

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURE

Last	First	Middle Initial/Maiden	
Current Address	City	State	Zip
How long? _____	Social Security Number: _____		
Home Phone: _____	Cell Phone: _____		
Position applied for: _____	Email Address: _____		
Salary desired specific: _____			
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full time <input type="checkbox"/> 2. Permanent part time: If you are not immediately available for employment now, list the earliest date you can begin work (month /day/year): _____			
Referral Source: _____			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Special training programs and seminars you have completed in the last five years (list): _____

Current professional status: (list fields of work for which you have been registered)

Registration: _____ State: _____ No. _____

Registration: _____ State: _____ No. _____

Membership in professional, honorary, or technical societies (list): _____

Licenses and certifications (List, giving dates and sources of issuance): _____

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE: Please list your work experience for the past five years beginning with your most recent job held

Name of Employer	Name of Supervisor	Employment Dates	Pay or salary
Address			
City State & Zip	From		
	To		
Phone Number	Your last job title:		
Reason for leaving: (be specific)			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No:			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

Name of Employer	Name of Supervisor	Employment Dates	Pay or salary
Address			
City, State & Zip	From		
	To		
Phone Number	Your last job title		
Reason for leaving (be specific)			
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

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HEPATITIS B VACCINE DECLINATION FORM

Health care workers are at risk for the HBV infection to the extent that they are exposed to blood or other fluids. The best protection against Hepatitis B is to regard all body fluids as potentially infectious. Standard Precautions should be practiced and are recommended when treating clients with HBV. I have read and understood the Hepatitis B Information Sheet about Hepatitis B and the Hepatitis B Vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. Based on this information, I have made the following decision about receiving the vaccine. All Direct Care Providers are required to attend infection control in-services that educate concerning Standard Precautions.

CONSENT:

_____ I understand that due to my occupational exposure to blood or to other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine at no charge to myself, however, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccine at no charge

_____ I have already received the Hepatitis B Vaccine Series. The series of vaccines were completed on dates: 1 _____ 2 _____ and 3 _____

SIGNATURE

DATE

AGENCY SIGNATURE AND TITLE

DATE

Mercy Mine Home Care Agency

AUTHORIZATION TO PERFORM A BACKGROUND CHECK

It is the policy of the Mercy Mine Home Care Agency upon consent to conduct background checks on all employees and or contractors before the start of employment and periodically thereafter. Every applicant will be screened for a criminal background utilizing the NC State Bureau of Investigations, Division of Criminal Justice (SBI). If the applicant's residence has been less than 5 years, a national criminal history check will be performed.

I _____ authorize Mercy Mine Home Care Agency to perform a NC State Bureau of Investigation Criminal Background Check and a Department of Motor Vehicle Check.

SIGNATURE

DATE

AGENCY SIGNATURE & TITLE

DATE

MERCY MINE HOME CARE AGENCY HIPPA CONFIDENTIALITY AGREEMENT

I understand that Mercy Mine Home Care Agency has a legal responsibility to protect client privacy. To do that, it must keep client information confidential and safeguard the privacy of client information. I may see or hear other confidential information including operational and financial information, pertaining to the general practice of Mercy Mine Home Care Agency and must maintain it as confidential.

Furthermore, I understand that as a home care provider, the use and disclosure of client information is governed by the rules and regulations established under HIPPA, The Health Insurance Portability and Accountability Act of 1996, and related policies and procedures of Mercy Mine Home Care Agency. Therefore, with regard to client information, I commit to the following additional obligations:

- A. I will use and disclose confidential health information solely in accordance with the Federal, State, and Mercy Mine Home Care Agency policies in a timely manner.
- B. I will immediately report any unauthorized use or disclosure of confidential health information that I become aware of to the appropriate supervisor using the reporting procedure provided by Mercy Mine Home Care Agency in compliance with both Federal and State HIPPA Guidelines.

I also understand and agree that my failure to fulfill any of the obligations in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

Signature: _____

Printed Name: _____

Date: _____

Agency Signature: _____

Printed Name: _____

Date: _____

**MERCY MINE HOME CARE AGENCY
CONSENT FOR DRUG AND ALCOHOL SCREEN TESTING**

If you are offered and accept employment or contract with Mercy Mine Home Care Agency in the interest of safety for all concerned, you will be required to participate in *random* drug and/or alcohol testing.

Failure to comply with this policy will be immediate grounds for immediate termination.

Failure of a drug test is grounds for a sixty (60) day probationary status and mandatory counseling. Subsequent testing is required after the sixty (60) days to return to an active status with Mercy Mine Home Care Agency and a retest must be taken. Upon retesting if there is a negative result, you may resume your normal work schedule. If there is a positive test, it will be grounds for an immediate termination.

I understand that the company will require a drug and alcohol screen test under this consent whenever you are involved with an on-the-job accident or injury under the circumstances that suggest possible involvement of influence of drugs or alcohol in the accident or injury.

I will hold harmless Mercy Mine Home Care Agency and its affiliations used to conduct the testing for any alleged harm to me including but not limited to the loss of my employment.

I, _____, have been fully informed of the reason for this test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my [potential] employer and become part of my permanent record. I hereby authorize these test results to be released to Integrated Home Healthcare Service. Furthermore, I authorize the company to disclose any documentation relating to such testing to any governmental entity involved in a legal proceeding or investigation connected to the test.

Signature: _____

Printed Name: _____

Date: _____

Agency Signature: _____

Printed Name: _____

Date: _____

EMERGENCY / MEDICAL INFORMATION

Name: _____

SSN: _____ DOB: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship to you: _____

Home Telephone: _____ Cell Phone: _____

Name: _____ Relationship to you: _____

Home Telephone: _____ Cell Phone: _____

Name: _____ Relationship to you: _____

Home Telephone: _____ Cell Phone: _____

MEDICAL CONDITIONS / SPECIALS INSTRUCTIONS

Known Allergies: _____

List all prescribed medications currently being taken: _____

MERCY MINE ABUSE AND NEGLECT STATEMENT

Mercy Mine resolves that all services provided will be free of physical, verbal, psychological, sexual abuse and neglect. Clients serviced by Mercy Mine will be treated with respect and dignity and any form of Abuse or Neglect is strictly prohibited.

DEFINITIONS

Physical Abuse: The repetitive and deliberate infliction of injury on another person. The injuries may be physical, mental or emotional; this includes, but is not limited to shoving, striking or kicking a client being serviced, unauthorized restrictions of freedom of movement (i.e., restraint, seclusion). This criminal act and is punishable by a court of law

Verbal Abuse: Includes, but is not limited to teasing, ridiculing, and scolding, speaking harshly or rudely, laughing at or using profane or abusive language toward the client serviced

Sexual Abuse: Forcing another person to engage in sexual acts against his or her will, making inappropriate, sexually aggressive comments or threats or a by direct caregiver rubbing against a patient/client inappropriately while providing personal care. This criminal act and is punishable by a court of law

Psychological Abuse: The use of non-verbal expressions or actions in such a manner that subjects a client to ridicule, humiliation, scorn or contempt. This include ***Involuntary Seclusion*** confining or separating an individual in a certain area away from others, done without consent or against one's will

Neglect or Mistreatment: Includes, but is not limited to the failure to provide the client with food, clothing, and medical care, assistance with personal hygiene, supervision and clean and safe environment

Financial Abuse: Stealing, taking advantage of or improperly using the money, property or other assets of another

Exploitation: The unfair use of an individual to one's own advantage

COMMENTS

- All staff shares in the responsibility in assuring that all clients shall receive services which are free from Abuse or Neglect
- All clients serviced will be treated with respect and should not be demeaned, belittled or degraded
- Mercy Mine will not hire individuals with a conviction or prior history of child, elderly, or any abuse, neglect or mistreatment. Reference of past employment will be checked as per Federal, State, and Local rules and regulations

- Mercy Mine will actively and aggressively investigate all allegations of Abuse and or Neglect. At the time of the initial report, formal investigative procedures will be followed
- Immediately upon observation or discovery of any Abuse or Neglect, a report to the Agency Administrator or immediate supervisor must be made. Failure to report Abuse or Neglect will result in disciplinary action up to, and including, termination
- Guardian(s), advocates and or advocates care coordinators, case managers, and appropriate State Agencies must be notified as per Federal, State, and Local rules and regulations
- A preliminary decision regarding the allegation shall be made within five (5) calendar days of the allegations unless doing so would violate protective service procedures. A final written report must be completed within 7 days from the incident
- All employees and contractors will receive instruction/training in preventing and reporting abuse, mistreatment or neglect of persons on at least an annual basis as well as instructions in the appropriate approaches to managing persons with Alzheimer's and Parkinson's disease
- Any person who is subjected to retaliatory action upon making a report of individual abuse, neglect or exploitation, or whose report is ignored without cause, shall immediately contact the Agency Director or RN Supervisor. Any employee or contractor found guilty of retaliatory action may be subject to disciplinary action, including termination

I _____ have read and understand the policy on Abuse and Neglect. I agree to abide by this policy. I understand that not abiding by this policy could result in a disciplinary action including possible termination of contractual employment

SIGNATURE

DATE

SIGNATURE AGENCY REPRESENTATIVE

DATE

MERCY MINE HOME CARE AGENCY CONFIDENTIALITY AGREEMENT

I understand that Mercy Mine Home Care Agency has a legal responsibility to protect client privacy. To do that, it must keep client information confidential and safeguard the privacy of client information. I may see or hear other confidential information including operational and financial information, pertaining to the general practice of Mercy Mine Home Care Agency and must maintain it as confidential

Regardless of the capacity in which I work, I understand that I must sign and comply with this agreement in order to be hired or continue to work for Mercy Mine Home Care Agency

By signing this agreement, I understand and agree that:

1. I will keep all work-related product as confidential and disclose such information if it is required for the performance of my job and after receiving permission from a direct supervisor in my department;
2. I will not discuss any information either patient-related or operations-related in public areas (even if specifics such as patient name are not used), unless that public area is an essential place for the performance of my job;
3. I will keep all security codes and passwords used to access the facility, equipment or computer systems, confidential at all times;
4. I will only access or view patient information for that which is required to do my job. If I have questions about whether access to certain information is required for me to do my job, I will immediately ask my supervisor;
5. I will not disclose, copy, transmit in paper or electronically, inquire, modify, or destroy any information without permission from my supervisor, including any transmittals of work-related product made outside of any office location of Mercy Mine Home Care Agency;
6. I understand that you have no right or ownership interest in any confidential information referred to in this Agreement;
7. I understand that my privileges hereunder are subject to periodic review, revision, and if appropriate, renewal;
8. I understand that I am responsible for my misuse or wrongful disclosure of confidential information and for my failure to safeguard my access code or other authorization access to confidential information;
9. Once my employment is terminated, I will immediately return all property (i.e. keys, documents, client and office files, ID badges, and any work-related equipment) to Mercy Mine Home Care Agency;
10. Even after my employment is terminated, I agree to meet my obligations under this agreement; and
11. I understand that violation of this agreement may result in disciplinary action, up to and including termination of my employment or relationship with Mercy Mine Home Care Agency and this may include civil and criminal legal penalties as a result of any other federal and state Privacy Rule violations of confidentiality

I HAVE READ THE AFOREMENTIONED STATEMENT OF ACKNOWLEDGEMENT AND HAVE AGREED TO SIGN UNDER NO DURESS AND ON MY OWN WITH MERCY MINE HOME CARE AGENCY. I SHALL BE DEEMED LEGALLY RESPONSIBLE FOR ALL ACTIONS TAKEN BY ME THUS FAR UNDERSTANDING THAT LEGAL ACTION FACED WILL BE A DIRECT RESULT OF MY OWN AS MY OF HIRE WITH MERCY MINE HOME CARE AGENCY

Signature:

Printed Name:

Date:

Agency Signature:

Printed Name:

Date:
