



ST' EPHRAIMS HOME HEALTHCARE AGENCY
5250 PORTSIDE LANE, RALEIGH, NC 27610

EMPLOYMENT APPLICATION
An Equal Opportunity Employer
Personal information (please print)

Date: _____

Last Name: _____ First Name: _____ Initial: _____

Date of Birth: _____ DL #: _____ SS#: _____

Address: _____

Contact Phn#: _____ Email: _____

Are You a U.S. Citizen: _____ If No, Are You Authorized to Work in U.S.: _____

Have You Ever Been Charged or Convicted of a Felony: _____ (if Yes, please explain) _____

Affirmative action (Optional): Race: ____ Sex: ____ Origin: ____ Disabled: ____ Veteran: ____

Position Applying For: _____ Counties Available to work in: _____

Education

High school: _____ Highest Grade completed: _____

Vocational Training: _____ Diploma/Certificate: _____

Technical/College: _____ Degree: _____

Employment/References

Current Employer: _____ Employment Dates: _____

Job Title: _____ Reason for Leaving: _____

Supervisor: _____ Telephone: _____

Please Provide a Personal Reference

I authorize an investigation of all statements contained herein and the reference and employers listed. I certify my answers are true and correct.

Signature

Date



Employee: _____

Date: _____

It is the policy of the St. Ephraims Home Healthcare Services to promote good business practices. Tuberculosis (TB) vaccines are vaccinations intended for the prevention of tuberculosis. Employees are responsible for maintaining a current TB immunization.

St. Ephraims Home Healthcare Services will maintain a medical file for each employee. It is the employee's responsibility to submit verification of current TB vaccines.

Effective immediately, the following procedure will be used to audit and serve as a reminder to employees:

1. St' Ephraims Home Healthcare services will audit employee medical files;
2. Employees with expired TB vaccination will be notified verbally and/or in writing;
3. Employee have 30 days to update his/her immunization and submit documentation;
4. Failure to submit verification of current TB vaccination within 30 days can result in suspension;
5. Employee with expired TB vaccines for more than 60 days will be subject to disciplinary action.

YOU ARE WORKING WITHOUT A CURRENT TB SHOT

- A. Your TB vaccine expired or will expire on: _____
- B. You do not have a TB record on file, please submit ASAP: _____
- C. Other: _____



St' Ephraims Home HealthCare Services Llc.

Hepatitis B Vaccination Acceptance/Declination Form

According to OSHA regulations employees must accept/decline the Hepatitis B Vaccine (Standard-29 CRF) Hepatitis B vaccine Declination (Mandatory) – 1910 - 1030App A)

I _____, understand that due to my occupational Exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been provided literature regarding the disease Hepatitis B and now it Can be contracted and about the benefits/danger associated with the vaccine. I have been given the Opportunity to be inoculated with the Hepatitis B vaccine, at no charge to me. It has been explained To me that should I decline this vaccine, I will constitute to be at risk of acquiring Hepatitis B, a Serious disease; however, I may opt to accept the vaccine at a later date.

I elect to (circle one) **ACCEPT** **DECLINE** the Hepatitis B vaccine.

Employee

Date



ST' EPHRAIMS HOME HEALTHCARE INC.
Competency Skills Testing/Demonstrating

Employee: _____	Social Security Number: _____
Are you currently a Certified Nursing Assistant with the state of North Carolina?	_____
Are you currently a Certified Personal Care Aide?	_____

**If you answered no, please demonstrate knowledge and understanding of the following
 Level II Home Management/ Personal Care**

Home Management:

Demonstrated Skills	Employee initial	Nurse initial
Plan and Prepare Meals		
House Keeping		
Food Handling/Storage		
Reinforce Appropriate Dress		
Other		

Personal Care Skills:

Demonstrated Skills	Employee Initial	Nurse Initial
Assist With Skin Care		
Assist with oral care		
Assist With Hair/Scalp care		
Assist With Fingernail care		
Assist With bath/shower		
Other		

Employee Signature: _____

Date: _____

RN Supervisor Signature: _____

Date: _____



ST' EPHRAIMS HOME HEALTHCARE AGENCY

5250 Portside Lane

Raleigh NC 27610

Direct Deposit Agreement

I hereby authorize St' Ephraims Home HealthCare Agency to initiate automatic deposits to my account at the financial institution names below. I also authorize St' Ephraims Home HealthCare Agency to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold St' Ephraims Home HealthCare Agency responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until St' Ephraims Home HealthCare receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the payroll department.

Account Information

Name of financial Institution: _____

Routing Number: _____

Account Number: _____

_____ Checking Account _____ Savings Account

Authorized Signature: _____

Date: _____

Please attach a void check or deposits slip and return to payroll



ST' EPHRAIMS HOME HEALTHCARE SERVICES

APPLICANT REFERENCE CHECK

APPLICANT NAME: _____

DATE: _____

POSITION APPLIED FOR: _____

REFERRAL: _____

PROFESSIONAL REFERENCES

COMPANY: _____

TELEPHONE: _____

DATES EMPLOYED: _____

JOB TITLE: _____

REASON FOR LEAVING: _____

REHIRE: _____

ASK EMPLOYER ABOUT THE FOLLOWING WORK PERFORMANCE

CHECK PERFORMANCE RATINGS OF GOOD OR BETTER

___ TEAM PLAYER

___ DEPENDABLE

___ INITIATIVE

___ TRUSTWORTHY

___ FOLLOW POLICIES

___ ATENDANCE

___ ATTENTIVE

___ COMMUNICATION SKILLS

PERSONAL REFERENCE

NAME: _____

TELEPHONE: _____

RELATIONSHIP: _____

HOW LONG HAVE YOU KNOWN APPLICANT _____

ASK INDIVIDUAL ABOUT THE FOLLOWING PERSONAL ATTRIBUTES

CHECK ITEMS OF GOOD OR BETTER

___ GOOD RELATIONSHIP WITH OTHERS

___ TRUSTWORTHY

___ MAINTAIN CONFIDENTIALITY

___ RELIABLE

COMMENTS : _____

SIGNATURE : _____

DATE: _____

NOTES : _____

St' Ephraims Home Healthcare Representative

Date



ST' EPHRAIMS HOME HEALTHCARE SERV.

JOB DESCRIPTION: In Home Aide

Classification: In Home Aide

Supervisor: RN Supervisor Director

Job Summary: The In-Home Aide completes an assignment which is appropriate to the condition and needs. The assignment may include total assistance with daily hygiene, daily living, toileting, treatments, basic monitoring and client observation, preparation of therapeutic diet and feeding client(s). Client(s) may be acutely ill adults, frail elderly, chronically ill child, newborn or well infant.

Job Responsibilities: Provide schedule of work availability to the service coordinator for scheduling of client work assignment; receives client work assignment; reports to clients assignment on time; complete assignments according to the client service plan; contact the service coordinator for any changes in client request, change in condition or new need discovered; record work completely on client service record; start and stop times accurately on time log and obtain client signature.

Provide the following service for client:

- Total and/or partial assistance with daily hygiene including bath, hair, skin, mouth care, shave client, and foot care.
- Assistance with activities of daily living which may include total client transfers, range of motion exercises, use of assistive devices, equipment, turning and positioning clients.
- Assistance with toileting and elimination which may include catheter care (NA II Only), bedside commode, bed pan, urinal, and incontinence care.
- Assistance with nutrition which may include catheter care and clean dressing (NA II Only).
- Provide support and companionship.
- Perform basic monitoring including vital signs, safety, observation and other tasks as assigned.
- Report any change in client condition, factors in environment which effect care and unusual occurrences to nurse and/or service office.
- Document daily care and client response on service records.
- Maintain good relationship with client and family to facilitate completion of plan of care.
- Complete home management tasks as assigned which may include tidy client care area, linen change, laundry, shopping, kitchen floor care and other assigned tasks.

Teamwork and Community Relation Duties:

- Represent the agency in a positive and professional manner in the home and the community.
- Present professional image in communication and appearance including clean uniform and name tag.
- Participate in in-service training and meetings which require 12 hours per year.
- Maintain appropriate listing on NC Nurse Aide Registry (NA II) OR NC Board of Nursing (NA II).
- Maintain good relationship with the client and family to facilitate completion of personal care plan.
- Completed home management task as assigned which may include tidy client areas, linen change, laundry, shopping, kitchen, floor care and other assigned tasks.

Personal Care Aide

Date



POLICY: A code of ethics and business conduct is a formal statement of the principles and business practices of St' Ephraims Home Healthcare. It is a management tool used for establishing and articulating St' Ephraims Home Healthcare standards, responsibilities, obligations and ethical principles to our clients.

Code of Ethics provides guidance to our employees on how to handle situations which may pose a dilemma in determining the right course of action. The following standards are to be utilized internally and externally:

1. Promote honest and ethical conduct, including fair dealing when it comes to handling our clients; including but not limited to conflict of interest.
2. Promote full, fair, accurate, timely, and understandable disclosure.
3. Promote compliance with applicable laws and government rules and regulations.
4. Protect the company's legitimate business interests including confidential information.
5. Deter wrongdoing.

All in- home aides with St' Ephraims Home Healthcare must conduct his or her relationships and activities individually and on behalf of the company in accordance with the ethical standards denoted within this code.

This code may not cover all situations that may arise in the complexity of our business. Specific laws, policies, and/ or procedures provide additional guidance.

Integrity, ethics, accountability, responsibility, passions for our client's wellbeing, operational excellence and respect are values we

Employee Signature: _____

Date: _____



ST' EPHRAIMS HOME HEALTHCARE

POLICY AND PROCEDURE: CONFIDENTIALITY

POLICY: It is the policy of St' Ephraims Home Healthcare to maintain confidentiality for all clients.

PURPOSE:

1. Protect the client's right to privacy and
2. To protect all services records, including internal files, timesheets, or personal care plans from being lost, altered, or shared.

PROCEDURE:

1. Submit request for client information to St' Ephraims Home Healthcare Office.
2. The request will be evaluated to determine the legitimacy Relating to the clients Care Plan. For Example:
 - a. Involvement in clinical care or
 - b. Disclosure of client information for insurance or third-party payer.
3. A signed consent form from the client is required.
4. All official service records are maintained in the office.

Employee Signature: _____ Date: _____



St' Ephraims Home Healthcare Services Non Smoking Policy

Non- Smoking Policy

St' Ephraims Home Healthcare recognizes the health dangers of smoking and of second hand smoke. In addition, the odor caused by smoking and exposure to second-hand smoke and potential for property damage can be problematic for employees and clients alike. Consequently, St' Ephraims Home Healthcare has a strict no-smoking policy for its employees. Employees may not smoke (or otherwise use tobacco products) while on assignment, even if the beneficiary gives permission. Leaving the client's premises to smoke is impermissible.

Employee

Date



ST' EPHRAIMS HOME HEALTHCARE SERVICE
RELEASE OF LIABILITY TRANSPORTATION

In order for a **CAREGIVER** of **St' Ephraims Home Healthcare** to utilize either their own or your vehicle in connection with their assignment to you, please be advised that St' Ephraims Home Healthcare does not have insurance to cover the use of caregiver or the use of client owned vehicles.

It is not our duty to transport clients or run errands for them. However, in the event that such has to occur, it will be between the aide and the client. To secure the services of St' Ephraims Home Healthcare in this respect, we ask that you agree to release and hold harmless St' Ephraims Home Healthcare and any Caregiver assigned to you by St' Ephraims from claim, injury, including death or property damage arising out of the use of caregiver of any vehicles in connection with their assignment with you provided that any said claim or cause of action for bodily injury including death or property damage does not result from and /or arise out of any negligence or intentional act of St' Ephraims Home Healthcare, its Caregiver, Agents or Representatives.

I have read, understood and agreed to the above

Signature of Client or Authorized Person

Date

Signature of Witness

Date



St' Ephraims Home Healthcare

Unlawful Workplace Harassment

Policy: All employees have the right to work in an environment free from discrimination and harassing conduct. No employee shall engage in conduct that fails under the definition of unlawful workplace harassment, including sexual harassment discrimination, or retaliation, and no employment decisions shall be made on the basis of race, religion, color, national origin, ethnicity, sex, pregnancy, gender identity or expression, sexual orientation, age (40 or older), political affiliation, National Guard or veteran status, genetic information or disability, purpose.

The purpose of this policy is to establish that St' Ephraims Home Healthcare prohibits in any form unlawful workplace harassments or retaliation based on opposition to unlawful workplace harassment of employees or applicants. Definitions "Unlawful Workplace Harassment" is unsolicited and unwelcomed speech or conduct based of race, religion, color, national origin, ethnicity, sex, pregnancy, gender identity or expression sexual orientation, age (40 or older), political affiliation, national guard or veteran status, genetic information or disability where: 1. Enduring the offensive conduct becomes a condition of continued employment, or 2. The conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating , hostile, abusive.

Complaint Process: An employee, former employee or applicant alleging unlawful workplace harassment or retaliation may file a complaint to human resources.

"Sexual Harassment": Harassment on the basis of sex is a particular type of violation of this unlawful workplace harassment policy and in addition to the previous definition of unlawful workplace harassment; this unlawful workplace harassments policy prohibits the following: "Unwelcome sexual advances, request, for sexual favors, and other verbal or physical conduct of asexual nature constitute sexual harassments when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual 's work performance or creating an intimidating, hostile, or offensive working environment.

"Retaliation" is any adverse action taken against an individual for filing a discrimination charge, testifying, or participating in any way in an investigating, proceeding, or lawsuit related to discriminatory employment practices based on race, religion, color, national origin, sex, pregnancy, gender identity or expression, sexual orientation, age (40 or older) political affiliation, National Guard or veterans status, genetic information or disability because of opposition to employment practices in violation of the unlawful workplace harassment policy.

Employee Signature

Date



ST' EPHRAIMS HOME HEALTHCARE SERVICES POLICY AND PROCEDURE SERVICE PROFESSIONAL DRESS CODE

This is a general overview of appropriate service professional attire. Items not appropriate for providing direct services are also listed. Neither list is all-inclusive. The lists tell you what is generally acceptable and what is generally not acceptable as service professional attire. No dress code can cover all contingencies so employees must use a certain amount of judgment in their choice of clothing. If you are uncertain about what is acceptable work attire, please ask.

Slacks, Pants

Pants and slacks (similar to Dockers and makers of cotton or synthetic material pants,) dressy mid-calf or longer Capri's and nice jeans are acceptable.

Inappropriate pants include any that are sagging (no skin showing above pants in front or back), wrinkled, holey, frayed, stained, or patched. In addition, sweatpants, exercise pants, shorts, skirts, bib overalls, leggings and any spandex or other form-fitting pants are always inappropriate.

Skirts, Dresses and Skirted Suits

Casual dresses and skirts split at or below the knee are acceptable. Dresses and skirts should be at a length at which you can sit comfortably and appropriately in public.

Short, tight skirts that ride up the thigh are inappropriate for work. Denim is allowable. Mini-skirts, sun dresses, beach dresses and spaghetti-strap dresses are inappropriate for the work place. Exposure of cleavage is not acceptable.

Scrubs/Lab Coat

Effective immediately, all employees working outside of the client's home will be required to wear scrubs. This include when going to a doctor's appointment, school, or taking the client on an outing, e.tc.

Effective January, 2016, all employees will be required to wear scrubs.

STAFF ACKNOWLEDGMENT

I acknowledge I have read the Dress code guidelines and Expectations and understand St' Ephraims Home HealthCare Service expects me to comply with these guidelines. I agree I want to be an exemplary employee and I will dress in compliance with the expectations set forth, as they apply.

Staff

Date



ANNUAL REVIEW

BLOOD-BORNE PATHOGEN / INFECTION CONTROL PROGRAM

I have gone through a review of the symptoms and modes of transmission of blood-borne pathogens including Hepatitis B virus (HBV) and HIV. I know about the Agency's Infection Control Program and understand the procedure to follow if an exposure incident occurs.

Name of Employee

Signature

Date