

# ALL ABOUT CARING

## Employment Application

### APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address	Apartment/Unit #		
City	State	ZIP	
Phone	E-mail Address		
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 so, 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	Degree
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 \_\_\_\_\_



## **PRIVACY POLICY ACKNOWLEDGEMENT FORM**

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

\_\_\_\_\_  
Employee/Contractor Name (Printed)

\_\_\_\_\_  
Employee/Contractor Signature

\_\_\_\_\_  
Date

## ALL ABOUT CARING

I \_\_\_\_\_, understand and agree that I will not, at any time, do home health care for any of All About Caring's clients outside my scheduled hours unless asked by All About Caring.

I understand and agree that I will not at any time accept cash/checks from any of All About Caring's clients for home health care.

I understand and agree that I will not work extra hours on my own time for any client of All About Caring's unless approved by All About Caring. I also understand if I terminate my employment or I am let go from All About Caring that I can not go work for clients past or present of All About Caring and that if I do I will be reported to the state for doing home health care without a license.

I understand and agree that if I do not adhere to the above, it will result in immediate termination.

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Sign and Date

IT'S ALL ABOUT CARING  
4611 N CARL G ROSE HWY STE B  
HERNANDO FL 34442  
(352)-400-9733

ALL INDIVIDUALS WHO HAVE APPLIED FOR A POSITION WITH ITS ALL ABOUT CARING MUST PASS A LEVEL 2 BACKGROUND CHECK BEFORE GOING TO A CLIENTS HOME.

AT NO TIME WILL YOU TAKE ANYONE TO A CLIENTS HOME THAT DOES NOT WORK FOR IT'S ALL ABOUT CARING.

IT'S ALL ABOUT CARING CAN AND WILL SEND YOU AT ANYTIME FOR AN UPDATED BACKGROUND SCREENING AND/OR DRUG TEST. YOU MUST REPORT TO ITS ALL ABOUT CARING IMMEDIATELY IF ANY CRIMINAL ACTIVITY IS INVOLVING YOU.

EVERY CONTRACTOR HIRED BY ITS ALL ABOUT CARING WILL BE ON A 90 DAY PROBATION PERIOD

DO NOT TALK ABOUT ANY CLIENTS TO ANOTHER CLIENT AS THIS IS HIPPA VIOLATION

CALLING OUT FROM A SHIFT MUST BE DONE WITHIN 6 HOURS OF SCHEDULING TIME OF THAT SHIFT. IF YOU ARE GOING TO BE OUT LONGER THAN 3 DAYS, PLEASE KEEP ITS ALL ABOUT CARING UPDATED

A TWO-WEEK NOTICE IS REQUIRED BY EMAIL WHEN REQUESTING TIME OFF DUE TO SCHEDULING

PLEASE NOTIFY OFFICE OF ANY CHANGES OF HAVING A SHIFT COVERED

TO BE RECONSIDERED FOR REHIRE YOU MUST GIVE A TWO-WEEK NOTICE IF YOU ARE LEAVING THE COMPANY

NO CELL PHONE USAGE WHILE AT A CLIENTS HOUSE UNLESS IT IS WORK RELATED AT WHICH TIME, PLEASE INFORM CLIENT YOU NEED TO TAKE THE CALL FROM THE OFFICE. NO PERSONAL CALLS.

DRESS CODE IS SCRUBS OR SCRUB TOP WITH CLEAN JEANS NO HOLES. PLEASE WEAR CLOSED TOE SHOES. NO SANDALS OR FLIP FLOPS. NO SHORTS HAIR CLEAN AND NEAT.

AT NO TIME SHOULD YOU ACCEPT CASH/CHECKS FROM ANY CLIENT AS A PERSONAL GIFT.

DO NOT WORK EXTRA HOURS DAYS/NIGHTS ON YOUR OWN TIME FOR ANY CLIENT OF ITS ALL ABOUT CARING.

IF YOU ARE TERMINATED OR YOU TERMINATE YOUR EMPLOYMENT WITH ITS ALL ABOUT CARING AT ANYTIME YOU CANNOT WORK FOR CLIENTS OF ITS ALL ABOUT CARING PAST OR PRESENT CLIENTS.

IN THE EVENT THAT YOU DO LEGAL ACTIONS WILL BE TAKEN.

JOB DESCRIPTION: MAINTAIN THE HOME IN AN OPTIMUM STATE OF CLEANLINESS AND SAFETY.

PERFORM THE FUNCTIONS GENERALLY UNDERTAKEN BY THE CUSTOMARY HOMEMAKER, INCLUDING SUCH DUTIES AS PREPERATION OF MEALS, LAUNDRY, SHOPPING, HOUSEHOLD CHORES.

PERFORM CASUAL COSMETIC ASSISTANCE SUCH AS BRUSHING CLIENTS' HAIR AND ASSISTING WITH MAKE-UP, FILING AND POLISHING NAILS. \*\*\*\* DO NOT CLIP NAILS\*\*\*\*

STABALIZE THE CLIENT WHEN WALKING, AS NEEDED BY HOLDING THE CLIENTS ARM OR HAND.

REPORT TO THE APPROPRIATE SUPERVISOR ANY INCIDENTS RELATED TO HIS OR HER WORKOR TO THE CAREGIVER.

REPORT ANY UNUSAL INCIDENTS OR CHANGES IN THE CLIENT'S BEHAVIOR.

MAINTAIN APPROPRIATE WORK RECORDS.

IF REQUESTED BY THE CLIENT OR A RESPOSIBALE PARTY YOU MAY VERBALLY REMIND THE CLIENT IT IS TIME TO TAKE HER OR HIS MEDICINE.

PROVIDE COMPAIONSHIP TO THE CLIENT

ACCOMPANY CLIENTS TO DOCTOR APPOINTMENTS, SHOPPING OR RECREATIONAL ACTIVITIES.

\*\*\*\*\*NO PERSONAL CARE AT ALL\*\*\*\*\*

I UNDERSTAND AND AGREE TO THE ABOVE POLICIES AND PROCEDURES AND THAT ID I DO NOT ADHERE TO THE ABOVE IT CAN RESULT IN IMMEDIATE TERMINATION.

CONTRACTOR SIGNATURE: -----

DATE: -----

## IT'S ALL ABOUT CARING

This agreement is made on \_\_\_\_\_(date) by and between the following parties: IT'S ALL ABOUT CARING (name of employer) and \_\_\_\_\_ (name of employee)

### Terms of agreement

This agreement shall commence on \_\_\_\_\_(date) and may be terminated by either party with reasonable notice to either party in writing (at least two weeks).

### PURPOSE

THE PURPOSE OF THIS AGREEMENT IS TO SET FORTH THE TERMS AND CONDITIONS OF THE *CARE-GIVERS* EMPLOYMENT.

IT'S ALL ABOUT CARING WILL EMPLOY THE *CARE-GIVER* TO EXECUTE SERVICES OF DAILY LIVING, and/or ACTIVITIES OF DAILY LIVING WITH OUR CLIENTS.

IN EXCHANGE, A MUTUALLY AGREED UPON COMPENSATION WILL BE DECIDED, AND UPON SIGNING THIS AGREEMENT - YOU (THE *CARE-GIVER*) AGREE THAT YOU SHALL NOT **AT ANY TIME** WORK WITH IT'S ALL ABOUT CARING CLIENTS OUTSIDE OF OUR REGULAR WEEKLY SCHEDULE THAT IS COMPLETED BY MANAGEMENT.

FAILURE TO ABIDE BY THIS AGREEMENT CAN BRING LEGAL ACTION AGAINST YOU, THE *CARE-GIVER*, AND CAN RESULT IN FINES OF UP TO \$10,000.00 (TEN THOUSAND DOLLARS).

**SERVICES TO BE PROVIDED;**

WHICH INCLUDE BUT NOT NECESSARILY LIMITED TO  
HOUSEKEEPING/GENERAL HOUSEHOLD UPKEEP  
ERRANDS  
TRANSPORTATION  
MEAL PREP  
DR APPOINTMENTS

**SIGNATURES**

THIS AGREEMENT REMAINS IN EFFECT UNTIL TERMINATED IN WRITING  
BY EITHER PARTY. EACH PARTY HAS READ AND UNDERSTANDS THIS  
AGREEMENT AND AGREES TO THE TERMS OF SERVICE INDICATED BY  
THE SIGNATURE BELOW.

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CAREGIVER

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DATE





Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

**START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See instructions)
- ☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- ☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
- Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

OR

3. Foreign Passport Number:

Country of Issuance:

OR Code - Section 1  
Do Not Write in This Space

Signature of Employee

Today's Date (mm/dd/yyyy)

**Preparer and/or Translator Certification (check one):**

- ☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1. How many? ☐
- (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator

Today's Date (mm/dd/yyyy)

Last Name (Family Name)

First Name (Given Name)

Address (Street Number and Name)

City or Town

State

ZIP Code

Employer Completes Next Page