

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate age, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For Personal Care Attendant Today's Date / /

Form with fields for Last Name, First Name, Middle Initial, and Telephone Number.

Present Street Address City State Zip Code

Date of Birth

Email

Are you 18 year of age or

older? Yes No

Social Security # If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when?

Were you ever employed here? Yes No If yes, when?

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details:

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain:

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number State of License: Class of License Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details:

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal age over 40, race, sex, color, religion, national origin, disability or other protected status.)

Subjects Studied	# of Years Completed	Diploma/ Degree/ Certificate
LIST NAME AND ADDRESS OF SCHOOLS		
High School or GED _____	_____	_____
College or University _____	_____	_____
Vocational or Technical _____	_____	_____

I authorize Life Changes Home Care, LLC to check the Family Care Safety Registry and my background check for the purpose of employment screening. Additionally, I authorize all references, corporations, schools, employers, licensing boards, government and law enforcement agencies or any other entity deemed necessary to release any information Life Changes Home Care, LLC may require in connection with this investigation. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore, I agree to hold harmless Life Changes Home Care, LLC and any agent acting on its behalf, from any and all liability arising through the investigation of my background. I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I further authorize that a photocopy of this authorization may serve as an original.

Signature: _____ **Date:** ____/____/____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		TO	DATES OF EMPLOYMENT: FROM
CITY, STATE, ZIP CODE			PAY: START \$ FINAL \$
SUPERVISOR	TELEPHONE		REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT:	FR	OM TO
CITY, STATE, ZIP CODE	PAY: START \$		FINAL \$
SUPERVISOR	TELEPHONE		REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES		
ADDRESS	DATES OF EMPLOYMENT:	FR	OM TO
CITY, STATE, ZIP CODE	PAY: START \$		FINAL \$
SUPERVISOR	TELEPHONE		REASON FOR LEAVING
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ADDRESS	DATES OF EMPLOYMENT:	FR	OM TO
CITY, STATE, ZIP CODE	PAY: START \$		FINAL \$
SUPERVISOR	TELEPHONE		REASON FOR LEAVING

Life Changes Home Care, LLC

EMERGENCY CONTACT INFORMATION

Emergency Contact Info:

Name
Address
Phone _____ Cell Phone _____
Email Address
Relationship to Client

Emergency Contact Info:

Name
Address
Phone _____ Cell Phone _____
Email Address
Relationship to Client

- Yes No will caregiver work with dogs
- Yes No will caregiver work with cats
- Yes No will caregiver work with smoker
- Yes No can caregiver drive
- Yes No is the caregivers car suitable for a client
- Yes No can caregiver provide lift & transfer
- Yes No can caregiver go up/down stairs
- Yes No is caregiver trained to work w/dementia
- Yes No will caregiver work with Hospice

Stop
For Office Use Only

EMPLOYMENT Verification:

Name of first Professional Reference To Be Contacted _____
Title _____

Company Name _____ Phone (_____) _____ -

Reason for leaving this company:

Would you rehire this employee:

LCHC TELEPHONE REFERENCE CHECK FORM - # 2

EMPLOYMENT Verification:

Name of second Professional Reference To Be Contacted _____
Title _____

Company Name _____ Phone (_____) _____ -

Reason for leaving this company:

Would you rehire this employee:

LCHC TELEPHONE REFERENCE CHECK FORM - # 3

EMPLOYMENT Verification:

Name of third Professional Reference To Be Contacted _____
Title _____

Company Name _____ Phone (_____) _____ -

Reason for leaving this company:

Would you rehire this employee:

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____

Date ____/____/____

This application for employment will remain active for a limited time. Ask the organization representative for details.

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).

Life Changes Home Care, LLC

JOB DESCRIPTION

We are looking for a compassionate Home Aides to provide assistance in daily living and personal care services in patients homes in accordance with an established care plan.

Responsibilities

- Provide health care services in patients residences
- Help patients with personal hygiene, dressing, bathing and other daily tasks.
- Perform domestic and household tasks
- Transport and accompany patients to doctors office or to hospital
- Perform basic health care services for patients including checking vital signs or administering prescription medication.
- Assist with clients personal care activities
- Monitor patients (vital signs, temperature, respiration, etc) and report on their condition
- Assist patients with mobility and physical therapies/exercises
- Collect routine specimens
- Provide companionship and basic emotional or psychological support
- Make transportation arrangements as needed.
- Work with a nurse, personal care aide, a CNA, nurse aide, nursing assistant, and other caregivers and in-home care professionals.
- Observe and report on patient condition.
- Keep up with in-service training.

Requirements

- Proven working experience as home health aide
- Ability to monitor vital signs and to collect specimens
- Familiarity with basic nutrition and personal hygiene standards
- Proficiency in English
- Nursing and health care administration skills
- Caring and compassionate personality
- Current CPR certificate
- First Aid training
- Valid driver’s license
- High school degree

Employee Signature

Date

Company Representative

Date

Life Changes Home Care, LLC

Employee Name: _____

Print Name

EMPLOYMENT AGREEMENT

1. The employee will carry out the duties and responsibilities listed in the job description/ list of assigned tasks and signed by employee and employer.
2. When leaving, the employee will give the approximate time of return and, if possible, leave a phone number where he/she can be reached. Also, when the employee will be late in returning, he/she will call to let the employer know.
3. The employee is responsible for paying for long-distance telephone calls made/ received by the employee.
4. The employee will not be paid for scheduled hours not worked unless the time not worked is covered by a benefit as provided by the employer.
5. Both parties to this agreement will respect each other's individuality and treat each other accordingly. Both will attempt to be flexible and work at solving problems as they arise.
6. At least 2 weeks notice will be given by employee regarding termination of this agreement.

Other agreements/ benefits:

Employee Signature

Date

Company Representative

Date

Life Changes Home Care, LLC

EMPLOYEE WAGE & MILEAGE AGREEMENT

NAME: _____ DATE: _____

POSITION: PCA Date of Hire _____

DEPARTMENT: CDS SUPERVISOR: Life Changes Home Care, LLC

EXEMPT _____ YES X NO

PAID MILEAGE ____ YES X NO

PAY RATE \$10.00 HOURLY

***ALL INFORMATION RELATING TO SALARY,
BONUS, AND WAGE INCREASE IS STRICTLY CONFIDENTIAL.**

EMPLOYEE SIGNATURE

DATE

COMPANY REPRESENTATIVE

DATE

Life Changes Home Care, LLC

CRIMINAL HISTORY SEARCH
CONSENT FORM

NAME: _____ DATE: _____

I, _____, have had no prior convictions of an offense described in the **Health and Safety Code** which would bar or potentially bar employment as listed below.

CRIMINAL HOMICIDE

KIDNAPPING & FALSE IMPRISONMENT

INDECENCY WITH A CHILD
CUSTODY

AGREEMENT TO ABDUCT FROM

SOLICITATION OF A CHILD

SALE OR PURCHASE OF A CHILD

ARSON

ROBBERY

AGGRAVATED ROBBERY

ASSAULTIVE OFFENSES

BURGLARY & CRIMINAL TRESPASS

THEFT

WEAPONS

FRAUD

PUBLIC LEWDNESS

INDECENT EXPOSURE

PUBLIC INDECENCY A FELONY VIOLATION OF A
STATUTE INTENDED TO CONTROL THE POSSESSION
OR DISTRIBUTION OF AN ILLEGAL
SUBSTANCE (TEXAS CONTROLLED SUBSTANCE ACT)

I UNDERSTAND THAT THE HOME HEALTH AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK BEFORE OFFERING ME EMPLOYMENT. I, THE UNDERSIGNING, HEREBY AUTHORIZE THIS AGENCY TO CONDUCT AND VERIFY MY CRIMINAL HISTORY BY PERFORMING A CRIMINAL HISTORY CHECK.

SIGNATURE OF EMPLOYEE

Company Representative

Life Changes Home Care, LLC

TIMESHEET POLICY

Updated 11/23/2018

NO MORE LATE TIMESHEETS WILL BE ACCEPTED! All PCA's that miss time over the weekend are required to have a timesheet turned in no later than Monday at 5pm. Anytime missed during the week needs to be turned in no later than Friday that week by 2pm. No timesheet no paycheck. There will not be any debates, if you work the hours make sure you are compensated for the time by turning in the time sheets Monday or Friday afternoon of each week.

Detailed below are guidance notes that should be observed and followed when completing and submitting your timesheet:

- Do not use more hours than those provided on the care plan calendar.
- Time will not be paid out for a client that is in a hospital or nursing facility
- Any agency worker who uses the services of a payroll company may be subject to the payroll processing procedures imposed by that company. Life Changes Home Care, LLC has no control over this; therefore you must discuss the procedures with the payroll company after choosing your payment method.
- Deadlines may change around Bank Holidays.
- It is your responsibility to ensure your timesheet is legible, completed correctly and has been authorized and signed by the client - payment may be delayed if this is not the case.
- A photo image taken of a timesheet using a mobile phone cannot be processed.
- Where your assignment is managed by Spectrum, you will not be required to submit a paper timesheet but will be expected to submit your hours on their electronic online payment system. You will be advised in advance by your CDS Coordinator which method of timesheet submission you'll be expected to adhere to.

In particular, please ensure:

- All information given on your timesheet is accurate and the timesheet is completed in full.
Unfortunately, if a timesheet is not correctly completed, legible or authorized, we will have to return it to you for correction or authorization, as appropriate, before we can process it.
- You complete the correct week ending date.
- The date and times you worked, excluding any breaks taken are correct.
- The total hours and basic pay columns are correct.
- Every shift must be signed and dated by the client. Please ensure that a black ballpoint pen is used for clarity If timesheet is being used.
- You have signed and dated the timesheet.
- You are always advised to retain a copy for your own records and to assist if you have a query.
- Timesheets must be sent in before close of the deadline dates.

Resolution of queries

- Agency workers are under a duty of care to complete their timesheet in accordance with the guidance notes above.
- Where there is a query on your timesheet we will make every effort to contact you as soon as possible to resolve the matter. Alternatively, you may contact Human Resources either by phone or email: (816)737-9540 / lifechangeshomecarellc.com
- Routine queries logged before 3.00pm will be resolved or at least acknowledged by close of that day. In the event of a more complex query we will call or return your email and detail the actions required to resolve the query.

Printed Name:	
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Signature: _____ Date:

Life Changes Home Care, LLC Telephony Use Policy: Effective Dec. 1, 2016

Each and every employee that is employed by a Life Changes Home Care, LLC Consumer is responsible for accurately recording hours worked. It is essential that this information be accurate and legible.

Please take a few minutes to read this important document!

As of December 1, 2016, all Personal Care Attendants will be required to use the telephony system for clocking in (arrival) and clocking out (departure) for work.

Purpose

The purpose of this change is to provide a higher level of efficiency for time keeping, billing, and payroll.

Using the telephony system eliminates the issues that may arise with manual data entry.

This will reduce the time that Life Changes Home Care, LLC office staff has to spend contacting PCAs for Timesheet corrections, answering numerous Payroll questions, along with payroll disagreements.

The telephony system will provide the most accurate time keeping record, which will in turn ensure an accurate Payroll Check, which will greatly reduce, or even eliminate questions about your pay.

Procedure

- The PCA will download the app from their phone. Once downloaded the username is the your email followed by a four digit code which will be your password and will be given prior to receiving a client.
- If a PCA after two weeks of working is unable to time in and out correctly there will be a \$1.00 an hour reduction of pay. The PCA's pay rate would be \$9.00 an hour.

Thank you in advance for your help.

Sincerely,

President of the Company

Nashaunda Evans

Please Initial Here