



APPLICATION PACKAGE

SECTION 1

- **Application Package Cover Sheet with DOH (Date of Hire)**
- **Application with Emergency Contact**
- **References (2)**
- **Resume (when applicable)**



HOME HEALTH SOLUTIONS GROUP, INC.

Application Package

Applicant's Name: _____

Address : _____

City: _____ State: _____ Zip Code: _____

New Change Update

Tel: _____ Cell: _____

Email: _____

DATE OF HIRE (DOH): _____

HOME HEALTH SOLUTIONS GROUP
APPLICATION FOR EMPLOYMENT
 PRINT CLEARLY AND LEGIBLY

SECTION 1 - Name/Address

Last:	First:	MI:
Address:		
City:	State:	Zip: Telephone:
Social Security #-		DOB:

SECTION 2- Desired Employment

Position:	Date you can start:
Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no If employed, may we inquire of your current employer? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you applied to this agency before? <input type="checkbox"/> yes <input type="checkbox"/> no If so, when:	

SECTION 3 - Education

HIGH SCHOOL	Name & Location of School:
	Years Attended: Date Graduated: Degree:
UNIVERSITY/ COLLEGE UNDERGRADUATE	Name & Location of School:
	Years Attended: Date Graduated: Degree:
UNIVERSITY/ COLLEGE GRADUATE	Name & Location of School:
	Years Attended: Date Graduated: Degree:
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	Name & Location of School:
	Years Attended: Date Graduated: Course study:

SECTION 4- Employment History

Employer:	Job Title:
Address:	Duties:
Phone:	Salary:
Date From: Date To: Reason for Leaving:	
Employer:	Job Title:
Address:	Duties:
Phone:	Salary:
Date From: Date To: Reason for Leaving:	
Employer:	Job Title:
Address:	Duties:
Phone:	Salary:
Date From: Date To: Reason for Leaving:	

Employee Name: _____

SECTION 5- Personal References

Name:	Occupation:
Address:	Relationship:
Phone:	Years Known:
Name:	Occupation:
Address:	Relationship:
Phone:	Years Known:
Name:	Occupation:
Address:	Relationship:
Phone:	Years Known:

SECTION 6- Physical Record

Do you have any physical disabilities that would prevent you from performing the work for which you are applying? yes no If so, please describe: -

Have you ever been injured? yes no Provide Details: _____

SECTION 7- Licenses/Certification

TYPE	LICENSE / CERT. #	EXPIRATION DATE	STATE ISSUED

SECTION 8- Additional Areas of Expertise

Areas of specialized study, research or additional experience: _____

List the foreign languages you speak fluently: _____ Read: _____ Write: _____

U.S. Military Service: _____ Separation Rank: _____

Present Membership in National Guard or Reserves: YES NO

SECTION 9- Emergency Contact Information

Name:	Relation:.....
Address:	Telephone: _____
Name:	Relation: _____
Address:	Telephone: _____

I voluntarily give to the Agency the right to make a thorough investigation of my past employment. I agree to cooperate in such an investigation. I understand that my employment will be based in part on the accuracy of the information provided on this application.

Signature: _____ Date: _____

HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	AGENCY AUTHORIZED REPRESENTATIVE INTERVIEWER SIGNATURE: _____	DATE: _____
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PHONE REFERENCE CHECKLIST

1. DATE CALLED: _____
 2. NAME OF COMPANY CALLED: _____
Phone Number: _____
Person Contacted: _____
Title: _____
 3. Identify yourself by name, title, and company.
 4. Give name of applicant: _____
 5. Verify information supplied by applicant against data supplied by former employer.
Note any differences.
 - A. Final position applicant held: _____
Note if other position held: _____
 - B. Date Employed From: _____ to _____
 - C. Responsibilities: _____
 - D. Earning: _____
(verify \$ amount from application)
 6. Ask former employer to briefly comment upon applicants:
 - A. Attendance: _____
 - B. Attitude: _____
 - C. Job Knowledge: _____
 - D. Initiative: _____
 - E. Quality of Work: _____
 7. Additional Comments: _____

 8. Would you rehire?
YES _____
NO WHY? _____
- Administrator/Designee: _____

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 - D. Initiative: _____
 - E. Quality of Work: _____
 7. Additional Comments: _____

 8. Would you rehire?
YES _____
NO WHY? _____
- Administrator/Designee: _____



APPLICATION PACKAGE

SECTION 2

- **Affidavit of Background Screening**
- **Confidentiality**
- **Orientation Checklist**
- **Disclosure of Interest**
- **Drug Acknowledgement**



ATTESTATION OF COMPLIANCE with Background Screening Requirements

Authority: This form may be used by all employees to comply with:

- the attestation requirements of **section 435.05(2), Florida Statutes**, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer; **AND**
- the proof of screening within the previous 5 years in **section 408.809(2), Florida Statutes** which requires proof of compliance with level 2 screening standards that have been screened through the Care Provider Background Screening Clearinghouse created under Section 435.12, F.S., or screened within the previous 5 years by the Agency, Department of Health, Department of Elder Affairs, the Agency for Persons with Disabilities, Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S., and in accordance with the standards in Section 408.809(2), F.S., if that agency is not currently implemented in the Care Provider Background Screening Clearinghouse.

This form must be maintained in the employee's personnel file. If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an **application for a health care provider license**, please attach a copy of the screening results and submit with the licensure application.

Employee/Contractor Name:

Health Care Provider/ Employer Name:

Address of Health Care Provider:

I hereby attest to meeting the requirements for employment and that I have not been arrested for or been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense, or have an arrest awaiting a final disposition prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

Criminal offenses found in section 435.04, F.S.

(a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.

(b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.

(c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.

(d) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.

(e) Section 782.04, relating to murder.

(f) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

(g) Section 782.071, relating to vehicular homicide

(h) Section 782.09, relating to killing of an unborn quick child by injury to the mother.

(i) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.

(j) Section 784.011, relating to assault, if the victim of the offense was a minor.

(k) Section 784.03, relating to battery, if the victim of the offense was a minor.

(l) Section 787.01, relating to kidnapping.

- (m) Section 787.02, relating to false imprisonment.
- (n) Section 787.025, relating to luring or enticing a child.
- (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (s) Section 794.011, relating to sexual battery.
- (t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- (u) Section 794.05, relating to unlawful sexual activity with certain minors.
- (v) Chapter 796, relating to prostitution.
- (w) Section 798.02, relating to lewd and lascivious behavior.
- (x) Chapter 800, relating to lewdness and indecent exposure.
- (y) Section 806.01, relating to arson.
- (z) Section 810.02, relating to burglary.
- (aa) Section 810.14, relating to voyeurism, if the offense is a felony.
- (bb) Section 810.145, relating to video voyeurism, if the offense is a felony.
- (cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- (dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- (ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- (gg) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- (hh) Section 826.04, relating to incest.
- (ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- (jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- (kk) Former s. 827.05, relating to negligent treatment of children.
- (ll) Section 827.071, relating to sexual performance by a child.
- (mm) Section 843.01, relating to resisting arrest with violence.
- (nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- (oo) Section 843.12, relating to aiding in an escape.
- (pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- (qq) Chapter 847, relating to obscene literature.
- (rr) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.
- (ss) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- (tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- (uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- (vv) Section 944.40, relating to escape.
- (ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- (xx) Section 944.47, relating to introduction of contraband into a correctional facility.
- (yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.
- (zz) Section 985.711, relating to contraband introduced into detention facilities.
- (3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

Criminal offenses found in section 408.809(4), F.S.

- (a) Any authorizing statutes, if the offense was a felony.
- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 741.28, relating to domestic violence.
- (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (h) Section 817.234, relating to false and fraudulent insurance claims.
- (i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
- (j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.
- (k) Section 817.505, relating to patient brokering.
- (l) Section 817.568, relating to criminal use of personal identification information.

- (m) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (o) Section 831.01, relating to forgery.
- (p) Section 831.02, relating to uttering forged instruments.
- (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
- (s) Section 831.30, relating to fraud in obtaining medicinal drugs.
- (t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
- (u) Section 895.03, relating to racketeering and collection of unlawful debts.
- (v) Section 896.101, relating to the Florida Money Laundering Act.

I have been granted an Exemption from Disqualification through the Agency for Healthcare Administration (AHCA).

Date of Decision: _____

I have been granted an Exemption from Disqualification through the Florida Department of Health.

Date of Decision: _____

****A copy of the Exemption from Disqualification decision letter must be attached****

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years and have not been unemployed for more than 90 days, please provide the following information. **A copy of the prior screening results must be attached.**

Purpose of Prior Screening: _____

Screening conducted by:

Date of Prior Screening: _____

- Agency for Healthcare Administration
- Department of Health
- Agency for Persons with Disabilities

- Department of Elder Affairs
- Department of Financial Services
- Department of Children and Family Services

Attestation

Under penalty of perjury, I, _____, hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 408.809, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by any health care provider licensed pursuant to Chapter 408, Part II F.S.

Employee/Contractor Signature

Title

Date

CONFIDENTIALITY STATEMENT

I have been formally instructed regarding Agency policy and procedures for maintaining the confidentiality of all information contained in client/personnel files and records, as well as any other proprietary information regarding the agency that is obtained verbally.

I understand that, except as needed to conduct business, client and/or personnel information/proprietary information may not be discussed with anyone, either inside or outside the Agency.

I understand that medical records will not be removed from the Agency office unless the client has signed a Release of Information Form, and the removal of such information is approved by the Agency Administrator and/or designee.

I understand that any breach of confidentiality may be grounds for immediate termination of employment.

Employee: _____

Date: _____

Witness: _____

Date: _____

ORIENTATION CHECKLIST: PARAPROFESSIONAL STAFF

Employee: _____ Title: _____

Date Completed Orientation: _____

I. GENERAL ORIENTATION

- ____ Introduction to Agency Staff
- ____ Tour of Agency
 - a) Location of administrative offices
 - b) Location of fire extinguishers
 - c) Location of emergency lights/exits
 - d) Location of first aid box
 - e) Emergency evacuation routes
- ____ Agency Mission/Goals/ Objective/Philosophy/Organizational Structure.
- ____ Standards of Ethical Conduct/Cultural Diversity/ Sensitivity/Ethical Considerations
- ____ Conflict of Interest/ Nondiscrimination Policies
- ____ Scope of Services
- ____ Employment Policies/Job Descriptions/ Competency/Evaluations/Supervision
- ____ Complaint Policy/Grievance Form
- ____ Confidentiality:
 - A) client information including HIPPA/PHI/ePHI
 - B) Staff information
 - C) business information
- ____ Alzheimer information and information sheet/Communication barriers
- ____ Professional Boundaries
- ____ Billing and Payroll
- ____ Office Policies
- ____ Compliance Plan/Conduct training
- ____ Medicare Fraud/Abuse
- ____ Acceptable payer source
- ____ Convey charges to client

II. CLINICAL ORIENTATION

- ____ Clinical policies and procedures
- ____ Admission Criteria and service/care limitation
- ____ Maintenance/Storage/Security/Retention
- ____ Assignments/Scheduling
- ____ Handling Client/Employee Cancellations
- ____ Incident/Accident reporting
- ____ Client Rights and Responsibilities
- ____ Advance Directives/Living Will
- ____ Medical Emergencies
- ____ Client Referrals to Other Programs
- ____ Clinical Records/timeframes/documentation requirements/security records, contents, computer office and home/maintenance/ storage
- ____ QI Program

Para-professional Orientation checklist

Page two

- On call policies
- Abuse reporting, neglect/exploitation, and suspected abuse/neglect/exploitation of adults and children
- Working with special populations Alzheimer and Associated Disorders
- Resource Area

III: SAFETY/RISK MANAGEMENT/INFECTION CONTROL

- Unusual Occurrence Reporting
- OSHA Standards Bloodborne Pathogens/Right to know law
- Infection Control measures/PPE/Universal Precautions
- Biohazardous/Infectious Waste
- Hazardous Waste Management Plan
- HIV/HB Update
- TB Exposure Control Plan
- Agency CEMP/ Emergency Preparedness
- Care of Environment/Equipment
- Employee Illness and Accident Reporting
- Disaster Plan/Drills
- Fire Plan/Drills

Declaration:

I have read and understand the policies and procedures for this Agency and have had the opportunity to have all of my questions/concerns addressed to my complete satisfaction. I further acknowledge receipt of the Agency's Employee handbook.

I agree to abide by and uphold all rules, conditions, policies and procedures, and have been advised that failure to do so may result in termination of employment.

I also agree that as a requirement of employment, regardless of status (e.g.: full time, part time, per diem, etc.) I will provide the Agency with a fourteen (14) day written notice of intent to terminate employment.

Employee Signature/Title

Date

Witness Signature/Title

Date

Disclosure of Interests

The following questions are designed to assist Governing Body members, Professional Advisory members and staff in determining the nature and extent of any outside interest that might possibly involve conflict of interest with the affairs of the organization. Please read each question carefully and then answer briefly and concisely in the space that follows. In the event that you have any doubts as to what the question means, answer it to the best of your ability and identify the reason for doubt.

Glossary

- Competitor: A person offering for sale or selling products and/or services in competition with this organization.
- Family: Spouse, parents, children, brothers, sisters.
- Purchaser: Any person who buys, rents, or otherwise procures, has bought, rented or procured, or in any way has received from this organization any goods, materials, wares, merchandise, supplies, machinery, equipment, or professional and/or other service.
- Person: An individual, firm, partnership, trust, corporation, or other business entity.
- Vendor: Any person who sells, rents, agrees to furnish, has offered to sell, rent, or agree to furnish, or has sold supplies, machinery, equipment, real estate, credit, insurance, or service, profession or otherwise, to or on behalf of the organization.

1. Ownership, Entertainment, Gifts, Loans:

- A. Do you or any member of your family directly or indirectly own, or during the past 24 months preceding the date hereof, have you or any member of your family owned, directly or indirectly, any interest whatsoever in, or shared in the profits of income of a *vendor, purchaser, or competitor*?
Yes _____ No _____
If "Yes" Explain: _____
- B. During the 24 months preceding the date hereof, have you or any member of your family received, directly or indirectly, any compensation, entertainment, gifts, credits, loans, or anything of value from a *vendor, purchaser, or competitor*?
Yes _____ No _____
If "Yes" Explain: _____

2) Employment Status:

- A. Are you or any member of your family presently an officer, director, employee or consultant of, or otherwise employed or retained by, any *vendor, purchaser, or competitor*?
Yes _____ No _____
If "Yes" Explain: _____
- B. During the 24 months preceding the date hereof, have you or any member of your family been an officer, director, employee, or consultant of, or otherwise employed or retained by, any *vendor, purchaser, or competitor*?
Yes _____ No _____
If "Yes" Explain: _____

3) Related Staff Members:

- A. Are any present staff members of this organization related to you either by blood or other legal family relationships?
Yes _____ No _____
If "Yes" Explain: _____

I certify that the above questions have been answered to the best of my ability, and of my own free will, and in the interest of cooperating with the agency. I also agree that if at any future time I should become aware of any conflict arising, that is not mentioned herein, I shall contact the Governing Body.

Signature

Position

Date

Employee Handbook
Acknowledgement of Receipt and Understanding

I hereby certify that I have read and fully understand the contents of the Employee Handbook. Furthermore, I have been given the opportunity to discuss any information contained therein or any concerns that I may have. I certify that my employment and continued employment is based in part upon my willingness to abide by and follow the Agency's policies, rules, regulations and procedures. My signature below certifies my knowledge, acceptance and adherence to the Agency's policies, rules, regulations and procedures and that the Agency's offer of employment was based on my promise to abide by and follow said policies, rules, regulations and procedures.

I further certify that my application and subsequent acceptance of employment is true and bona fide, and I am honestly interested in working in the position(s) for which I have been employed. Furthermore, I certify that I have sought and obtained employment with this Agency solely to provide me with the benefits of a job and for no other purpose.

I acknowledge that the Agency reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Agency and its employees. At this Agency, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Agency retains the same rights. I further understand and agree that the Owner/President of this Agency is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the Owner/President of this Agency.

If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on my employment application, or any other documents I have provided to this Agency, to give the Agency any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to this Agency. I agree and understand that this Agency and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, the Agency may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment. I also understand that any investigation or information sought regarding my previous employment or consumer records may not be completed or in possession of this Agency and thus my continued employment may be affected by such information once received. I hereby acknowledge, confirm, convey, agree and grant this Agency's right to act on any additional information received including, at the Agency's sole discretion, termination of my employment.

NO DRUG USE POLICY: This Agency does not hire persons who use illegal drugs. All persons seeking employment or employed with this Agency may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by this Agency, and further consent to have the specimen tested at a laboratory selected by this Agency. I hereby certify that I:

(check one) do _____ or do not _____ use illegal drugs.

Signature _____ Date _____



APPLICATION PACKAGE

SECTION 3

- **Notice of Introductory Period (for Professional Disciplines)**
- **Job Description (Signed and Dated)**
- **Tests (Scored and signed by DON)**
- **Waived test for RN's & LPN's**
- **Evaluations**
 - **90 days and annual (for all disciplines)**
 - **Pre-Hired, 90 days and annual (for all professional disciplines)**
- **Independent Contractor Agreement (for all 1099 employees)**
- **Annual Contract Review**