



What would you say you are best at regarding senior care?



What would you say you are not good at or uncomfortable with at regarding senior care?



Out of the following duties involved in this job, is there anything you feel you cannot or would not want to do?



Is there anything in your situation that would prevent you from arriving for work on time ?



INTERVIEW REPORT- TO BE COMPLETED BY AGING GRACEFULLY STAFF AT TIME OF HIRE

APPLICANT _____

WORK EXPERIENCE

Does the candidate's previous job experience give him or her the skills needed to successfully meet the requirements of the position?

1-Unsatisfactory 2-Satisfactory 3-Average 4-Above average 5-Outstanding

COMMUNICATION SKILLS

Rate the candidate's communication skills.

1-Unsatisfactory 2-Satisfactory 3-Average 4-Above average 5-Outstanding

INTERPERSONAL SKILLS

Does the candidate have strong interpersonal skills? Will he or she be a good team player?

1-Unsatisfactory 2-Satisfactory 3-Average 4-Above average 5-Outstanding

TRACK RECORD

Does the candidate have a high degree of success in meeting predetermined goals?

1-Unsatisfactory 2-Satisfactory 3-Average 4-Above average 5-Outstanding

CUSTOMER MINDSET

Does the candidate demonstrate a high level of customer-oriented thinking?

1-Unsatisfactory 2-Satisfactory 3-Average 4-Above average 5-Outstanding

ENTHUSIASM

How enthusiastic is the candidate about the position?

1-Unsatisfactory 2-Satisfactory 3-Average 4-Above average 5-Outstanding



HANDBOOK ACKNOWLEDGEMENTS

This employee handbook has been prepared for your information and understanding of the policies, philosophies and practices and benefits of AGING GRACEFULLY. PLEASE READ IT CAREFULLY. Upon completion of your review of this handbook, please sign the statement below, and return to your personnel representative by the due date. A reproduction of this acknowledgment appears at the back of this booklet for your records.

I, _____, have received and read a copy of the AGING GRACEFULLY Company (The Company) Employee Handbook which outlines the goals. Policies, benefits and expectations of The Company, as well as my responsibilities as an employee.

I have familiarized myself, at least generally, with the contents of this handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in Employee Handbook provided to me by The Company. I understand this handbook is not intended to cover every situation which may arise during my employment, but is simply a general guide to the goals, policies, and practices. Benefits and expectations of The Company. Please initial the following your initials state that you understand this policy in its entirety and are agreeing to it prior to employment

_____ AGING GRACEFULLY HAS GIVEN ME A COPY OF MY JOB DESCRIPTION AND I HAVE READ IT AND FULLY UNDERSTAND MY POSITION

_____ AGING GRACEFULLY HAS INFORMED ME AND GIVEN ME A COPY OF THEIR POLICY ON PRE-EMPLOYMENT SCREENING. I UNDERSTAND THAT THEY PERFORM CRIMINAL HISTORY CHECKS, SEARCH THE EMPLOYEE MISCONDUCT REGISTRY AND THE NURSES AID REGISTRY, I ALSO UNDERSTAND I WILL BE NOTIFIED OF ANY FINDING AND GIVEN AN OPPORTUNITY TO DISPUTE SUCH FINDINGS IF I BELIEVE THEY ARE INACCURATE

_____ AGING GRACEFULLY DOES NOT CARRY WORKERS COMPENSATION INSURANCE, NOR DO WE OFFER ANY TYPE OF COVERAGE AGAINST INJURY

_____ AGING GRACEFULLY HAS GIVEN ME A COPY OF THE INTERPRETIVE GUIDELINES ON PREVENTION OF TRANSMISSION OF HIV AND HEPATITIS B VIRUS BY INFECTED HEALTH CARE WORKERS OR PATIENTS

_____ AGING GRACEFULLY DOES NOT PAY OVERTIME, WORKING OVER 40 HRS A WEEK IS YOUR CHOICE AND IF AN EMPLOYEE WORKS OVER 40 HOUR THEY WILL BE PAID SALARY

I understand that The Company Employee Handbook is not a contract of employment and should not be deemed as such, and that I am an employee at will.

(Employee signature)

Please return by: _____



EMPLOYEE HANDBOOK
Conflict of Interest

Caregivers are not allowed to work for anyone independently while employed by AGING GRACEFULLY and may not work for any client associated with AGING GRACEFULLY past or present for six months after quitting, termination or layoff from AGING GRACEFULLY.
Should this happen the caregiver will be subject to legal action for breach of contract

I _____ UNDERSTAND THAT I MAY NOT SOLICIT A CLIENT FOR PERSONAL PAY WHILE EMPLOYED WITH AGING GRACEFULLY OR FOR SIX MONTHS AFTER SEPARATION FROM THE COMPANY.

I ALSO UNDERSTAND THAT ANY SOLICITATION FROM MY CLIENT TO ME STILL PROHIBITS ME FROM WORKING OUTSIDE OF THE AGENCY. I ALSO AGREE TO REPORT ANY SUCH SOLICITATION BY MY CLIENT TO ME TO MANAGEMENT WITHIN 24HRS OF SOLICITATION.
MY SIGNATURE BELOW STATES I AGREE TO THESE TERMS AND I UNDERSTAND THIS CONTRACT WILL BE KEPT IN MY EMPLOYEE PERSONNEL FILE AND THAT IS LEGALLY BINDING.

EMPLOYEE _____ DATE _____

WITNESS _____ DATE _____



CHAPTER 102. SOLICITATION OF PATIENTS

SUBCHAPTER A. GENERAL PROVISIONS

§ 102.001. Soliciting Patients; Offense

(a) A person commits an offense if the person knowingly offers to pay or agrees to accept, directly or indirectly, overtly or covertly any remuneration in cash or in kind to or from another for securing or soliciting a patient or patronage for or from a person licensed, certified, or registered by a state health care regulatory agency.

(b) Except as provided by Subsection (c), an offense under this section is a Class A misdemeanor.

(c) An offense under this section is a felony of the third degree if it is shown on the trial of the offense that the person:

(1) has previously been convicted of an offense under this section; or

(2) was employed by a federal, state, or local government at the time of the offense.

Acts 1999, 76th Leg., **ch.** 388, § 1, eff. Sept. 1, 1999.

§ 102.002. Rebuttable Presumption

It is a rebuttable presumption that a person violated Section 102.001 if:

(1) the person refers or accepts a referral of a patient to an inpatient mental health facility or chemical dependency treatment facility;

(2) before the patient is discharged or furloughed from the facility, the person pays the referring person or accepts payment from the facility for outpatient services to be provided by the referring person after the patient is discharged or furloughed from the facility; and

(3) the referring person does not provide the outpatient services for which payment was made and does not return to the facility the payment received for those services.

Acts 1999, 76th Leg., **ch.** 388, § 1, eff. Sept. 1, 1999.



BACKGROUND REQUIREMENTS

Employee Misconduct Registry

In an effort to better serve and protect facility residents and consumers, the 76th Legislature passed **Senate Bill 967** creating the Employee Misconduct Registry (EMR), as referenced in **Chapter 253, of the Health and Safety Code**.

The purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in DHS-regulated facilities and agencies.

DHS-regulated facilities and agencies are required to check the Employee Misconduct Registry **and** Nurse Aide Registry at the DHS toll-free number —1-800-452-3934 — **before hiring** an individual to determine if the person is listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer, and is, therefore, **unemployable**.

I UNDERSTAND THAT AGING GRACEFULLY IS REQUIRED TO CHECK CRIMINAL HISTORY ON ALL NEW EMPLOYEES

THE FOLLOWING INFORMATION IS REQUIRED

FULL NAME / FIRST _____

MIDDLE _____ LAST _____

MAIDEN NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____/_____/_____

DRIVERS LICENSE NUMBER _____

MY SIGNATURE ON THE BELOW LINE STATES THAT I AM GIVING MY PERMISSION TO PERFORM A CRIMINAL HISTORY ,FULL BACKGROUND CHECK INCLUDING REFERENCE CHECKS AND PRIOR EMPLOYMENT VERIFICATION.

SIGNATURE _____



RATE OF PAY/ PAYCHECK DELIVERY

I HAVE ACCEPTED A POSITION AT AGING GRACEFULLY
AT THE RATE OF PAY_\$_____PER HOUR

AGING GRACEFULLY PAYS WEEKLY

**AGING GRACEFULLY MAILS ALL PAYCHECKS AND THEY ARE MAILED EVERY
FRIDAY**

***PAYCHECKS ARE NOT AVAILABLE FOR PICK UP AT ANY TIME
ALL PAYCHECKS ARE MAILED FROM AN OUTSIDE PAYROLL SERVICE.***

AGING GRACEFULLY CANNOT BE RESPONSIBLE FOR THE US MAIL THEREFORE,

WE REQUIRE ALL CAREGIVERS BEFORE HIRE SIGN BELOW THAT
THEY UNDERSTAND AGING GRACEFULLY'S POLICY ON PAYROLL

ANY EMPLOYEE WHO DOES NOT RECEIVE THERE PAYCHECK BY US MAIL ON THE FIRST
WEDNESDAY AFTER A FRIDAY PAY PERIOD MAY CALL THE OFFICE AND AGING GRACEFULLY
WILL STOP PAYMENT AND RE-ISSUE A CHECK
THAT *new check* WILL BE SENT BY REGULAR MAIL

THE WORK WEEK RUNS MONDAY TO SUNDAY.

I have read the above and agree to the terms of paycheck delivery. I understand that my check will be mailed on
Friday, by regular mail and that Aging Gracefully can not guarantee that my check will arrive by Saturday. I
understand that I f do not receive my check by Wednesday following payday that I may request that the office stop
payment and re-issue a new check **I ACCEPT THIS JOB** under the above outlined policy.

EMPLOYEE_____DATE_____



Aging Gracefully In-HomeCare for Seniors

Staff member acknowledgement

To: Texas Work Force Commission
(Labor Board)

Last Name

First Name

Middle

(Please Print Neatly)

I acknowledge that I have received a copy of the Aging Gracefully Staff Handbook and I understand it is my responsibility to read and familiarize myself with its contents, it is also my responsibility to read and become familiar with all company policies and procedures and abide by them during my employment with Aging Gracefully

I also understand that it is my responsibility to call in my time. I have been given an employee code and a client code (the client code is the first four letters of the clients last name.) the automated system will ask for both numbers

It is required of me to clock in and out using the automated Chrono Tak. I understand that if I forget to clock in or out this will delay my Pay for the day and or days until the following pay period (in order for payroll to verify with my client the actual time worked) Using this system I am not required to submit a timesheet however I must continue to complete my clients progress notes.

The new system is a revivification of time worked by verifying the caregiver called from the client's home. If an error occurs submit in writing the correct time for the day in question. My supervisor or executive director must approve time.

I further understand that Aging Gracefully or I can terminate my employment at any time without cause or liability.

Staff member' Signature

Date

Supervisors Signature

Date



I have, read, received, and Understand the Following:

(Initials)

- Policy on Abuse, Neglect, and exploitation of a Client
- Chapter 102 Rights of the Elderly
- Policy on Drug Policy, and I agree to random drug testing
- Job Description and Qualifications of my job
- I have read, understood, and will comply with all applicable agency policies.
- I have a list of all employee misconducts.
- I will be involved, and an active participant in all employee development programs.
- I have read, received Emergency Procedures in the Home
- Our agency is an equal opportunity employer
- Our agency does not have workers compensation, or any other type of coverage to protect against injury, and do not hold the agency responsible for any injury that may occur.
- I have received an employee handbook
- I understand an employee meeting is mandatory
- I understand I must have a current drivers license, car insurance, and permission from the agency to transport a client in a car.
- I will not work, or see my client outside of my case.
- I have receive a copy of the interpretive guidelines on Prevention of Transmission of HIV, and Hepatitis B Virus by infected health Care Workers.
- I agree to keep all client information confidential. I will only disclose information about the client to the agency, I understand breaking this agrees will result in immediate termination.
- I received the job description sheet detailing, monitoring medications.
- I understand about the infection control, and infection control record.
- I have read and understand all services I can, and cannot perform.
- I have attended the agencies training, and read the training manual.
- I understand I must turn in a progress note weekly, that is signed by the relieving caregiver, so everyone can interchange information regarding the client, and their care.
- I understand I need to read, and follow the client's plan of care; it will be kept in a folder, and must be at an easily accessed location at all times.

I give permission to the following

- I give permission for you to run a criminal history check
- I give you permission to run my name through the employee Misconduct database, to determine if my name is reported on that list.
- I give you permission to run a personal, and professional reference check.

Initial (one) choice:

- I choose* to be given Hepatitis B shots.
- I refuse*, and do not wish to be given the Hepatitis B shots.

Signature _____ Date _____

EMPLOYEE _____ DATE _____



CONFIDENTIALITY AGREEMENT

**I AGREE TO KEEP ALL INFORMATION REGARDING MY CLIENT CONFIDENTIAL
I WILL NOT DISCLOSE CLIENT INFORMATION TO ANYONE BUT OFFICE
MANAGEMENT.**

**I UNDERSTAND THAT BREAKING THIS AGREEMENT, MAY RESULT IN IMMEDIATE
TERMINATION**

EMPLOYEE _____ **DATE** _____



COMPENTANCY TEST

1. ACTIVE SENIORS NEED A FULL BATH
 - A. TWICE A DAY
 - B. SEVERAL TIMES A WEEK AND THEN SPONGE BATH THE OTHER DAYS
 - C. ONCE EVERY

2. AFTER A BATH IS IMPORTANT TO APPLY LOTION BECAUSE
 - A. THE ELDER ADULT TENDS TO HAVE A FRESH CLEAN SMELL
 - B. IN REALLY IS NOT IMPORTANT TO APPLY LOTION
 - C. IT TENDS TO KEEP IT THE SKIN MOIST AND HEALTHY

3. IF YOUR CLIENT HAS A DECREASED APPETITE
 - A. JUST PREPARE A LARGE MEAL AND LET THEM EAT WHAT THEY WANT
 - B. ENCOURAGE YOUR CLIENT TO EAT SMALL MEALS OR SNACKS THROUGHOUT THE DAY
 - C. IF THEY AREN'T HUNGARY THEN THEY DON'T HAVE TO EAT

4. WHEN AN ELDER IS IN THE SHOWER
 - A YOU CAN USE THIS TIME TO REST YOUR CLIENT WILL CALL IF THEY NEED YOU
 - B NEVER LEAVE THEM ALONE
 - C. USE THIS TIME TO HAVE YOUR LUNCH

6. IF YOUR CLIENT WALKS WITH A WALKER
 - A. MAKE SURE THERE ARE NO LOOSE RUGS OR OBJECTS THAT COULD CAUSE YOUR CLIENT TO FALL
 - B. LET THEM WALK ON THEIR OWN
 - C. WATCH THEM AND THEN IF THEY DO FALL GO PICK THEM UP

7. ONE OF THE BEST WAYS A CAREGIVER CAN PREVENT THE SPREAD OF INFECTION IS TO
 - A. WASH YOUR HANDS FREQUENTLY
 - B. WEAR NEW CLOTHES ON YOUR SHIFT
 - C. NEVER TOUCH YOUR CLIENT

8. IF YOUR CLIENT NEEDS HELP MONITORING THEIR MEDICATION AND YOU REMIND THEM TO TAKE THERE MEDICATION AND THEY SAY THEY DO NOT WANT TO TAKE IT. YOU SHOULD
 - A. CHOP IT UP AND HIDE IT IN THERE FOOD
 - B. TRY TO ENCOURAGE THEM , BUT RESPECT THEIR RIGHT TO REFUSE, THEN MAKE A NOTE IN YOUR PROGRESS JOURNAL
 - C. KEEP TELLING YOUR CLIENT TO TAKE IT UNTIL THEY DO



AGING GRACEFULLY

TIME SHEET

PO BOX 1677

**Timesheet will only be used in case of error when calling in time or system failure.
All timesheets must be signed by your client.**

ROCKWALL TX 75087

Employee Signature: _____

Week Ending: _____

Employee Name: _____

Day	Date	Client	Start Time	End Time	Total Hrs.
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
					TOTAL

1. Client:

CLIENTS SIGNATURE _____

Clients please note that your signature is verification that the hours listed below have actually been worked.

2. Client:

CLIENTS SIGNATURE _____

Clients please note that your signature is verification that the hours listed below have actually been worked.



CLIENT <small>tyee App/2014</small>	DATE	
Housekeeping		
Bathing/Grooming		
Meals Plan/Prep		
Grocery Shopping		
Assistance with Meds		
Ambulation/Transferring		
Laundry		
Transportation		
Incontinent care		
Errands/DrsAppointment		
Notes:		
Caregiver Signature:		



FOR OFFICE USE ONLY

EMPLOYEE CHECKS

EMPLOYEE _____

DATE: _____

CRIMINAL _____

_____ EMPLOYEE HAS A CRIMINAL HISTORY

_____ EMPLOYEE IS CLEARED FOR EMPLOYMENT --(HAS NO CRIMINAL HISTORY)

MISCONDUCT REGISTRY _____

_____ EMPLOYEE IS NOT LISTED

_____ EMPLOYEE IS LISTED

NURSES AIDE REGISTRY _____

_____ EMPLOYEE IS NOT LISTED

_____ EMPLOYEE IS LISTED



FOR OFFICE USE ONLY

AGING GRACEFULLY EMPLOYEE
REVIEW

EMPLOYEE _____

DATE OF REVIEW _____

PERSON CONDUCTING REVIEW _____

DATE OF REVIEW _____

	EXCELLENT	GOOD	FAIR	POOR	ACTION
HONESTY					
WORK QUALITY					
WORK CONSISTENCY					
ENTHUSIASM					
ATTITUDE					
WORKING RELATIONS					
PUNCTUALITY					
DEPENDABILITY					
FOLLOWS COMPANY POLICY					
RETURNS EMPLOYEE UPDATES SIGNED					
COMPLETES PROGRESS REPORTS					
INFORMS OFFICE WHEN NEEDED					



FOR OFFICE USE ONLY

EMPLOYEE REVIEW TO BE COMPLETED AFTER 6 MONTHS OF EMPLOYMENT

_____ DATE COMPLETED

_____ DATE COMPLETED

_____ DATE COMPLETED

_____ DATE COMPLETED

_____ DATE COMPLETED

_____ DATE COMPLETED