



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Innovative Healthcare

1. THE CLIENT HAS THE RIGHT TO BE NOTIFIED OF PAYMENT LIABILITY (ORALLY AND IN WRITING) BEFORE CARE IS INITIATED (SEE CLIENT CERTIFICATION/AUTHORIZATION TO RELEASE PAYMENT FORM).
2. THE CLIENT WILL BE NOTIFIED ORALLY AND IN WRITING WITHIN 30 DAYS OF CHANGE IN LIABILITY FOR PAYMENT.
3. RECEIVE A COPY OF THE PROVIDER'S CODE OF ETHICS UNDER WHICH SERVICES IS PROVIDED.
4. TERMINATE THE SERVICES OF INNOVATIVE HEALTHCARE CDS FOR ANY REASON, AFTER REASONABLE NOTICE.

THESE RIGHTS HAVE BEEN EXPLAINED TO ME AND I UNDERSTAND THEM FULLY.

PARTICIPANT SIGNATURE:

DATE:

EMPLOYEE SIGNATURE,

DATE.

CODE OF ETHICS

The code of ethics shall allow use of the bathroom facilities, and with the client's consent, eat the lunch provided by the worker, in the client's home. The code of ethics shall be reviewed with the client, caregiver or family at the appropriate time.

The following actions, at a minimum are PROHIBITED:

- 1 Use of client's car
2. Consumption of client's food or drink (except water)
3. Use of client's telephone for personal calls
- 4 Discussion of own or others personal problems, religious or political beliefs with the client
5. Acceptance of gifts or tips
6. Bringing other persons to the client's home
7. Consumption of alcoholic beverages, medicine and drugs for any purpose, other than medical, in the client's home or prior to delivery of services
8. Smoking in client's home
9. Solicitation or acceptance of money or goods for personal gain from the client
10. Breach of the client's privacy and confidentiality of information and records

EMPLOYEE SIGNATURE

DATE.

Innovative Healthcare

1. Purchase of any item from the client even at fair market value
2. Assuming control of the financial or personal affairs, or both, of the client or of his/her estate including power of attorney, conservatorship, or guardianship
3. Residing with the participant in either the participants or personal care aide's residence
4. Taking anything from the client's home; and
5. Committing any act of abuse, neglect, or exploitation

CONFIDENTIALITY STATEMENT

The protection of business, client information, and trade secrets is vital to the interest and the success of Innovative Healthcare CDS. Such confidential information includes, but is not limited to, the following examples:

Participants and family confidential information; including medical and personal information, which includes, but are not limited to, information such as client service, resident or family financial information or a client's diagnosis or treatment.

Employee privileged information, which includes, but not limited to, criminal background checks, HIV or AIDS diagnosis or treatment, or employees address or telephone number.

Company property information, which includes, but is not limited to, the company's financial performance, any matters pertaining to the monitoring of visits by the division or a designee, disclosure, or speculation of plans for expansion, sale, closure or change of ownership or operator.

Employees are PROHIBITED from releasing at minimum, the above-mentioned information. Violations of this policy include but are not limited to disciplinary action including termination.

Inquiries from sources outside the company, such as, the press or media shall be referred to Innovative Healthcare CDS, Executive Director. If a situation arises where it is difficult to determine the proper course of action the matter should be discussed with the company's manager.

I fully understand that my disclosure of any of this information is a cause for immediate termination

EMPLOYEE SIGNATURE:

DATE.

PROCEDURES

Innovative Healthcare CDS, will conduct drug and/or alcohol testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug and/or alcohol testing at any interval determined by Innovative Healthcare CDS.**FOR-CAUSE TESTING:** Innovative Healthcare CDS, may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.

Employees who violate this policy are subject to disciplinary action including suspension or termination. Violation can also result in, up to and including, a total denial of worker's compensation benefits.

If an employee is convicted of a criminal drug statute violation occurring in the workplace, the conviction will be reported to the appropriate contracting federal agency within ten (10) days

I hereby certify that I have received a copy of the above stated policy, I understand its contents and I will abide by the terms of the policy. Furthermore, I will notify the executive director of the agency of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such a conviction.

EMPLOYEE SIGNATURE:

DATE.

Innovative Healthcare Drug and Alcohol Testing Consent Form

Employee Agreement and Consent to Drug and Alcohol Testing

Innovative Healthcare CDS is a drug-free workplace. The purpose of this policy is to ensure the safety of all employees and to promote productivity. This policy applies to all employees, contractors, and temporary workers.

Substances covered under this policy include alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs. We reserve the right to inspect our premises for these substances. We reserve the right to conduct alcohol and drug tests at any time. We may terminate your employment if you violate this policy, refuse to be tested, or provide false information.

Innovative Healthcare CDS explicitly prohibits:

1. Innovative Healthcare CDS prohibits the use, possession, sale, manufacture, and/or distribution of alcohol and illegal/controlled substances and/or drug-related paraphernalia on Company premises or while performing duties for Innovative Healthcare CDS while away from company premises, and/or during working hours.
2. For purposes of this policy, the term "Company premises" or "Clients Residence" includes all property owned, leased, used or under the control of Innovative Healthcare CDS.
3. The substances prohibited by this policy include such items as: any illegal or unlawfully obtained drugs or controlled substances; "designer or synthetic drugs; "over the counter or prescribed medications not being used for purposes or in the manner intended; mood or mind-altering substances; and alcoholic or intoxicating beverages.
4. Compliance with this policy will be required by Innovative Healthcare CDS. as a condition of employment for qualified applicants or for continued employment of current employees. The presence of a detectable amount of any prohibited substance in an employee while working and/or during working hours may be deemed a violation of this policy, regardless of when or where the substance entered the employee's system.

Innovative Healthcare CDS. Procedure

Innovative Healthcare CDS will conduct drug and/or alcohol testing under any of the following circumstances:

1. When an employee's conduct, actions or behavior reasonably leads management to suspect that the employee may be using or under the influence of drugs or alcohol on Company/Client premises or while performing duties for Innovative Healthcare CDS while away from Company/Client premises and/or during working hours
2. When an employee has a prohibited substance in his or her possession (actual or constructive) while on Company/Client premises or while performing work duties for Innovative Healthcare CDS, LIC.
3. When an employee has experienced an on-the-job injury or accident or is involved in an incident which Innovative Healthcare CDS believes may have resulted from impairment due to drug or alcohol use

Please note: If an employee's refusal to submit to a requested test may be considered an act of insubordination justifying discipline, up to an including immediate termination.

ALCOHOL AND DRUG-FREE WORKPLACE POLICY

It is the policy of Innovative Healthcare CDS to maintain alcohol and drug free workplace. Unlawful manufacture, use possession or distribution of alcoholic beverages and controlled substances, as defined in the controlled substance act, in the workplace is prohibited.

This policy includes employees who are found to be intoxicated or under the influence of a non-prescription controlled substance when initially reporting for duty, while on duty, or while in the administrative office of Innovative Healthcare CDS, LLC.

Innovative Healthcare CDS explicitly prohibit:

1. The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Innovative Healthcare CDS, LLC or customer premises or while performing an assignment.
2. Being impaired or under the influence of legal or illegal drugs or alcohol away from the Innovative Healthcare CDS, LLC or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk Innovative Healthcare CDS, LLC 's reputation.
3. Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from Innovative Healthcare CDS, LLC or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts Innovative Healthcare CDS, LLC 's reputation at risk.
4. The presence of any detectable number of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while conducting Innovative Healthcare CDS business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

EMPLOYEE CONSENT FORM

I hereby acknowledge receipt of Innovative Healthcare CDS, Drug-Free Workplace Policy regarding drugs and alcohol. I have read and understand this policy. I understand that refusal to submit to any drug testing required by this policy or a positive test result is grounds for disciplinary action up to and including termination. furthermore, I authorize the release of the test results to my employer, and/or on post-accident tests, the Company's workers' compensation insurance carrier and understand that refusal to release these results is grounds for disciplinary action up to and including termination. I understand that if I test positive for drugs or alcohol following an on-the-job accident, I may be ineligible for workers compensation benefits or have benefits reduced by 50% as allowed by Missouri law. I recognize that the Company's policy on drugs and alcohol does not constitute an expressed or implied contract of employment. As a condition of continued employment, employees must sign the attached consent form and comply with the policy.

I have read and understand this policy and will abide by it as a condition of my employment

EMPLOYEE SIGNATURE:

DATE:

MEDICATION POLICY

It is against the Division of Senior Services and Innovative Healthcare CDS for any aide to handle a client's medication. Only the RN for Innovative Healthcare CDS should handle client's medicine.

If the client questions you, explain that you cannot set up, or pour any type of medicine for them because you do not have a Certified Nurse Assistant (CNA), Licensed Practical Nurse (LPN) or Registered Nurses (RN) license to administer or distribute any type of medicine.

If they still insist, refer them to the office.

The RN, director or a staff member will explain the medication policy to the client.

You may pick up their medication from the drugstore, pharmacy, and clinic pharmacy or wherever their medicine is being filled or refilled.

You may explain to them that you can only give them a glass of water.

EMPLOYEE SIGNATURE:

DATE.