

# ATTENTIVE HOME CARE LLC

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## A



Application



Qualification/Job Description

# attentive home care llc

## APPLICATION FOR EMPLOYMENT

(Please Fill Out Completely)

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Full Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Applied For \_\_\_\_\_

### Documents required with this application (All)

### Check if attached

- |   |     |
|---|-----|
| 1. Thoroughly completed employment application                            | ( ) |
| 2. Current Professional License (Signed), if any                          | ( ) |
| 3. Current CPR card/First Aid (Signed)                                    | ( ) |
| 4. PPD/Chest X-Ray /Medical   | ( ) |
| 5. Employment Eligibility Verification (Form I-9)                         | ( ) |
| 6. Two employment reference forms or letter (phone # included)            | ( ) |
| 7. One personal reference form or letter (phone # included)               | ( ) |
| 8. Driver's License/ State Issue ID card (Signed)                         | ( ) |
| 9. Copy of Social Security Card (Bring original signed copy to interview) | ( ) |
| 10. One year of experience working in the field                           | ( ) |
| 11. Background Check ( <b>a must</b> )                                    | ( ) |
| 12. Any other information you have for employment                         | ( ) |

If you do not have all the documents above, please tell us when it will be available:

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## EMPLOYMENT APPLICATION FORM

### PART A: PERSONAL INFORMATION

Title: Mr. /Miss /Mrs. Other ( Please specify)	First Name:	Last Name:					
Home Address:	Correspondence Address (If different):						
Home Telephone: May we contact you at work? Yes/ No	Work Telephone:						
Are you a citizen of the United States? Yes/ No  If no, are you eligible to work in the United States? Yes/ No  If you are under age 18, do you have an employment/age certificate? Yes ___ No ___							
Have you ever been convicted of a misdemeanor or felony? Yes/ No  If yes, please explain the circumstances of the conviction.							
AVAILABLE HOURS (in HH:MM format)							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:							
TO:							

### PART B: EDUCATION AND TRAINING

High School Name and Address	Dates Attended:	Diploma Received?  Yes No	Area of Study
Colleges/ Training Schools	Dates Attended:	Diploma Received?  Yes No	Area of Study
Professional trainings/ qualifications with dates and levels obtained			

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## PART C: PRESENT AND PAST WORK HISTORY

Present or most recent employer and address:	Dates(month/ year)	Position Held and Duties:	Reason for leaving
Starting Salary:	May we contact this employer? Yes/ No		
Ending Salary:	If no, please indicate reason.		

## WORK HISTORY

Give details of your work history with the most recent listed first: ONE

Employer and address:	Dates (month/ year)	Position Held and Duties:	Reason for leaving
Starting Salary:	May we contact this employer? Yes/ No		
Ending Salary:	If no, please indicate reason.		

## WORK HISTORY

Give details of your work history with the most recent listed first: TWO

Employer and address:	Dates (month/ year)	Position Held and Duties:	Reason for leaving
Starting Salary:	May we contact this employer? Yes/ No		
Ending Salary:	If no, please indicate reason.		

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## PART D: SUPPORTING STATEMENT

Please indicate all relevant experience, skills and work history that relate to the job description of which you have applied. Please print clearly. All illegible entries will not be considered.

*(attach additional sheets if necessary)*

## PART E: MEDICAL HISTORY

What absences due to illness have you had from work for the last two years?

Do you have any illness that will present you from performing the duties of the position of which you have applied? Yes/ No

If yes, please indicate

Can you lift a weight of seventy pounds? Yes/ No

## PART F: REFERENCES

Please list three character references of which we may contact.

Name	Relationship	Years of Affiliation	Telephone number

## PART G: DECLARATION

By signing below I, \_\_\_\_\_, on the date of \_\_\_\_\_, hereby certify that all information included in the above application is true and valid to the best of my knowledge. I also understand that misrepresentation or falsification of the information provided above will result in my immediate disqualification from the selection process and dismissal from any position appointed to by the Agency after discovery.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL AGREEMENT**

***READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT***

I agree that except at the request and for the benefit of **ATTENTIVE HOME CARE LLC**, I will not disclose to anyone or use for my own purposes any of **ATTENTIVE HOME CARE LLC** confidential or proprietary information, either during or after my employment. I understand and agree that **ATTENTIVE HOME CARE LLC** bidding, costs, pricing and marketing information and techniques, customer names and information, and employee name and information are confidential and proprietary to **ATTENTIVE HOME CARE LLC**.

I certify that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I authorized **ATTENTIVE HOME CARE LLC** to contact all sources to verify the information on this application. I understand that any falsification, misrepresentation or fraudulent information provided by me in connection with my application for employment is sufficient grounds for withdrawal of an employment offer or immediate discharge.

I understand that this application is not a contract of employment.

I authorize and request my former employers, references, and educational institutions which have information about me, to give **ATTENTIVE HOME CARE LLC** any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and release such former employers, references, and educational institutions from any liability or claim relating to such release of information and opinions. I also authorized and request federal, state, and local governmental agencies to release to **ATTENTIVE HOME CARE LLC** any information requested, concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFLICT OF INTEREST**

I acknowledge that I have read the company policy statement concerning conflict of interest and I hereby declare that neither I, nor any other business to which I may be associated, nor, to the best of my knowledge, any member of my immediate family has any conflict between our personal affairs or interests and the proper performance of my responsibilities for the company that would constitute a violation of that company policy. Furthermore, I declare that during my employment, I shall continue to maintain my affairs in accordance with the requirements of said policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION**

I hereby authorize all prior employers, schools, credit bureaus, Social security Administration. Law enforcement agencies and investigative agencies to give **ATTENTIVE HOME CARE LLC** any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, concerning my qualifications for the position applied for. I release to **ATTENTIVE HOME CARE LLC** and all its employees from all liability for any damage that may result from furnishing information to **ATTENTIVE HOME CARE LLC**. I also release **ATTENTIVE HOME CARE LLC** and all its employees from all liability for any damage that may result from reliance on the information furnished. I understand that if a consumer investigative report is requested, I have the right under the Fair Credit Reporting Act to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation. This written request should be addressed to the location where this application is filed.

Full Name (Please Print) \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**attentive home care llc**

**INDEPENDENT CONTRACTOR AGREEMENT**

I \_\_\_\_\_ acknowledge to ATTENTIVE HOME CARE LLC that I am an Independent Contractor by virtue of my training, occupation, and job responsibilities. ATTENTIVE HOME CARE LLC obtains a position for me on a contractual basis as an independent contractor.

I recognize as an independent contractor, it is my personal responsibility to carry any and all insurance to protect me from any injury that I may cause to others in the course of my work. Accordingly, I recognize that ATTENTIVE HOME CARE LLC will not be carrying any insurance for my protection, and therefore, I will not make any claims upon ATTENTIVE HOME CARE LLC for any injuries that I might sustain in the performance of my duties and will hold harmless and indemnity that ATTENTIVE HOME CARE LLC for any suit or claims against that ATTENTIVE HOME CARE LLC by any third party for damages sought by such third party for any injury that I may have caused or contributed. Since am not an employee of ATTENTIVE HOME CARE LLC nor of the person or company for which ATTENTIVE HOME CARE LLC obtains work assignment on my behalf as an independent contractor, I hereby agree to be solely responsible for all my Social Security, Federal and State tax liabilities, and as such I direct that ATTENTIVE HOME CARE LLC not withhold any amounts for Social Security or taxes from any compensation as an independent contractor. I further waive and release ATTENTIVE HOME CARE LLC from any responsibilities now in the future in regards to tax liabilities, city, state and federal.

\_\_\_\_\_  
Contractor Signature/Date

\_\_\_\_\_  
Agency Rep. Signature/Date



## **MEDICATION TECHNICIAN JOB DESCRIPTION**

### **POSITION TITLE:**

Medication Technician

### **REPORTS TO:**

DON/RN Supervisor

### **POSITION SUMMARY**

The Medication Technician is assigned to specific clients by the Registered Nurse or other appropriate professional, performs personal care services with medication administration for clients as necessary to maintain their personal comfort and accurately report client responses to treatments under the direction of a Registered Nurse.

### **QUALIFICATIONS**

- Successful completion of a formal certification training program and/or a written skills test and competency evaluation.
- Be at least eighteen (18) years of age.
- Minimum of one (1) year work experience in a supervised setting, preferably health care facility.
- Demonstrated ability to read, write, and follow a written Plan of Care.
- Good verbal, written, and interpersonal skills.
- Current **MD State** Medication Technician License.
- Current CPR Certification.
- Successfully pass a Criminal background check (CJIS)

### **JOB DUTIES**

1. Performs simple procedures as an extension of nursing care under the direction and supervision of the nurse.
  - Range of motion exercises
  - Assistance in ambulation or exercises
2. Performs personal care activities, including but not limited to:
  - Bathing
  - Shampooing
  - Skin care/nail care
  - Oral hygiene
  - Shaving
  - Dressing
3. Performs household services essential to health care at home, including but not limited to:

- Meal preparation/feeding
  - Laundry
  - Light housekeeping
4. Performs administration of medications as prescribed by a physician under the supervision of the Registered Nurse and documents in MAR.
  5. Reports any observed or reported changes in the client's condition and/or needs to the Registered Nurse. Follows reporting guidelines in the Care Plan.
  6. Documents care provided and completes the forms required for the client's records. Completes the appropriate records to document care given and pertinent observations. Submits documentation per Agency requirements—at least weekly.
  7. Promotes personal safety and a safe environment for clients by observing infection control practices, following Agency guidelines, and reporting unsafe situations to the Supervisor/Case Manager.
  8. Demonstrates safe practice in the use of equipment. Does not use equipment until orientation about its operation has been provided. Notifies supervisor of educational needs.
  9. Communicates effectively with all members of the interdisciplinary team through verbal reports, participation in staff meetings, and team conferences, as requested.
  10. Maintains confidentiality in all aspects of the job.
    11. Attends in-service programs to meet compliance requirements.
    12. Identifies learning needs to Agency supervisor.
    13. Performs other related duties and responsibilities as deemed necessary.

I have read and understand the above job description of the Certified Medication Assistance.

\_\_\_\_\_  
Medication Technician Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rep. Name & Signature

\_\_\_\_\_  
Date

## **CNA/GNA JOB DESCRIPTION**

### **POSITION TITLE:**

CNA/GNA

### **REPORTS TO**

DON/RN Supervisor

### **POSITION SUMMARY**

Responsible for providing routine daily nursing and personal care services to clients, according to the Certified Nursing Aide assignment and in accordance with our established nursing care procedures, and as may be directed by the Registered Nurse.

The CNA/GNA is responsible to the Director of Nursing/RN Supervisor. In being assigned to a home, the CNA/GNA is responsible to the assigned home under the direct supervision of the RN, for providing quality care.

### **QUALIFICATION:**

- High school graduate or GED equivalent
- Minimum of one (1) year recent experience in a homecare setting within a period of two (2) years.
- CNA /GNA Certificate in the **State of MD**
- Proficient in the English Language
- Good verbal and written skills
- Current First Aid and CPR
- Current: Health Certificate (within the past 12 months)
- MMR (immunization record or current titer level)
- PPD/C chest X-ray (within the past 12 months)

### **JOB DUTIES**

The CNA/GNA is responsible to the family member and client. The CNA/GNA is under the direct supervision of the RN for providing quality care by:

- Providing personal care and assisting with hygiene, including necessary baths, oral hygiene, and shampoo and changing bed lines.
- Assisting with all activities of daily living such as meal preparations, and light housekeeping
- Rendering patient care based on the developed nursing care plan
- On-going assessment or observing, reporting, and recording or document over changes in client's condition such as experiencing withdrawal, and implements nurse and physician orders and reporting problems in a timely manner to the appropriate person
- Takes and records temperature, pulse, respiration and blood pressure with appropriate skills and

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competency

- Maintaining cleanliness of assigned client and work area
- Functioning in an effective manner in emergency situations
- Carrying out basic patient care procedures safely, accurately and according to agency protocol
- Report all complaints and grievances made by the client
- Report and document all incidents report in a timely manner
- Use only authorized abbreviations established by the family/ facility when recording information
- Supporting health teaching and patient care delivered by licensed nursing personnel
- Performing tasks and/ or interacting with client, families, staff and other personnel in a courteous, honest and compassionate manner
- Documenting accurate basic information and date on appropriate forms
- Running errands and driving client to doctor's appointment
- Works effectively with the nursing team to assure they have adequate information to provide appropriate care
- Attends and participates in regularly scheduled meetings and in-service training.
- Pursues continuing educational opportunities
- Responsible for participation in Quality Management Plan to assist in identifying and correcting problem areas, and/or the improvement of services
- Notify the RN when late or absent from work
- Communicates effectively and professionally
- Performs related duties as assigned

### **KNOWLEDGE, SKILLS AND ABILITIES**

- Comprehensive knowledge of nursing care
- Ability to maintain detailed records
- Ability to establish and maintain positive, professional relationships
- Ability to collect laboratory specimen if necessary and needed

### **PHYSICAL REQUIREMENTS**

- Must be able to move intermittently or documentation of good physical condition to allow standing, bending, stretching, walking, pulling, pushing, and lifting, able to lift a minimum of 50 lbs., push, and pull light to moderate loads throughout the workday
- Must be able to speak the English language in an understandable manner

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- Must be able to cope with the mental and emotional stress of the position
  - Must be able to see and hear, or use prosthetics that will enable these senses to function adequately to assure that the requirements of this position can be fully met
  - Must function independently, have flexibility, personal integrity, and the ability to work effective with client, personnel, and support agencies
  - Must be in good general health and demonstrate emotional stability
  - Must be able to relate to and work with the ill, disabled, elderly, emotionally upset, and at times hostile people within the facility or home visit
  - Must be able to function in a practice environment with minimal direct supervision

I have read and understand the above job description of the CNA/GNA

\_\_\_\_\_  
CNA/GNA Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rep. Name & Signature

\_\_\_\_\_  
Date