Assured Home Nursing Services
Caring for the Community

725 S. Adams, Suite 258
Birmingham, MI 48009
Ph: 248 593 8134
248 255 5870

APPLICATION FOR EMPLOYMENT

Assured Home Nursing Services, Inc. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Email: _____

APPLICANT QUESTIONS:

1. Type of work desired: _____ Salary desired: _____ Date Available: _____
2. If hired, can you provide documents required to establish your eligibility to work in the U.S.? _____ Yes _____ No
3. Are you 16 years of age or older? _____ Yes _____ No
4. How were you referred to Assured Home Nursing?
5. Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation including sex-related, child-abuse or elder abuse related offenses? _____ Yes _____ No
6. If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

_____

_____

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Social Security # _____

Classification: ☐ RN ☐ LPN ☐ PDA ☐ CENA

Certified by: ☐ State Exam ☐ American Red Cross ☐ Extended Care Facility

Driver's License #: _____ Automobile Insurance: ☐ Yes ☐ No

(Please note that Assured Home Nursing does not provide insurance coverage for your vehicle.)

Do you have reliable transportation to and from work? _____

Are you able to transport a client during your shift with your own transportation? _____

Date of last complete physical exam _____ TB Test _____

I am able to demonstrate the following:

☐ Transfer Client ☐ Feed Client ☐ Turn & Position Client

☐ Assist Client w/ ambulation ☐ Assist Client w/ Daily Living Activities

In case of emergency or accident, please notify:

Name: _____ Phone number: _____

Relationship: _____

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

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College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

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Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

	Name	Occupation	Years Known	Contact Information
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____

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WOULD YOU ACCEPT A SHORT OR LONG-TERM LIVE-IN ASSIGNMENT? ☐ YES ☐ NO

I hereby authorize Assured Home Nursing Services Inc. and also authorize and request each former employer and person given as a reference to answer all questions that may be asked, and give all information that may be sought in connection with this application or concerning me or my work habits, character, skills, or my action in any transaction. I further authorize Assured Home Nursing Services Inc. to forward my complete personnel file to any other Assured Home Nursing Services Inc. office at which I may seek future employment.

I understand that if I am applying for a "Live-in" assignment during which I will reside at the client's premises more than one consecutive 24-hour period, and I will not be on duty for the entire duration of such assignment. I understand that, unless advised by Assured Home Nursing Inc., prior to or during the assignment, the work schedule for Live-in assignment provides for: 8 hours sleep time; 3 hours meal time; 3 hours personal time; 10 hours on-duty or on- call. I agree to notify Assured Home Nursing Services Inc., whenever the circumstances of the case require otherwise.

I agree, in consideration of your employing me, that I will not seek or accept employment either directly or indirectly, from any client of Assured Home Nursing Services Inc. to whom I have been assigned, for at least ninety (90) days after the last day of that assignment.

I agree to report to the office at the end of each assignment if I am no longer available for work, or if my availability status has changed. I further understand that I cannot by paid until I present a time slip signed by both the client and myself to this office.

I certify that the information herein is complete and true and that any material omission, or misrepresentation, shall be sufficient cause for dismissal.

Signature: _____ Date: _____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Assured Home Nursing Services, Inc. is at-will, meaning that I or the Organization may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Organization to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Organization requires the successful completion of a drug and/or alcohol test as a condition of employment. I understand that 36 hours is full time.

STATEMENT (Please read this statement carefully before signing this application):

I understand and agree that any claim or lawsuit arising out of my employment with, or my application for employment with, Assured Home Nursing Services, Inc. or any subsidiaries must be filed no more than six months after the date the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six months, I agree to bound by the six-month period of limitations set forth herein, and _____ I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ Date Signed: _____

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PRE-ORIENTATION EXPERIENCE SURVEY
HOME HEALTH AIDE

Based on your education and previous clinical experiences, please answer the following questions regarding competency in performing skills.

Use the following scale to answer the questions:

- 😀 Very Competent
- 😐 Somewhat Competent/Needs Retraining
- ☹ Never Performed Skill

Perform Bed Bath	☐ 😀	☐ 😐	☐ ☹
Perform Tub/Shower	☐ 😀	☐ 😐	☐ ☹
Perform Sponge Bath	☐ 😀	☐ 😐	☐ ☹
Shampoo hair	☐ 😀	☐ 😐	☐ ☹
Shave	☐ 😀	☐ 😐	☐ ☹
Mouth Care	☐ 😀	☐ 😐	☐ ☹
Denture Care	☐ 😀	☐ 😐	☐ ☹
Empty Foley	☐ 😀	☐ 😐	☐ ☹
Empty Urinal	☐ 😀	☐ 😐	☐ ☹
Empty Colostomy	☐ 😀	☐ 😐	☐ ☹
Assist with Toileting	☐ 😀	☐ 😐	☐ ☹
Assist with Clothing	☐ 😀	☐ 😐	☐ ☹
Dressing Change	☐ 😀	☐ 😐	☐ ☹
Vital Sign-Blood Pressure	☐ 😀	☐ 😐	☐ ☹
Vital Sign-Pulse	☐ 😀	☐ 😐	☐ ☹
Vital Sign-Respiration	☐ 😀	☐ 😐	☐ ☹

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Vital Sign-Temperature	☐ 😀	☐ 😐	☐ ☹
Weigh Patient	☐ 😀	☐ 😐	☐ ☹
Perform Range of motion exercises	☐ 😀	☐ 😐	☐ ☹
Proper transfer techniques/good body mechanics	☐ 😀	☐ 😐	☐ ☹
Transfer Patient using a Walker	☐ 😀	☐ 😐	☐ ☹
Transfer Patient using a Cane	☐ 😀	☐ 😐	☐ ☹
Transfer Patient using Wheelchair	☐ 😀	☐ 😐	☐ ☹
Transfer using a Gait Belt	☐ 😀	☐ 😐	☐ ☹
Transfer using a Hoer Lift	☐ 😀	☐ 😐	☐ ☹
Transfer using a Easy Stand	☐ 😀	☐ 😐	☐ ☹
Prepare Meals	☐ 😀	☐ 😐	☐ ☹
Feed the Patient	☐ 😀	☐ 😐	☐ ☹
Tube feeding experience	☐ 😀	☐ 😐	☐ ☹
Suction/Tracheotomy care	☐ 😀	☐ 😐	☐ ☹
Assist with Medication in Med Cassette	☐ 😀	☐ 😐	☐ ☹
Perform housekeeping tasks	☐ 😀	☐ 😐	☐ ☹
Make a Bed	☐ 😀	☐ 😐	☐ ☹
Report Change in Client Condition	☐ 😀	☐ 😐	☐ ☹
Understanding the Principles of CPR	☐ 😀	☐ 😐	☐ ☹

Are you currently CPR Certified?
(Need copy of current certification) _____ Yes _____ No

Are you currently CENA Certified? (Need copy of CENA Certificate) _____ Yes _____ No

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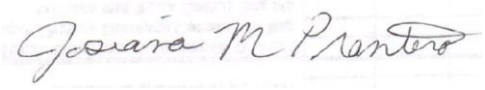
Dear All New Hired Employees;

Assured Home Nursing Services has Field Staff Handbook. It is very important to take a few minutes and read our policies and procedures. We have made it very easy to read the Handbook on-line. The best way to accomplish this task is click the link below https://myassuredhomenursing.com/careers/ At this time, you can read the entire Handbook. When you have completed reading the entire contents of the Field Staff Handbook, you need to sign and date the enclosed form that reads Assured Copy and return this form to Assured Home Nursing on the day of orientation for your employee file. Thank you for your cooperation regarding this matter. If you have any questions feel free to call us at 248-593-8134.

Sincerely,

Vik Anneboina
(President)



Josiana Prantera
(Director of Nursing)

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EMPLOYMENT HANDBOOK

[ASSURED COPY]

Acknowledgment and Agreement ***Important Read Carefully***

I acknowledge receipt of ASSURED's Handbook, I understand and agree that I am bound by the policies, terms and conditions of employment set forth in this Handbook. It is my responsibility to become familiar with the policies, terms and conditions herein. However, notwithstanding the foregoing, nothing in this Handbook modifies, alters, waives or changes any individual written employment contracts between ASSURED and me. To the extent the policies in this Handbook conflict with such individual written employment contracts, the terms of the individual contract controls.

I understand and agree that my employment with ASSURED is **At-Will** and that I may terminate my employment at any time, for any reason, with or without notice and ASSURED may do the same. I understand and agree that the Policies and conditions stated in this Handbook govern my employment at ASSURED. I understand and agree that this Handbook supersedes and cancels any prior contrary verbal or written policies, statements, understandings or agreements concerning the terms and conditions of my employment with ASSURED. I understand and agree that ASSURED may unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law, I also understand and agree that this Handbook is not a contract, express or implied, and it does not guarantee employment for any specific duration. I understand and agree that no employee has the authority to change the terms of my employment as stated in this Handbook other than one of the Administrators of ASSURED, in a writing signed by them and directed to me personally.

I understand that as an employee, I may not provide services to ASSURED's patients outside of my employment with ASSURED and I may not provide services to any current or former ASSURED patient for whom I provided services for two years after my termination.

AS CONSIDERATION FOR EMPLOYMENT AND/OR CONSIDERATION FOR CONTINUED EMPLOYMENT WITH ASSURED, I UNDERSTAND AND AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY EMPLOYMENT WITH ASSURED MUST BE FILED NO MORE THAN SIX (6) MONTHS AETER THE DATE OF THE EMPLOYMENT ACTION OR OCCURRENCE THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. WHILE I UNDERSTAND THAT THE STATUTE OF LIMITATIONS FOR CLAIMS ARISING OUT OF AN EMPLOYMENT ACTION MAY BE LONGER THAN SIX (5) MONTHS, I AGREE TO BE BOUND BY THE SIX (6) MONTH PERIOD OF LIMITATIONS SET FORTH HEREIN **AND I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.** SHOULD AN ARBITRATOR OR ARBITRATION PANEL DETERMINE IN SOME FUTURE ARBITRATION PROCEEDING OR A COURT DETERMINE (WITH RESPECT TO ANY MATTER NOT SUBJECT TO TH ARBITRATION PROVISION SET FORTH HEREIN) THAT THIS PIIOVISION ALLOWS AN UNREASONABLY SHORT PERIOD OF TIME TO COMMENCE AN ARBITRATION PROCEEDING OR LAWSUIT, THE ARBITRATOR(S) OR COURT SHALL ENFORCE THIS PROVISION AS FAR AS POSSIBLE AND SHALL DECLARE THE ARBITRATION PROCEEDING OR LAWSUIT BARRED UNLESS IT WAS BROUGHT WITIIN THE MINIMUM REASONABLE TIME WITHIN WHICH THE ARBITRATION PROCEEDING OR LAWSUIT SHOULD HAVE BEEN COMMENCED. I UNDERSTAND AND AGREE THAT ANY CLAIM MADE BY ME FOR MONETARY DAMAGES RELATING IN ANY WAY TO MY EMPLOYMENT OR TERMINATION OF MY EMPLOYMENT AT ASSURED IS SUBJECT TO BINDING ARBITRATION.

I certify that I have read, fully understand and accept all of the foregoing terms of this Acknowledgement and Agreement.

Employee Signature: _____

Print Name of Employee: _____

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PROFESSIONAL REFERENCE VERIFICATION FAX REQUEST

Assured Home Care Applicants: Please complete the top portion of this form and return fax number is 248-593-8247. Office number is 248-593-8134

Previous Employer: _____

Supervisor/Attention: _____ Fax: _____

Telephone: _____ City, State, Zip Code: _____

Name: _____ Social Security Number: _____

Job Title: _____ Ending Salary: _____

Dates of Employment: _____ to _____

I authorize this previous employer to release the request information to Assured Home Nursing Services, and I release all parties from any associated liabilities.

Applicant Signature: _____ Date: _____

Dear _____

The above-named individual has applied for employment with our company and has given your name as a former employer. We would appreciate your assistance in determining his/her qualifications by providing the information requested below. Please not the applicant has authorized the release of this information. Thank you in advance for your time.
Please rate this employee using 1 thru 10, A 10 is Outstanding with no room for improvement and a 1 is Unsatisfactory. If you do not know, please put a 0.

Work Performance_____ Attitude_____ Initiative_____ Dependability/Attendance_____

Dates of employment, correct? _____yes _____no If no, correct dates: _____

Job title, correct? _____yes _____no If no, correct title: _____

Ending salary correct: _____yes _____no If no, correct ending salary: _____

Signature: _____ Title: _____ Date: _____

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Telephone: _____ City, State, Zip Code: _____

Name: _____ Social Security Number: _____

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Dates of Employment: _____ to _____

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Applicant Signature: _____ Date: _____

Dear _____

The above-named individual has applied for employment with our company and has given your name as a former employer. We would appreciate your assistance in determining his/her qualifications by providing the information requested below. Please not the applicant has authorized the release of this information. Thank you in advance for your time.
Please rate this employee using 1 thru 10, A 10 is Outstanding with no room for improvement and a 1 is Unsatisfactory. If you do not know, please put a 0.

Work Performance_____ Attitude_____ Initiative_____ Dependability/Attendance_____

Dates of employment, correct? _____yes _____no If no, correct dates: _____

Job title, correct? _____yes _____no If no, correct title: _____

Ending salary correct: _____yes _____no If no, correct ending salary: _____

Signature: _____ Title: _____ Date: _____