

# OLIVE HOME CARE SERVICES

## APPLICATION OF EMPLOYMENT

### Personal Information

Date

Name	<input type="text"/>	Social security #	<input type="text"/>
Present Address	<input type="text"/>	<input type="text"/>	
	Street	City	State Zip
Permanent Address	<input type="text"/>	<input type="text"/>	
	Street	City	State Zip
Phone	<input type="text"/>	If you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Desired Choose an item.

Position

Date you can start

Salary

Are you employed now? ☐ Yes ☐ No

If so, may we inquire of your present employer? ☐ Yes ☐ No

Ever applied for this company before? ☐ Yes ☐ No

When

Where

to enter text.

Are you on layoff and subject to recall? ☐ Yes ☐ No

Will you travel if required? ☐ Yes ☐ No

Will you relocate if required? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

Are you able to meet the attendance requirements of this position? ☐ Yes ☐ No

Have you ever been Bonded? ☐ Yes ☐ No. Have you ever been convicted of a felony in the past 7 yrs? ☐ Yes ☐ No

Such conviction may be relevant if job related but does not bar you from employment. If yes — explain

Driver's license number

State

Education		Name and location	# of years Completed	Did you graduate?	Subjects Studied
Academic	Currently Attending	<input type="text"/>	<input type="text"/>	Choose an item.	<input type="text"/>
	Last Completed	<input type="text"/>	<input type="text"/>	Choose an item	<input type="text"/>
Traded of Business	Currently Attending	<input type="text"/>	<input type="text"/>	Choose an item	<input type="text"/>
	Last Completed	<input type="text"/>	<input type="text"/>	Choose an item.	<input type="text"/>

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with this company.

Click or tap here to enter text.

## EMPLOYMENT APPLICATION

Date, Month and Year	Name and Address of Employer	Salary	Job	Reason for Leaving
From Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
To Click or tap here to enter text.				
From Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
To Click or tap here to enter text.				
From Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
To Click or tap here to enter text.				

Reference: Give names of three persons not relates to you whom you have known at least one year.

Name	Address	Phone	Years Acquainted
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

List any foreign languages(s) and check the box that best describes your skill level.

Languages	Read and Write
Click or tap here to enter text.	Choose an item.
Click or tap here to enter text.	Choose an item.

Emergency Contact Click or tap here to enter text.

Name

Address

Relationship

Phone

**INITIAL**

**Conditions of Employment – please read carefully**

\_\_\_\_\_ Reporting to work with impaired abilities; or the possession, consumption, or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to the physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of drug and alcohol policy will result in dismissal.

\_\_\_\_\_

It is understood and agreed upon any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

\_\_\_\_\_ I give the employer the right to investigate all police, driving, and personal record and references, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other person, corporations, or organizations for furnishing such information.

\_\_\_\_\_ The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, State, or Federal law.

\_\_\_\_\_ Any controversy of any kind arising between parties under this agreement or otherwise ( or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to the mediation and failing settlement in medication, to bidding arbitration. Unless otherwise agreed a mediation and arbitration designated by staff professions will govern any medication and arbitration. The parties will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and govern by the provisions of the Federal Arbitration Act, 9 U.S.C Section 1-et seq. The parties hereto stipulated that this agreement involves matters affecting interstate commerce.

\_\_\_\_\_ This application is current for 60 days. At the conclusion of this if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Click or tap here to enter text.

Signature of Applicant

Click or tap to enter a date.

Date

## Agency Management Notes

Hire date: Click or tap here to enter text.

## ***OLIVE HOME CARE SERVICES***

Office 770-997-8909 FAX:0770-997-8909

### ***Nursing Assistant Self-Assessment of Skills***

***PLEASE CHECK IF YOU HAVE PREFORMED AND CAN ADEQUATELY DEMONSTRATE THE FOLLOWING:***

**Vital signs:**

- ☐ Oral temperature
- ☐ Rectal temperature
- ☐ Pulse
- ☐ Respiration
- ☐ Blood pressure

**Personal Hygiene:**

- ☐ Bed bath
- ☐ Sponge bath
- ☐ Tub bat
- ☐ Shower

**Skin Care:**

- ☐ Lotion
- ☐ Powder
- ☐ Back Rub
- ☐ Basic Decubitus Ulcer Care
- ☐ Basic Decubitus Ulcer Care
- ☐ Position to relieve pressure areas
- ☐ Wash with soap & water
- ☐ Air dry skin/Ulcer

**Mouth Care:**

- ☐ Brush teeth
- ☐ Brush denture
- ☐ Mouth care for unconscious patient

**Hair Care:**

- ☐ Shampoo/Comb
- ☐ Use Shampoo Tray

**Nutrition:**

- ☐ Simple Meal Prep
- ☐ Offering fluids to patient
- ☐ Measuring Intake/output
- ☐ Feeding patients with chewing and swallowing problems

**Shaving:**

- ☐ With electric razor
- ☐ With safety razor

**Nail Care:**

- ☐ Clean and file Fingernails
- ☐ Soak and file toenails

**Assist with Clothing:**

- ☐ Bedfast Patient
- ☐ Wheelchair patient

**Body Machines:**

- ☐ Use of Transfer belt
- ☐ Range of motion exercise
- ☐ "STAND BY" Ambulation
- ☐ Assist with canes
- ☐ Cast/Slings
- ☐ Neck brace

**Bed Positioning:**

- ☐ Side lay
- ☐ Prone (back laying)
- ☐ Use of trochanter rolls
- ☐ Use of foot board
- ☐ Use of draw sheet

**Bed Making:**

- ☐ Unoccupied
- ☐ Occupied

**House cleaning:**

- ☐ Laundry
- ☐ Home cleaning
- ☐ Grocery shopping

**Urinary:**

- ☐ Use of regular bed pan
- ☐ Use of fracture bed pan
- ☐ Use of urinal/male

**Cather:**

- ☐ Foley catheter-empty bag
- ☐ Cleaning perineum at catheter insertion point
- ☐ Care/changing of leg bag
- ☐ Application condom catheter

**Bowel:**

- ☐ Colostomy Care-empty
- ☐ Soapsuds enema
- ☐ Tap water enema
- ☐ Fleets enema
- ☐ Use of portable commode

**Transfers:**

- ☐ To and from bed bench
- ☐ To and from wheelchair
- ☐ Bed to wheelchair

- ☐ Wheelchair to bed
- ☐ Wheelchair to toilet
- ☐ Wheelchair to tub
- ☐ Transfer board
- ☐ Hoyer lift

**Other:**

- ☐ Basic communication
- ☐ Active listening
- ☐ Assist with oxygen nasal prongs

**Miscellaneous:**

- ☐ Universal Precautions
- ☐ CPR
- ☐ First Aid
- ☐ Other (Please List)

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[Click or tap here to enter text.](#)

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# ***OLIVE HOME CARE SERVICES***

## **Documentation of Orientation**

After reading the Olive Home Care Services employee packet, please initial the following statements and sign below:

\_\_\_\_\_ I have read and understand the policies and procedures.

\_\_\_\_\_ I have read and understand my assigned duties and responsibilities.

\_\_\_\_\_ I understand to report client emergencies, problems and/or progress to supervisory nurse.

\_\_\_\_\_ I understand that I must report suspected exposure of TB to the agency.

\_\_\_\_\_ I have read and understand client rights.

\_\_\_\_\_ I have read the procedures regarding handling of complaints and incidents.

Click or tap here to enter text.

Employee's Signature

Click or tap to enter a date.

Date

Click or tap here to enter text.

Agency's Rep. Signature

Click or tap to enter a date.

Date

# ***OLIVE HOME CARE SERVICES***

## **CONFIDENTIALITY AGREEMENT FOR EMPLOYEES**

I Click or tap here to enter text., as an employee of the Olive Home Care Services, understand that I must maintain a strict confidentiality of client information and not disclose or cause any personal, financial, psychological or medical information relating to a client except to appropriate staff, the client's representative, clients physical, the Department of Community Health or other individuals authorized by the consumer in writing or, as may be required by court subpoenas.

I understand that breach of confidentiality may be interpreted as misconduct for which I may be disciplined and could result in the termination or my employment.

Click or tap here to enter text.

Employee's Signature

Click or tap to enter a date.

*Date*

Click or tap here to enter text.

Agency's Rep. Signature

Click or tap to enter a date.

*Date*

# ***OLIVE HOME CARE SERVICES***

## **STATEMENT OF GOOD FAITH (CREDIBLE EVIDENCE STATMENT)**

I Click or tap here to enter text., do hereby certify that I have never been shown by credible evidence by a court, a department investigation, or other reliable evidence to have abused, neglected, sexually assaulted, exploited, deprived any person or to have subjected any serious injury as a result of intentional or grossly negligent misconduct as evident by an oral or written statement to this effect obtained at the time of application and have not made any material false statements concerning qualification requirement, either to the department or Olive Home Care Services.

I understand that false or misleading information given in my application or interview(s) may result in discharge

Click or tap here to enter text.

Employee's Signature

Click or tap to enter a date.

*Date*

Click or tap here to enter text.

*Agency's Rep. Signature*

Click or tap to enter a date.

*Date*

# ***OLIVE HOME CARE SERVICES***

## **STATEMENT OF UNDERSTANDING**

I Click or tap here to enter text., understand and acknowledge that any false or, misleading information that I give Olive Care Home Services on my application and regarding my background checks will be grounds for immediate termination. I also agree to inform Olive Home Care Services of any new charges to my background history.

Click or tap here to enter text.

Employee's Signature

Click or tap to enter a date.

*Date*

Click or tap here to enter text.

*Agency's Rep. Signature*

Click or tap to enter a date.

*Date*



# ***OLIVE HOME CARE SERVICES***

## **CAREGIVER ORIENTATION INFORMATION**

### **1. Scope of services and type of client:**

Olive Home Care Services is offering three categories of home care services as defined by Chapter 290-5- 54, Private Home Care Providers:

1. **Nursing Services** - Olive home care Services will provide nursing services; such services will be provided by a licensed registered professional nurse or a licensed practical nurse under the directions of a supervisor as required by Chapter 290-5-54. Such services will be provided in accordance with the scope of nursing practice laws and associated rules and the client's service plan.

Nursing services may include the following:

- Regularly assess the nursing needs of the client.
- Participate in the establishment and implementation of the client's service plan.
- Provide nursing services as needed and in accordance with the client's service.
- Report problems and progress of client to supervisory personnel or the client's personal Physician.

The Olive Home Care Services supervisor will make a supervisory home visit to each client's resident at least every 62 days, starting from the date of initial service.

- 1.b **Personal Care task:** Olive home care Services may provide personal care tasks, such at a minimum, will be performed by a qualified PCA under the direction of a supervisor as required by the state and in accordance with the client's service plan. In addition to the services plan, the PCA must report on the personal care needs of the client, on changes in the client's condition and on any observed problems that affect the client.

Companion or sitter task:

- 1.c Olive Home Care Services may provide companion or sitter tasks, such as task at a minimum will be performed by a qualified companion or sitter under the direction of qualified supervisor as required Georgia rules and in accordance with the client's service plan. In addition to the service plan, the companion or sitter must report on the personal care needs of the client, on changes in the client's condition and on any observed problems that affect the client.

2. **Supervision of Services:** Services will be supervised by Olive Home Care Services who is qualified. Each caregiver providing services to a client shall be evaluated in writing by his or her supervisor, at least annually, either through direct observation or demonstration on the job task the caregiver is required to perform. No Olive Home Care Services supervisor will knowingly permit a caregiver who has been exposed to tuberculosis or hepatitis or diagnosed with the same to provide services to client until it is determined the caregiver is not contagious.

2.a Olive Home Care Services will have fully licensed Georgia registered professional nurses to supervise the provision of any services and the caregiver who provide the service. A supervisor shall complete the client's service plan in accordance with rule .11 and in coordination with appropriate staff who will be providing the client's service.

2.b Olive Home Care Services supervise personal care tasks with supervisors that have been determined to be qualified by education, training and experience to supervise the provision of such tasks in accordance with accepted standards of care. A licensed registered professional or practical nurse will supervise the provision of personal care task for clients determined to be medically frail or medically compromised. The license professional nurse will continue to be responsible for the development and management of the service plan. A supervisor shall complete the client's service plan in accordance with rule .11 and in coordination with the appropriate staff who will be providing the client's services. Subsequently revisions to the service plan may be the client. Revisions made by the licensed practical nurse will be reviewed in a timely manner by Olive home Care Services licensed registered professional nurse ultimately responsible for management of the client's care.

The Olive Home Care Services supervisor will make a supervisory home visit to each client's residence at least every 92 days, starting from the date of initial service. The visit will include an assessment of the client's general condition, vital signs, review of the progress being made, the problems encountered by the client and the client's satisfaction with the services being delivered by Olive Home Care Services staff. Supervision will also include observations about the appropriateness of the level of services being offered. Supervisions will be documented in the client's file or service plan.

2.c Olive Home Care Services will provide supervision of a companion or sitter by a qualified staff member. A supervisor shall complete the client's service plan in accordance with rule .11 and in coordination with the appropriate staff who will be providing the client's services.

The Olive Home Care Services supervisor will make a supervisory home visit to each client's residence at least every 122 days, starting from the date of initial service. The visit will include an assessment of the client's general condition, vital signs, review of the progress being made, the problems encountered by the client and the client's satisfaction with the services being delivered by Olive Home Care Services staff. Supervision will also include observations about the appropriateness of the level of services being offered. Supervisions will be documented in the client's file or service plan.

## II. Client rights and Responsibilities

Olive Home Care Services has established rights and responsibilities in the care of its clients. A copy of these rights and responsibilities are given to each client upon being admitted for care. These rights and responsibilities are included:

(5) This procedure will be liberally construed to protect the right of the interested parties to meet appropriate due process standards, and to ensure compliance with the procedure set forth by Olive Home Care Services.

(6) All documentation relating to the complaint will be maintained in the independent contractor's file.

Olive Home Care Services will request ninety (90) days and an annual outcome evaluation from each facility or business entity where the independent contractor has provided service. These evaluations will be kept in each individual registration file.

#### IV. Assigned duties, job description and service plan review:

Qualifications: Each PCA/CNA applicant must present a certification. PCA's must show evidence of training with the curriculum that was covered. All applicants must have at least two years of experience in home health care.

- (1) Responsible for document services provided to the patient. Paperwork must be submitted to the office every Monday by 12 noon. Documentation must be complete, legible, signed and dated.
- (2) Responsible for reporting any change in patient status to this office. If working in a facility, must report to responsible facility staff as well as to the registry.
- (3) Must maintain a clean, safe, and healthy environment. This includes light housekeeping, straightening of the bathroom, sleeping, and living areas and washing clothes and dishes of patient.
- (4) Will assist patients with the activities of daily living such as bathing, dressing, toileting, grooming, eating, and physical transferring.
- (5) Assist with the use of devices such as walkers and wheelchairs.
- (6) Assist with prescribed range of motion exercises.
- (7) Prepare meals in accordance with the patient's diet.
- (8) Measure intake and output
- (9) Monitor temperature, pulse, respiration, and blood pressure.
- (10) Assist with prescribed ice cap or collar.
- (11) Perform simple urine test for sugar, acetone, and albumin.
- (12) Can assist with the change of a colostomy bag.
- (13) Will perform other activities as taught and documented by a registered nurse.
- (14) CNA/PCA's will be supervised on a monthly basis by an RN to assess patient condition and quality of care provided.
- (15) Assist patient with medication reminders. CNA/PCA's can assist patients with self-administration of medications only when certificate of training is submitted to this registry and is contained in their personnel file.
- (16) Can Transport patient to MD appointments, do grocery shopping and perform other errands.

### CNA/PCA-CANNOT DO THE FOLLOWING

- (1) Change a sterile dressing, only reinforce them
- (2) Irrigate body cavities, such as giving an enema, irrigating a colostomy or wound or perform gastric irrigation.
- (3) Perform enteral feeding.
- (4) Catheterize a patient
- (5) Administer medication
- (6) Cannot apply heat by any method
- (7) Cannot care for a tracheotomy tube

#### ***V. Reporting of client progress and problems***

Timesheets will be submitted to the company on a weekly basis. These timesheets will document the services and progress of the client during the past week. The client and caregiver will sign this information.

Problems and/or any issues should be brought immediately to the attention of the Administrator or nursing supervisor. Caregivers should complete the patient incident form and submit to the same business day or if need the caregiver can call the office at 770-997-8949 anytime 24 hour a day, 7 days a week.

#### ***VI. Procedure for handling of emergencies***

In the event of an emergency the caregiver should immediately call 911. The Olive Home Care Services office should then be notified at 770-997-8949. The office phone is available 24 hour a day, 7 days a week.

#### ***VII. Acknowledgement of exposure to TB and Hepatitis***

The caregiver is obligated to inform Olive Home Care Services of any exposures to hepatitis or TB. If there is exposure the caregiver should immediately notify the administrator or nursing supervisor.

# OLIVE HOME CARE SERVICES

## EMPLOYMENT AGREEMENT

I hereby acknowledge the company, offers assignments on a case-by-case basis.

I understand that by accepting assignments on a case-by-case basis, there is no limit to the number of hours I may work (as long as the hours worked do not affect my own health or patient care). I may accept any assignment offered by the Company, however once I accept a case, I am expected to fulfill the assignment.

I hereby acknowledge that I have been advised of and understand Company policies and procedures specifically.

**Job Description:** I have been furnished with a copy of my signed job description.

**Documentation:** I understand that the Company may withhold payment to me if documentation pertaining to the services, I have provided is not accurate and completed in a timely manner. Schedule changes: All changes in assignments as to times and /or date must be made through the Company.

I understand that habitual tardiness, excessive cancellations after care acceptance and/or not reporting to an assignment as scheduled (no show) are cause for termination.

I hereby agree not to accept assignments from patients of the company for a period of (2) years following my separation from the company, either by resignation or termination. Failure to comply with the provision will result in termination and a fine in the amount of Ten Thousand Dollars (\$10,000.00)

I will be compensated at the rate of \$ Click or tap here to enter text. () per visit or () per hour or () per day

Click or tap here to enter text.

Name

Click or tap here to enter text.

Email

Click or tap here to enter text.

Company Representative

Click or tap here to enter text.

Title

Click or tap to enter a date.

Date

Click or tap to enter a date.

Date

# ***OLIVE HOME CARE SERVICES***

Please click on the links below. Fill out the forms and upload them with your application.

## **ACKNOWLEDGEMENT OF APPLICANT'S NON-CRIMINAL JUSTICE**

### **PRIVACY RIGHTS AND CONSENT**

<https://dch.georgia.gov/document/document/privacy-rights-and-consent-caregiver-portal/download>

### **W-4**

<https://www.irs.gov/pub/irs-pdf/fw4.pdf>