

Compassionate Health care

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position Applied for: _____ Date of Review: _____

How were you referred to us: _____

Applicant Data:

Full name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____

Email: _____

Date Available to Start: _____

Social Security #: _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? Yes: _____ No: _____

If no, please explain: _____

Have you ever worked for this company? Yes: _____ No: _____

If yes, when? _____

Are you a citizen of the United States? Yes: _____ No: _____

If not, are you legally allowed to work in the United States? Yes: _____ No: _____

Type of employment desired: _____

Full-Time: _____ Part-Time: _____ Temporary: _____ Seasonal: _____

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes: _____ No: _____

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position:

State:

Summarize Your Special Skills or Qualifications:

Previous Employment (begin with most recent position):

Dates of Employment: From _____ to _____

Position(s) Held: _____

Firm: _____

Address: _____

Phone: _____

Supervisor: _____

Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference? _____

Dates of Employment: From _____ to _____

Position(s) Held: _____

Firm: _____

Address: _____

Phone: _____

Supervisor: _____

Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer as a reference? _____

<i>Most Recent Supervisor Name</i>	<i>Reference One</i>
Company	Company
Telephone Number	Telephone Number
Position You Held	How Do You Know This Person?
May We Contact This Person For A Reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Reference Two</i>	<i>Reference Three</i>
Company	Company
Telephone Number	Telephone Number
How Do You Know This Person?	How Do You Know This Person?

Related References (No family members, relatives, or personal friends)

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am unemployed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant:

Date:

COMPASSIONATE HEALTH CARE INC

O.S.H.A. regulation states that all health care professionals with occupational exposure to blood borne pathogens must be offered the hepatitis B vaccinations. You have been determined to be at risk to blood borne pathogens.

- A. I have already received the hepatitis B vaccine.
- B. I decline the hepatitis B vaccine
- C. If interested with the hepatitis B vaccine, I may contact the Pennsylvania, Health Department.

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. I have been given the opportunity to be vaccinated with hepatitis B vaccine. 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 occupation exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series.

Print Name _____

Address _____

Compassionate Health Care Inc.

67 Buck road PA 19006 215-490-6810.

PHYSICAL EXAMINATION FORM

Name: _____ **Date of Examination** _____

Annual Physical Exam:

Doctor Name: _____

Address: _____

Phone: _____

Physical Exam:

Height: _____ Weight: _____ Blood Pressure _____

Skin: _____ Vision: _____ Hearing: _____

Abdomen: _____ Heart: _____ Lungs: _____

Is this person free from every communicable disease? Yes ___ No ___

If No, explain _____

Does this person has any limitation that would prevent them from lifting, bending pulling, spout pushing. Yes _____

No _____

I authorized Compassionate Health Care or the Nurse to administer a tuberculin test. I have not had a reaction to this test. I agree that Compassionate Health Care or the nurse administering the test is not responsible for any adverse reactions.

Signature _____

Tuberculin Test and Results

Name _____ Date of Birth _____

Address _____

Phone No. _____ Left or Right forearm _____

Tuberculin, PPD, 0.1 ml intradermally Nurse Signature _____

Results _____ Induration (mm) _____

Physician's Name/Nurse Signature _____ Date _____

COMPASSIONATE HEALTH CARE INC

EMPLOYEES/ PERSONAL CARE AIDE AGREEMENT

This agreement is made and entered into this the _____ 2008, by and between _____, Personal Care Aide _____ ("Contractor"), of City, State _____ and/or its assigns ("facility"), and; Whereas, _____ and Facility wish to enter into an agreement wherein _____ will provide Personal Care Aide services to the JEVE Support Independent Clients at an agreed upon rate, and; Whereas, the parties desire to enter this Agreement this date setting forth the rights, duties and obligations and expectations of the parties in reference to the _____; Now, therefore, for and in consideration of the promises, the parties here to do hereby covenant and agree as follow:

TERM:

This agreement shall begin on the date first written above and shall continue in effect indefinitely. Either party can get into an agreement of employment contract for six months of working for the same client direct or indirect including JEVE consumers. The Personal Care Aide cannot be employed by an individual that they contacted through COMPASSIONATE HEALTH CARE INC. Either party can terminate this Agreement in any given day to assume employment with the Clients or the Company that the clients are referral by with or without cause, with a written notice to the other party. If for any reason the employee chooses to resign he or she can do so freely after reimbursing Compassionate health Care a founder Fee for three thousand (\$7380)dollars either the client or the employee can paid the finder fees before going to work for the client. And if for any reason the employee quite Compassionate Health Care to work for the client or the Company in question, Compassionate health Care can and will assumes the right to sued for finder fees. Compassionate Health Care also assumes the right to automatically assume the right to collect the founder fees from suing the Employees. The employee is free to work with any other company as long as it is not the company that Compassionate Health Care Send them to, But if they choices to work for that company the employee or the client have to paid a finder fee as indicated above. No employee/Contractors of COMPASSIONATE HEALTH CARE INC. can take employment with the any clients or company that they were send to by COMPASSIONATE HEALTH CARE INC. The Personal Care Aide is a temporary fill in until JEVE Support Independent can found their consumer an permanent employee to work for them or and the clients themselves can found their own permanent employees.

If hire, I agree that in consideration of employment with Compassionate Health Care, will not, for any reason, seek or accept employment from or directly/indirectly provide services to any client of COMPASSIONATE HEALTH CARE to whom I have rendered services during my employment with the company for a period of one hundred and eighty (180) days after the separation of my employment I will work for compassionate health care for six month or a 180 days before being release for this contract.. I further agree that if I breach the foregoing, damages or compensation will not be an adequate remedy and that COMPASSIONATE HEALTH CARE may implement any or all legal remedies available.

This Agreement shall be constructed, enforced and interpreted under the laws of the State_____. EXECUTED on the date and year first above written.

By _____ Title _____

CHC Agency

By: _____ Title _____

PERSONAL CARE ASSISTANT/HOME HEALTH AIDE

DEFINITION

The Personal Care Assistant will provide personal care services as needed, and as indicated in client's plan of care. Personal care services must be provided under the supervision of the RN in the center.

EXAMPLES OF DUTIES

The Health Aide will assist, under the supervision of the RN provided the following personal care services to clients in the center;

- A. Bathing
- B. Personal hygiene
- C. Grooming
- D. Dressing
- E. Toilette
- F. Ambulation
- G. Eating
- H. Cleaning
- I. Scheduling appointments and accompanying client to appointments
- J. Cooking
- K. Washing and ironing
- L. Recording clients changes in condition
- M. Grocery shopping
- N. Paying bills
- O. Correspondence and communications with family members
- P. Filling out applications

MINIMUM QUALIFICATIONS

A High School Diploma and a maximum knowledge of First Aid Care and CPR training. They must have 2 years of experience in a health service related field. Go through the Home Health Training.

Print Name: _____ **Signature:** _____ **Date** _____

COMPASSIONATE HEALTH CARE a HOME HEALTH AGENCY

Health Insurance Portability & Accountability Act (HIPAA) Compliance Statement

The Health insurance Portability and Accountability Act is a federal law written to protect the confidentiality of health information and to allow individual to have more control over their health information. Failure to comply can result in civil and /or criminal penalties ranging for \$100 fine up to 10 years imprisonment.

All Compassionate Health Care (CHC) employees are required to abide by the HIPAA privacy regulations of the Home / Facilities to which they are assigned. Each facility will have their own policy, specific, for facility. Upon your first shift, or during orientation, please ask the nursing supervisor where a cope of their policy can be found, so that you may make yourself familiar with policy

I have read the above information and agree to comply I understand that failure to do so can result in disciplinary action up to and including termination from Compassionate Health Care.

Signature _____

Date _____

Print Name _____

Please download the w2 form, w 5 and the Employee verification form

JOB DESCRIPTION

REGISTERED NURSE (RN)

DEFINITION

Under general supervision the RN is in charge of performing and assessing physical and mental need of clients enrolled in the program. The RN will be the primary supervisor of all medical staff and prepares reports for the agency physician.

EXAMPLES OF DUTIES

The RN will assess physical and mental health needs, monitor vital signs as needed, observe the functional levels of the client and note any changes in the physical condition in the clients record/chart. The RN will monitor all medications brought into the center and observe for possible reaction, plus be responsible for distribution of client medication. She will teach and encourage self-care; coordinate care plans with the physician and other service delivery agencies; supervise the development and implementation of the provide care plan.

STANDARD DUTIES

- A. Initial provider evaluation
- B. Periodic evaluation of client's nursing needs
- C. Implementation of the Plan of Care
- D. Preventive and rehabilitative nursing procedures
- E. Clinical progress notes preparation
- F. Coordination with other service providers
- H. Notification of physician and case manager of changes in the client's condition or additional needs
- I. Health related education to meet client needs
- J. Supervision and teaching other personnel
- K. Coordination of all specialized therapies

MINIMUM QUALIFICATIONS AND NECESSARY KNOWLEDGE, SKILL, AND ABILITIES;

At least 4 years of experience working in a supervisory position in charge of medical staff.

Good knowledge of the various counseling techniques and intervention strategies effective in rehabilitation. Awareness of the dynamics of group and family interaction; of diagnostic and evaluation procedures useful in the determination of appropriate care modalities; of the physical, social, psychological and attitudinal.

Working skill in the use of therapeutic individual, group, and family medical techniques; in communication effectively with professional medical, psychological, and sociological consultants, facility administrative and

supervisory staff, law enforcement, correctional and judicial officials and community representatives and service providers; in writing evaluative, statistical and narrative reports.

Working ability to provided leadership and guidance to L.P.N.'s and other staff in the care of mental health and physical health. To participate in the evaluation of the quality of services being provided to clients; to develop and implement care plans with appropriate medical, psychological and/or sociological consultation; to insure that adequate records are kept.

Signature _____ Date _____

Print Name _____ Date _____

JOB DESCRIPTION

LICENSED PRACTICAL NURSE (L.P.N.)

DEFINITION

The L.P.N. is under direct supervision of the RN, and is in charge of providing duties as assigned to her/him by the Registered Nurse.

EXAMPLES OF DUTIES

The L.P.N. will be responsible for progress notes preparation and assisting the RN He/she will provide assistance to the client in learning self-care, client teaching and personal care. He/she will provide a range of motion exercises and ambulation assistance as needed by the client and as directed by the RN He/she will administer and assist with medications to the client under the supervision of the RN, the L.P.N. will observe and report any client changes, assist with therapeutic activities and client record keeping.

MINIMUM QUALIFICATIONS AND NECESSARY KNOWLEDGE, SKILL, AND ABILITIES;

At least 4 years of experience working under a supervisory position in charge of medical staff. Good knowledge of the various counseling techniques and intervention strategies effective in rehabilitation. Awareness of the dynamics of group and family interaction; of diagnostic and evaluation procedures useful in the determination of appropriate care modalities; of the physical, social, psychological and attitudinal.

Working skill in the use of therapeutic individual, group, and family medical techniques; in communication effectively with professional medical, psychological, and sociological consultants, facility administrative and supervisory staff, law enforcement, correctional and judicial officials and community representatives and service providers; in writing evaluative, statistical and narrative reports.

Working ability to provided leadership and guidance to other staff in the care of mental health and physical health. To participate in the evaluation of the quality of services being provided to clients; to develop and implement care plans with appropriate medical, psychological and/or sociological consultation; to insure that adequate records are kept.

Signature _____ **Date** _____

Print Name _____ **Date** _____