

Homecare Precision.

APPLICATION FOR EMPLOYMENT

All applicants are considered provisional hire pending background result.

_____		(_____)_____ - _____	
Last Name	First Name	Telephone Number	
_____		_____	_____
Address	City	State	Zip Code
Job Applied for (PCA or CNA) _____		Today's Date _____ / _____ / _____	
Are you seeking: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> employment		When could you start work? _____	
Desire Pay: _____			
Are you 18 year of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you lived in PA for the last 2 years consecutively? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Social Security # _____ - _____ - _____		Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Employment is subject to verification in the U.S)			
Have you ever applied here before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, when? _____			
Were you ever employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, when? _____			
Have you ever been convicted of any law violation (except for minor traffic violations)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, give details: _____			
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)			
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Driver's License Number _____		State of License: _____	Class of License _____
Have you had your driver's license suspended or revoked in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, give details: _____			

Other Licenses/ Certification

CNA License Yes No
HHA certification Yes No
CPR Yes No
BLS Yes No

Medical and clearances

Child abuse clearance Yes No
Federal background check FBI Yes No
Background Yes No
Physical Yes No
TB/ PPD Yes No
Chest X-ray Yes No

	# of Years Completed	Diploma/ Degree/ Studied Certificate	Subjects
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LIST NAME AND ADDRESS OF SCHOOLS

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service.

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
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ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

Are you presently employed? Yes No
 If yes, may we contact your present employer? Yes No
 Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain: _____

Give two professional references, not relatives.

Name	Address	Phone
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

Homecare Precision. Provides equal employment opportunities (EEO) to all employees and applicants for employment and is committed to providing a workplace free from harassment or discrimination. All employment without regard to race, color, sex, age, handicap, marital status, sex orientation religions, national origin, disability, pregnancy, age, or military or veteran status in accordance with federal law. In addition, Homecare Precision complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Homecare Precision also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws. This policy applies to terms and condition of employment, including recruiting, termination, layoff, recall, transfer leave of absence, compensation, and training. Improper interference with the ability with the ability to Homecare Precision, employees to perform their job duties may result in disciplinary action up to and including discharge.

Signature _____ Date _____ / _____ / _____

EMPLOYEE AVAILABILITY

All position is considered Temporary/seasonal due to ongoing changes in elderly clients. Continued employment is **NOT** guaranteed to any Employee as all employment is at- will, indefinite and not for any specific period.

Please provide the following information on your availability:

How many hours are you willing to work per week? _____

Please select your availability.

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Additional placement questions:

- Type of Transportation you have / will use for home visits: _____
- Are you allergic to any pet? No. Yes.
If yes, please list here: _____
- Do you have a problem working with a client who smokes? No. Yes

_____ <i>Employee signature</i>	_____ <i>Date</i>
_____ <i>Printed Name</i>	

Authorization for Release Information

I, _____ release Homecare Precision. and its agents to make investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services, or other entities provided on my employment application. Furthermore, I authorize the company and its agents to release any reference information to prospective employers who request such information for purposes of evaluating my credentials and qualifications acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

I hereby ___ do ___ do not authorize you to contact my current employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

Print name

Applicant signature

Date

AUTHORIZATION FOR BACKGROUND CHECK AND DRIVERS RECORD

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act. Homecare Precision. does not collect credit information reports or credit scores as part of our hiring process.

I, _____ I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of Homecare Precision. to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by Homecare Precision for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by Homecare Precision to furnish the above-mentioned information.

Applicant signature

Date

EMPLOYMENT VERIFICATION:

Supervisor/ Manager name: _____

What was his/her position? _____

What dates did you work with the employee? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc.) _____

What were his/her strengths as an employee? _____

Employees Dates of Service _____

How would you explain his/her attendance? Excellent? _____ Good? _____, Poor? _____

How would you describe his/her work ethics?

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ work well with other? _____ exhibit initiative?

Any comments? _____

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How would you explain his/her attendance? Excellent? _____ Good? _____, Poor? _____

How would you describe his/her work ethics?

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ work well with other? _____ exhibit initiative?

Any comments? _____

Employee Appeals Process

Employees of this Agency has the right to request a request a review of a disciplinary action within fifteen days of the written notification of such action.

1. Agency office personnel will complete an Incident Report/Counseling Report (ICR).
2. The employee "named" in the ICR will have the opportunity to review the complete written report.
3. The employee should respond in written on the ICR under the Employee response to the Incident.
4. If the employee does not agree with the proposed action to be taken by the Agency, the employee may appeal the action to the counsel of supervisors.
5. The chain of common is as follows: Immediate Supervisor, Director of Operation. CEO
6. The decision of the CEO is final.
7. This Agency reserves the right to suspend an employee without pay during the appeal process.

I _____ have been made aware of the process of my rights to appeal.

Applicant signature: _____

Date: _____

Staff signature: _____

Date: _____

EMPLOYEES ADVANCE DIRECTIVE FOR HEALTHCARE

Homecare Precision. acknowledge the right to an individual to complete an Advance Directive for healthcare within the context of ACT No.1992-24(20 Pa C.S.A sect 5409(b). Homecare Precision. will support every client right to self-determination.

Homecare Precision. also acknowledge employee's rights not to participate in the withholding or withdrawal of life sustaining treatment. Therefore, we will not discharge or discriminate against an employee because they do not wish to participate in the withholding or withdrawal of life sustaining treatment such as CPR, antibiotics,dialysis, etc.

Homecare Precision. employees will not be assigned to a client when their wishes will be against the client's.

Please check the appropriate box.

- I support a client's rights to self-determination as described in Act 1992-24
- I do not wish to participate in the withholding or withdrawal of life sustaining treatment as described in Act 1992 -24

_____	_____
<i>Applicant signature</i>	<i>Date</i>

<i>Printed Name</i>	

INFECTION CONTROL GUIDELINES

The following guidelines provide uniform instructions for all homecare staff and family members to prevent the transmission of infection when working with all homecare clients.

Guidelines

1. Be consistent with proper personal hygiene/ resident hygiene.
2. Maintain at least 6 feet distance from the client and other person in the home when not performing care.
3. After entering the client's home, you MUST wash your hands and wear PPE such as, face shield, mask and gloves.
4. Before and after contact with each patient and before meal preparation. Hands should be washed under a steady stream of warm water with soap or anti-bacterial fluid for at least one minute, rubbing vigorously. Make sure to get between fingers, under rings and nails. Go up to your wrists. Dry hands completely.
5. Gloves and face shield must be worn when encountering blood or body fluids. These fluids include but are not limited to: Feces, Vomitus, Urine, Oral secretion, Respiratory secretions, Secretions from open wounds, etc.... Never reuse gloves.
6. Wash your hands often and thoroughly with soap and water for at least 20 seconds. Use alcohol-based hand sanitizer that contains 60% to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. You should use soap and water if your hands are visibly dirty. When gloves are removed hands should be thoroughly washed again.
7. Bed linens, towels and clothing soiled with urine stool and body fluids should be placed in a plastic bag and tied shut until ready to be laundered. Wash all soiled items in hot soapy water. Dry on high heat.
8. Avoid touching your eyes, nose, and mouth when performing care.
9. Cover your coughs and sneezes. Use respiratory cough etiquette using your sleeve to cough; and when using a tissue, dispose of the tissue right away and perform hand hygiene immediately Dispose of urine, stool and vomit. by flushing in the toilet.
10. Dispose of gloves and incontinent padding in a sealed plastic bag. Place this bag inside household trash bag.
11. Stay home when you are sick. Alert your client and your client's case manager, if appropriate, to tell them you will be staying home and who will be providing care in your place.

I have read and understood these infection control guidelines.

_____	_____
<i>Employee signature</i>	<i>Date</i>

<i>Printed Name</i>	

COVID-19 Compliance

OSHA Provides New Guidance on Protecting Employees from COVID-19

February 02, 2021

The U.S. Occupational Safety and Health Administration (OSHA) has issued new guidance to help employers and employees identify risks of being exposed to and/or contracting COVID-19 at work.

COVID-19 Prevention Programs:

In the guidance, OSHA makes clear that implementing a workplace COVID-19 prevention program is the most effective way to mitigate the spread of COVID-19 at work.

The program should engage workers and their representatives in the program's development and implementation at every step, and include the following elements:

Assignment of a workplace coordinator who will be responsible for COVID-19 issues on the employer's behalf.

Identification of where and how workers might be exposed to COVID-19 at work.

This includes a thorough assessment to identify potential workplace hazards related to COVID-19 and identifying measures that will limit the spread of COVID-19. Some examples include:

Eliminating the hazard by separating and sending home infected or potentially infected people; Implementing physical distancing in all communal work areas:

Using face coverings and applicable personal protective equipment to protect workers from exposure;

Providing necessary supplies for good hygiene practices; and

Performing routine cleaning and disinfection.

Consideration of protections for workers at higher risk for severe illness through supportive policies and practices.

Instruct workers who are infected or potentially infected to stay home and isolate or quarantine to prevent or reduce the risk of transmission.

Isolating workers who show symptoms at work.

Performing enhanced cleaning and disinfection after people with suspected or confirmed COVID-19 have been in the facility.

Closing areas used by the potentially infected person for enhanced cleaning.

Providing guidance on screening and testing.

Recording and reporting COVID-19 infections and deaths.

Details on each of these elements as well as other measures to prevent the spread of COVID-19 can be found in the [guidance](#).

Compliance Recommendations:

While the guidance creates no new legal obligations and doesn't carry the same weight as a law or regulation, employers may find it helpful in identifying the risks of exposure to COVID-19 in the workplace and in determining appropriate control measures to implement. OSHA says it expects to continue to update the guidance over time to reflect developments in science, best practices, and standards.

Keep in mind that some states and local jurisdictions have established their own requirements for employers to prevent the spread of COVID-19 in the workplace, many of which are covered in our [COVID-19 Resource Center](#).

AGREEMENT TO STANDARDS

I, _____ understand that Homecare Precision is a temporary employment service and cannot guarantee any number of hours in any given week. Even if I work a full week, I cannot expect the same number of hours in the following weeks or month. I have been fully advised that after I am employed, I will be terminated if I violate any of the following standards:

1. Verbal and/or physical abuse of any client or employer.
2. Accept assignment and not notify the agency that you will not be reporting to the assignment as scheduled or no longer wish to work said assignment. You will not perform any actions that may lead to the agency losing the client.
3. Excessive lateness or absenteeism; that is -more than two (2) times within one-calendar month.
4. Sleep on an assignment unless assignment is a Sleep-Over or live-in.
5. Violation of the confidentiality policy.
6. Misrepresent reference sources.
7. Misrepresent time worked on an assignment.
8. Take any object or money that belongs to a client of this agency, accept money or gifts from clients, or make long-distant phone calls without permission.
9. Work directly for a client whose services originated from with this Agency.
10. Use of alcohol or drugs of any kind before or during work schedule.
11. Refusal to comply with assigned duties or dress code on assignment: unsatisfactory job performance.
12. Appear to work accompanied by any other person, i.e. taking children to work with you or any other person.
13. Leave an assignment before scheduled time unless approved by the supervisor.
14. Lack of cooperation.
15. Confidentiality- I understands that any and all private information obtained about the employers, patients or their dependents during the course of employment, including but not limited to medical financial, Legal and career, are strictly confidential and may not be disclosed to any third party for any reason.
16. Violation of "policies for caregivers" in the Employee Policy Handbook.
17. Homecare precision will not sign any paperwork until you are hired and working with the company for a period of at least 30 days.
18. If am not currently working on an assignment for this Agency I will call this agency each week with the times that I am available for an assignment. I understand that if I do not call with my availability each week –I will be considered voluntarily unavailable for assignment effective the day following my last assignment.
I hereby agree that for a period of 90 days after termination of my employment for any reason, I will not accept employment, directly or indirectly by or from any client of this Agency for whom I performed services while working for this agency. Continued employment is not guarantee for any employee as all employment is at will, indefinite and not for any specific period of time
19. At any should one like to terminate the employment with Homecare Precision, we need 2 weeks written notice.
20. All time off request must be submitted within 30 days of requested date.

21. All Time request off must be submitted through ADP portal or complete a Time request off sheet. The form must be approved by a supervisor and emailed confirmation.

22. All call off procedure must be followed.

I hereby acknowledge that I understand this Agency's Agreement to standards, and I received a copy of this Agency's agreement to standards which states grounds for termination.

Applicant Name: _____

Staff Name: _____

Applicant Signature: _____

Date: _____

Policies for Home Care Staff Relating to Clients

The following policies have been established for the benefit of the home care staff to prevent potential conflicts between our clients, their family, the agency, and the direct care workers. Often there are several friends and family involved with the client, each concerned about with the care and welfare of that individual. This results in the agency staff being placed in the sensitive position of caring for a vulnerable and dependent person. Unfortunately, there are times the family can become suspicious if they see or hear of any suspicious activity related to the caregiver. If an employee conducts himself in a manner that is in accordance with these policies, misunderstandings can usually be minimized or even eliminated. The management of this agency will cooperate fully with police or any investigating agency concerning allegations by a client or client's family regarding any/all misconduct of an agency employee. Failure to follow the policies listed below can result in allegations of abuse, neglect, theft, or any type of criminal conduct. Any violation of the policies can lead to disciplinary up to and including immediate termination.

1. DO NOT SOLICIT MONEY FROM CLIENTS FOR ANY SCHOOL, SOCIAL, CHURCH, VOLUNTEER OR CHARITABLE ORGANIZATION. This includes any type of fundraising for friends, family or your own children.

2. DO NOT ACCEPT MONEY FROM A CLIENT. THIS INCLUDES BUT IS NOT LIMITED TO: GIFTS OR LOANS FOR ANY PURPOSES. DO NOT TAKE ANY PAYMENT FOR SERVICES RENDERED. THE AGENCY WILL HANDLE ANY AND ALL BILLING. NOTE: If the client requires caregiver to go to the store or must give the caregiver money to perform tasks such as laundry, the caregiver should notify the agency and follow the procedures that are related to performing these services. Receipts must ALWAYS be collected in these instances.

3. DO NOT ACCEPT ANY GIFT OF ANY TYPE FROM THE CLIENT. This agency does recognize, however, that on some occasions (birthday/holidays) the client may want to express appreciation or good wishes with gifts. If so, please inform the client that they must notify the office first before any gift can be accepted by the caregiver.

4. DO NOT ASSIST THE CLIENT WITH ANY FINANCIAL MATTERS. This includes paying bills, writing checks, etc. If such assistance is required, please contact the office so that they can arrange for proper documentation of any transactions. To prevent any potential conflicts, the office will also notify the family if these services are a requirement of care.

5. IN THIS STATE, IT IS ILLEGAL FOR ANYONE OTHER THAN A LICENSED PROFESSIONAL (LPN, RN) TO ADMINISTER MEDICATION OR INJECTIONS. You may not, under any circumstances, dispense or administer medication. This includes anything over the counter. If you are NOT licensed and you are requested by the client, their family, friends or doctor to dispense medication, call the office IMMEDIATELY. We will make arrangements to assure the client receives their medication. It is YOUR Responsibility to say "NO". If the client is required to take medication on your shift, it must be pre-dispensed in a CLEARLY labeled container.

6. ANY INFORMATION RELATING TO THE CLIENTS LAST WILL AND TESTAMENT IS NOT TO BE DISCUSSED WITH THE CLIENT OR ANY OF THEIR FRIENDS AND FAMILY. If the client asks for advice, encourage them to consult an attorney. Employees may NOT sign or bear witness for any documentation for the client.

7. CAREGIVERS ARE PROHIBITED FROM ACCEPTING PRIVATE EMPLOYMENT FROM A CLIENT THAT IS ASSOCIATED WITH THIS AGENCY FOR AT LEAST 90 DAYS FROM THE DATE OF CLIENT/CAREGIVER TERMINATION. Accepting work within the 90 days period will place you in violation of this policy and may be ground for termination. legal measure may be taken by the Agency either by asking the client to pay or the agency that hire you to provide services to the client. This is a direct violation of the contract that the client signs at the start of service. Failure to comply with this can result in legal action, and a fee of \$5000.00 may be imposed if violated.

8. DO NOT ACCEPT ANY KEYS INCLUDING BUT NOT LIMITED TO: HOUSE, CAR, SAFE DEPOSIT BOX, ETC. FROM A CLIENT. If at any time it is necessary to receive these from the client, notify the office immediately to receive approval.

9. DO NOT BRING ANY UNAUTHORIZED PERSON INTO THE CLIENT'S HOME. This means you are not permitted to bring any family, children, friends or pets into the client's home whether you are on the clock or off duty.

10. DO NOT DRIVE CLIENT'S CAR OR DRIVE CLIENT IN YOUR CAR. The agency discourages client transport by an employee. However, we do recognize the need for transportation, and we will grant permission for an employee to transport a client only after we have received a **signed Release from Liability from the client.** Safety belt must always be worn. Prior to any transportation, a updated car insurance must be submitted to office.

11. DO NOT USE THE CLIENT'S PHONE FOR PERSONAL CALLS UNLESS IT IS AN EMERGENCY. DO NOT ANSWER THE CLIENT'S PHONE UNLESS THEY REQUEST SUCH OR THE OFFICE IS CALLING YOU.

12. DO NOT GIVE YOUR PHONE NUMBER OR ADDRESS TO ANY CLIENT OR CLIENT FAMILY FOR WHOM YOU MAY WORK. Even if you expect the client want to contact you, do not give your number. They can contact you through office. The agency never gives employee's home telephone numbers for your protection.

13. YOU ARE NOT PERMITTED TO USE THEIR CREDIT OR CHARGE PRIVILEGES FOR ANY PURPOSE. You may also not go to the bank for them. The unauthorized use of another's charge or bank account is illegal and result in criminal charges.

14. DO NOT CONSUME OR CARRY WITH YOU ANY ALCOHOLIC BEVERAGES OR DRUGS WHILE ON DUTY OR DIRECTLY BEFORE YOUR SHIFT START. Violation of this policy will result in immediate termination. The client's medication is for their use only. Use of the client's medication by the caregiver will result in criminal charges. Do not take any prescription or non-prescription medication belonging to client.

15. YOU ARE TO PERFORM ONLY THE DUTIES AND PROVIDE ONLY THE CARE OUTLINED IN YOUR JOB DESCRIPTION. You are to follow the client's care plan and the tasks listed. Call the office if you are unclear or have any questions about your responsibilities. Operating outside the scope of practice is grounds for immediate termination.

16. DO NOT LEAVE THE CLIENT PRIOR TO YOUR SHIFT END TIME. Any unauthorized change in hours is prohibited. The only time you may leave is if you are doing so at the client's request. The office **MUST** be notified if you are leaving for any reason. You may **NEVER** leave if the client's health/welfare will be jeopardized, even if the client requests you to do so.

17. ANY AND ALL INCIDENTS/ACCIDENTS INVOLVING YOURSELF OR THE CLIENT MUST BE REPORTED IMMEDIATELY. NO EXCEPTIONS! If emergency medical personnel are involved, once they have been contacted you **MUST** call the office to notify us. You must also report missing or lost property belonging to the client or yourself. Filing the proper reports can protect your interests as well as client's.

18. IF AT ANY TIME PERSONAL PROPERTY BELONGING TO YOURSELF OR THE CLIENT GOES MISSING, REPORT IT IMMEDIATELY. Filing the proper reports in a timely fashion protect both you and the client, as well as your/their property.

19. ABSOLUTELY NO SMOKING WHILE ON THE CLOCK!! You are not permitted to smoke at any point while on the clock, even if the client smokes. If you are in an institution (i.e. hospital) setting, you must abide by their laws concerning tobacco use. This policy includes **ANY** and **ALL** forms of tobacco/smoking products, such as chew, cigarettes, cigars, e-cigs or vaping. **THEY ARE ALL PROHIBITED.** You are also not permitted to smoke immediately before going into the start of your shift, as many clients are very sensitive to smells or have compromised lung capacity.

20. YOU MUST PROVIDE YOUR OWN FOOD AND BEVERAGES WHILE YOU ARE WORKING IN A CLIENT'S HOME. The client's food is not for your consumption. The only exception to this is if a caregiver is working as a live-in and food is provided. If a client offers food or beverage, respectfully decline.

21. YOU ARE EXPECTED TO ARRIVE ON TIME FOR YOUR SHIFT. A client's welfare may very well depend on your promptness. If you are going to be late, you need to notify the office IMMEDIATELY so we can contact the client and check on them. IF you do not contact the office and perform a no call/no show, it is grounds for immediate termination.

22. ANY AND ALL SCHEDULING IS DONE THROUGH THE OFFICE. Under no circumstances should you discuss, change or alter your schedule with the client without prior authorization from the office. Do not share your schedule regarding other clients you have with any client on that schedule or discuss availability for any reason.

23. AT ALL TIMES YOU MUST KEEP THE CLIENT'S AFFAIRS CONFIDENTIAL AND RESPECT THEIR PRIVACY. Do not disclose or discuss with anyone other than authorized family and office staff anything regarding the client. This includes but is not limited to: Financial information, client care, things discussed between the client and yourself and information you may have learned while working with the client. If you are unsure whether to disclose certain information to a responsible family member, contact the office.

24. AT ALL TIMES BOTH, THE CLIENT AND THEIR FAMILY/FRIENDS/GUESTS WILL BE TREATED WITH RESPECT. Always be respectful, polite, professional and cheerful with anyone that may come while you are at the client's house. If you ever encounter an issue with anyone, contact the office.

25. DO NOT DISCUSS YOUR PERSONAL AFFAIRS WITH THE CLIENT. Be mindful of the information you share with the client. Keep your personal life outside of work confidential. A health care worker should never develop a social relationship with the client or their family. Try to maintain a friendly, but professional relationship.

26. NO SLEEPING WHILE ON ASSIGNMENT. The only exception to this is if you are assigned to a sleep-over or live-in case. Sleeping while on duty will result in disciplinary action.

27. DO NOT DISCUSS YOUR HOURLY WAGE WITH CLIENTS OR FELLOW EMPLOYEES.

28. IF YOU CHOOSE TO NO LONGER ACCEPT ASSIGNMENTS FROM THE AGENCY, YOU MUST PROVIDE A WRITTEN TWO-WEEKS NOTICE. This notice must include the date of your final shift.

29. UPON SEPERATION FROM THE COMPANY, FOR ANY REASON, ANY COMPANY PROPERTY INCLUDING YOUR BADGE MUST BE RETURNED. Your final check will be made into a physical check and can be picked up on the next pay day upon return of all property belonging to the agency or the client.

30. CONTACT. All calls and schedules are managed by our Schedulers.

31. For all client related issue please contact our client relation manager.

32. Under no circumstances are you are you to give out the client's telephone number.

If your family needs to reach you, they may contact the offices directly and we will contact you at the client's house.

33. No members of staff is allowed to cut fingernails or toenails of any client. This is a safety precaution as well as infection prevention.

34. Our policy regarding attendance is as follows:

a. 4 Hours' notice for weekdays (M-F)

! 24 Hour notice for weekends and holidays

b. No Call/Show is immediate termination

35. ATTENDANCE POLICY

Effective 08/1/2021

You will be given a 3 day call off minimum per rollover calendar year. A call off will not drop off until that following year on that day. For example: Mrs. T called off 08/01/2021 the call off will not erase from her record until 07/30/2022. If you need days off, please schedule them in advance.

The following is the new policy:

Text messages will NOT be accepted.

No call /No show will result in immediate termination

All call offs must be made with at least 4-6 hours PRIOR to shift start time. This is for WEEKDAYS ONLY Any calls with LESS than 4 hours' notice will be subjected to further discipline.

If you are calling off for a weekend shift, that is Saturday and Sunday, or for a holiday, you need to provide us with 24 hours' notice. To give adequate time to find coverage.

Emergency call offs will be assessed on a case-by-case basis and handled accordingly.

2 call offs consecutive will need a doctor's note to return and to count as only one call off, if you do not bring a doctor's note in it will be counted as individual days and will follow the levels of discipline.

All call offs **MUST** be made to the main office number: 717.779.1800. Even after hours and you must speak to a live person.

Levels of discipline are as followed (new hires within the 90-day period)

- 2 or more lateness in your first 90 days is a verbal.
- 2 or more call off in your first 90 days written.
- 3 Call off in your first 90 days without reasonable excuse will result in termination.

Levels of discipline are as followed (For employees after the 90-day period)

- 4 call out in a rollover calendar year is a verbal.
- 5 call out in a rollover calendar year is written.
- 6 call out in a rollover calendar year will result in suspension.
- 8 call out in a rollover calendar year will result in Termination.

You are not eligible for rehire until a year after your termination date.

By signing below, I attest that I have reviewed and understand the above policy. I agree that failure to follow the above can result in disciplinary action up to and including termination.

Signature

Date

Non- compete and confidentiality agreement

This non-compete agreement (the Agreement) dated this _____ day of _____ Between _____ and Homecare Precision.

BACKGROUND

The Employee is currently or may be as an employee with the Employer for the position of _____. In addition to this position, this agreement also covers any position or responsibility now or later held the Employer. (the Employment). Working for Homecare Precision, the Employee will process valuable knowledge regarding the home care industry and process. Company desire to protect the knowledge and information by imposing on the Employee obligation not to disclose confidential information of the Company pursuant to the terms of this Agreement.

IN CONSIDERATION

The Employer providing the Confidential Information to the Employee, agreeing to the provisions of this Agreement. The Employee further acknowledges that the restrictive covenants set forth in the Agreement is to protect the Company.

Non- Competition

During the period of employment with the with the company, the employee shall not render any services to, person, another firm or by any subsidiaries or affiliates of the company with a 50 miles radius of the company.

Non- Solicitation

Upon termination of the engagement, the Employee **Must** return all customer belongings or product related information to the Company and shall not, for a two year follow such termination, directly or indirectly:

Solicit any client or employee of the Company to terminate his or her employment.

Disclose the identity of the company's customers to any person, firm or corporation engage in the sale of provision of the services.

Confidential information

The Employee agrees that the terms of this Agreement to keep all Confidential information confident and protect its release from the public. The employee will not at any time use the employee's personal benefits or for the direct or indirect benefits of any third party or disclose to any unauthorized person, or firm. Upon termination of the Employee's engagement with the company, the Employee will not take any, manuals, financial information, specification, or any resource from the company. The employee agrees that if there is any question of as to such discloser then the Employee will seek our Director of the Employer prior to making any disclosure of the Employer's information that may be covered by this Agreement.

Relief

The Employee hereby recognizes that the services to be performed by the Employee are of any unusual and intellectual character which gives them value, or adequately compensated in damages in an action at law. If the Employee violates any of the provisions of this Agreement, the Company shall have the following right and remedies:

In the event of a breach, the right to recover damages for all losses and contingent and the right to require the Employee to account for and pay over to the company all the Profits.

Governing law

This Agreement will be construed in accordance with and governed by the laws of Commonwealth of Pennsylvania.

Assignment

This Agreement and the Employee's right and the Employee's rights and obligation hereunder are personal and may not be assigned by the Employee.

Amendment

This Agreement, may be modified, cancel, renewed or extended and the terms or covenant of this Agreement may be waived, only by a written instruction executed by both the parties.

Waiver.

Failure to either party at any time requires performance of any provision hereof shall in no manner affect the right at a later time to enforce the same.

Severability

If any provision of this Agreement is held invalid or unenforceable, such invalidity shall not affect the Validity of the other provision of this Agreement.

IN WITNESS WHERE OF _____ AND _____ the parties hereof have executed this agreement as of the above written.

Employee name: _____

Employee Signature: _____

Date: _____

Office Staff Signature: _____

Date: _____

Homecare Precision WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer, Homecare Precision ("the Company"), may deduct money from my pay from time to time for reasons that fall into the following categories listed below:

1. My deductions provided by law, including but not limited to deductions for Old Age and Survivors Insurance (Social Security taxes), withholding of Federal or local income and/or wage taxes or occupation privilege taxes. My W-2 form will reflect my reduced taxable income.
2. Any deductions based on court orders.
3. Voluntary participation to purchase Company Apparel (the Company will deduct only the actual price it pays for the Apparel).
4. My voluntary participation in benefit plans as follows:
 - My share of the premiums for the Company's group medical/dental plan, which could in turn slightly reduce my social security Benefits.
 - My share of premiums for voluntary benefit plans.
 - Any contributions that I may make into a retirement plan, controlled, or managed by the company.

I acknowledge that my portion of the cost of the Benefit Plan with before pre-tax dollars will increase or decrease each plan year, as the case may be, to reflect the change in the costs of benefits.

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur.

Signature of Employee

Date

Employee's Name – Printed

Uniform and Badge policy

Name: _____

Date: _____

Uniform

Our Uniform Policy is in place to ensure that staff members attend work in suitable attire which is for the purpose and maintains professional standards. It is the employee's responsibility to adhere to the standards of dress and personal appearance to appropriate.

Uniform dress code

- We ask that all employees wear scrub or a scrub top with a blue or black jean with any comfortable shoes while on company's time. There will ONLY be an exception for that client who prefers you not to wear scrubs.
- Please wear none or little amount of Perfume while on shift. This is for the safety of the client. Some clients are very sensitive to smells and may have severe allergies.
- Excessive Jewelry is not permitted. This is for the safety of the client to avoid a skin tear or bruise. This also prevents you from an accident, if the client should pull on any of your hanging jewelry.
- All Nails must be trimmed with smooth edges. Pointed nails are not permitted.
- All Hair must be comb back or in a ponytail for safety reasons.
- Any inappropriate Tattoo must be always covered.

I understand that it is my responsibility to protect the issued ID Badge and assure it will only be used in the only when working my shift. While on the clock I must wear your badge. No Exception. I understand the ID Badge is for my use and my use only and if I lend my ID Badge to anyone or allow anyone the use of my ID Badge, I will be subject to corrective action. If the ID Badge is lost, stolen or destroyed, I shall immediately report it to my supervisor.

The cost of a replacement is \$10 and I agree to have this fee payroll deducted from my paycheck if a replacement is needed. At the time of separation of employment, the ID Badge must be surrendered to my Supervisor.

I have read the information on this form and understand my responsibilities.

Applicant signature: _____

Date: _____

Staff Signature: _____

Date: _____

Offer Letter

Dear _____,

We're delighted to extend this offer of employment for the position of a PCA with Homecare Precision, a Pennsylvania limited liability company ("Company"). Please review this summary of terms and conditions for your anticipated employment with us. If you accept this offer, your start date will be, _____ or another mutually agreed upon date. Please find below the terms and conditions of your employment, should you accept this offer letter:

Position.

As a PCA, you will report to the Company's Manager. A copy of your job description and duties is attached hereto as Exhibit A. By signing this letter of agreement, you confirm that you have no contractual commitments or other legal obligations that would prohibit you from performing your duties for the Company.

Compensation.

Homecare Precision pays weekly. Pay cycle starts Sunday and ends Saturday of each week. Pay day will be the following Wednesday.

Hours.

Full time employees are allotted 40 hours per week, while part time employees can work up to 30 hours a week. You will be required to work any weekends.

Homecare Precision is an at-will employer. This means that both you and Homecare Precision reserve the right to terminate the employment relationship at any time for any reason with, or without cause. This letter serves only to confirm our verbal discussion of your employment and does not constitute a contract of employment.

As an employee, you are eligible for applicable benefits listed in the **New Employee Orientation Packet**.

However, benefits may be changed or removed at any time. You will accrue Five **PTO** per year **and are also eligible for paid holidays** in accordance with our company policy. **You will be eligible to participate in our health insurance plan after eligibility period 90 days of employment.**

Privacy.

You are required to observe and uphold company's privacy policies and procedures as implemented or varied from time to time. Collection, storage, access to and dissemination of employee personal information will be in accordance with privacy legislation.

Tax Matters.

. Interpretation, Amendment and Enforcement. This letter agreement supersedes and replaces any prior agreements, representations or understandings (whether written, oral, implied or otherwise) between you and the Company and constitute the complete agreement between you and the Company regarding the subject matter set forth herein. This letter agreement may not be amended or modified, except by an express written agreement signed by both you and a duly authorized officer of the Company.

You may indicate your agreement with these terms and accept this offer by signing and dating this agreement.

Applicant Name: _____ Staff Name: _____

Applicant Signature: _____ Date: _____

Face to Face Interview Acknowledgement

I, _____ acknowledge that I have been informed of my job responsibilities, client(s) care, needs, requirements, and company program and policies during my interview process.

This acknowledgement further confirms that this applicant reviewed and received the adequate information and resources that are needed to perform one's job.

Offer Rate _____

Applicant name: _____

Signature: _____

Date: _____

Staff signature: _____

Date: _____