



RelieveMe Home Care Inc.

2623 Washington Road, Suite F#102b

Augusta, GA 30904

Phone: (706) 993 9533 Fax: (706) 496 2649

Dear Applicant,

Thank you for your interest in employment opportunities at *RELIEVEME HOME CARE INC.* At RelieveMe, we are committed to the highest standards of conduct in serving our customers and employees.

Listed below are items required for employment with us.

- ✓ Current Driver's License
- ✓ Social Security Card
- ✓ Current CPR
- ✓ Current First Aid
- ✓ LPN/RN License (if applicable)
- ✓ CNA Certificate (if applicable)
- ✓ Background Check (at Applicant expense)
- ✓ Current PPD (at Applicant expense)
- ✓ Vehicle Insurance Card

Attached to this is the application package. Please, take a few minutes to go over the application check list. Complete the application and return it to us by email, fax or mail. All Information must be turned in by each applicant for employment consideration.

Again, welcome to *RELIEVEME HOME CARE INC* *where compassion meets care.*

Sincerely,
Your Employment Officer



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Employment Application

Position Applying for: _____ Date: _____

Name: _____ Phone: _____

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

If less than 2 years, previous address: _____

City: _____ State: _____ Zip: _____

D.O.B _____ / _____ / _____ Social Security Number: _____ - _____ - _____

Education

High School: _____ Years Attended: _____

Course Studied: _____ Graduated: _____ Y _____ N

College: _____ Years Attended: _____

Major or Studies _____ Graduated: _____ Y _____ N

Special Studies: _____ When: _____ Where: _____

*Have you ever been convicted of a crime, including misdemeanors or felonies?

Yes _____ No _____

If yes, please list the year and nature of the criminal record, and the outcome of the case.

Do you own or have access to a vehicle to get to and from work? _____

Do you have a valid Driver's License? _____ State _____ License #: _____

Is there any physical or mental impairment(s) that would prevent you from performing your duties? Yes _____ No _____

If yes, please describe the nature of the impairment below:



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Employment History

Please start with your present employer.

We strongly recommend you fill in gaps as a 7-year work history is required.

Employer: _____ Phone: _____
Address: _____ City: _____ State _____
Department: _____ Supervisor: _____
Your Job Description: _____ Salary: _____
Dates of Employment: _____ to _____
Reason for leaving: _____

Employer: _____ Phone: _____
Address: _____ City: _____ State _____
Department: _____ Supervisor: _____
Your Job Description: _____ Salary: _____
Dates of Employment: _____ to _____
Reason for leaving: _____

Employer: _____ Phone: _____
Address: _____ City: _____ State _____
Department: _____ Supervisor: _____
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Employer: _____ Phone: _____
Address: _____ City: _____ State _____
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Your Job Description: _____ Salary: _____
Dates of Employment: _____ to _____
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Reference Sheet

Please provide 6 references. These must be someone not related to you.

<u>Name</u>	<u>Telephone Number</u>	<u>Occupation</u>	<u>Years Known</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____



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Job Description

Position:

- Personal Support Aide (CNA).

Qualifications:

- Must have completed one of the following:
 - A Nursing Assistant training program or its equivalent and must be on the State of Georgia Nursing Assistant Registry
 - Passed the agency's Competency exam with a score of 75% or better
 - An accredited educational program for registered nurses or licensed practical nurses
- 18 years of age or older
- US Citizen or show proof of authorization to work
- Have a **negative** Mantoux or chest x-ray
- Disclose any convictions and derogatory background records especially those involving harm to other people. Must not have a record of abuse to vulnerable adults, be it physical, sexual or neglect as defined in the State of Georgia statute covering vulnerable adults
- Must not misuse or show dependency on any mood altering chemicals including alcohol
- Have demonstrated dependability, tact and ability to follow orders
- Have demonstrated the ability to work with little supervision and make appropriate judgments
- Be in good physical and mental health

Duties and Responsibilities:

- Skin care including prophylactic routine and palliative measures documented in the care plan
- Bathing, grooming, hair washing as necessary for personal hygiene
- Range of motion exercises
- Bowel and Bladder care
- Respiratory assistance
- Transfers
- Turning and repositioning/positioning



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- Assist with medications (**reminders only**)
- Application of prosthetics and orthotics
- Equipment cleaning
- Undressing and dressing
- Assistance with food preparations as necessary
- Accompanying client to appointments
- Provide services necessary to maintain client's personal health and safety
- Assist with incidental household services
- Notify Supervisor immediately of any emergencies

Personal Support Aides May Not:

- Provide services not outlined in the care plan
- Provide services except as employee/contractor of an enrolled provider agency
- Provide services that are not delegated by the supervising RN
- Provide care to clients for whom they are legal guardians or relatives
- Perform skilled services
- Perform any service that requires a license

The personal support aide position involves heavy physical demands such as lifting clients, bending, stooping and stretching. Must be familiar with good body mechanics. Must be able to assess physical and emotional needs and respond appropriately. Must have a dependable transportation with adequate insurance.

I have read and understand the above job descriptions/qualifications and agree to adhere to the policy.

Signature

Date



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Emergency Contact

Applicant's Name: _____

Address: _____

Home Phone: _____

Pager or Cell Phone: _____

Alternate Phone: _____

In Case of Emergency Contact

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____



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Staff Code of Conduct and Ethics

Each staff or member of this company is to abide by the same code.

1. Staff must respect all client's and client premises.
2. Staff must not use client's phone for personal calls.
3. Staff is not allowed to smoke or drink any kind of alcohol while on duty.
4. Staff must refrain from confrontational issues while on duty.
5. Staff must depart from client's home upon completion of duties.
6. Staff must get permission from client to phone agency.
7. Staff must refrain from bringing children to work with them.
8. Staff must be punctual to work and call the Agency from the client's phone using the number 706 993 9533 upon arriving and leaving clients home. **Phoning in and out is a must. We do not utilize a time clock; this policy of calling IN and OUT will determine your hourly pay.**
9. Staff is not allowed to loan or borrow money from client.
10. Staff must not accept any gifts or gratuities from client.
11. Staff must not release or talk about any client with anyone other than the supervisor of services.
12. Staff must have written permission to be given a key to enter client's home. Such authorization must come through Management.
13. Staff must not do anything that is outside his or her duties.
14. Staff must complete all assignments before requesting client to sign or initial service forms.

Employee/Contractor Signature

Date



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Background Authorization Form

Upon submission of my application for employment, I understand and agree that background inquires may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experience and abilities, along with reasons for termination of past employment. I also understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to any criminal record, civil matters, previous employment, educational background, and other past experiences.

I agree that a copy of this authorization shall be as valid as the original. This release is valid for all federal state and county and local authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge. I understand this form will be kept separately from my application and will not be given to the hiring manager.

Name (Last, First, Middle)

Signature

Driver's License Number and State

Social Security Number

Date of Birth

Sex (M or F)

Former Names

Current Addresses

City/State

Zip

County

Previous Addresses: _____

Sworn to and subscribed before me

This _____ day of _____ 20_____

Notary Public: _____



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Consent Form (Drug Testing)

I hereby consent to submit urinalysis and/or other tests as deemed appropriate by RELIEVEME HOME CARE INC, in the application process for employment, for the purpose of determining the drug content thereof.

I authorize _____, to collect the specimen for the test, test the specimen for the use of illegal drugs and allow them to return the results to RELIEVEME HOME CARE INC.

I understand that the current use of illegal drugs prohibits me from becoming employed by RELIEVEME HOME CARE INC.

I further agree to release RELIEVEME HOME CARE INC. from any liability arising out of the collection of specimens, testing of specimens and use of information from testing in connection with the employer's consideration of my application for employment.

I also agree that a copy of this Consent Form will have the same effect as the original.

I have read and understand the above information regarding my pre-employment substance abuse test. I agree that my signing this Consent Form was totally voluntary and a company official did not coerce me into doing so.

Applicant's Name: _

Applicant's Signature: _

Applicant's SS#: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____



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Agreement Regarding Confidentiality and Non-Disclosure

This agreement regarding Confidentiality and Non-disclosure (this “Agreement”), is made as of this _____ day of _____ 20____, by and between RELIEVEME HOME CARE INC. (“Employer”) and _____ (“Employee/Contractor”).

For and in consideration of employment by RELIEVEME HOME CARE INC, and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby covenant and agree as follows:

Confidential Information and Non-Disclosure

Employee/Contractor acknowledges that RELIEVEME HOME CARE INC is in the business of providing medical and in-home health care and related services to individuals. RELIEVEME HOME CARE INC, (the “Business”) conducts business throughout the State of Georgia. Employee/Contractor acknowledges that RELIEVEME HOME CARE INC, business is highly specialized, that the identity and particular needs of RELIEVEME HOME CARE INC, clients are not generally known in the in-home health care industry, that RELIEVEME HOME CARE INC, has a proprietary interest in its client list, and the confidential information concerning each client, and that documents and other information concerning RELIEVEME HOME CARE INC, including, but not limited to, its business practices, marketing strategies, sales methods, products specifications, pricing, costs and clients, the identity, location service requirements, medical needs and charges to its client (the confidential information), are highly confidential. Employee/Contractor further acknowledges that the confidential information is owned and shall continue to be owned solely by RELIEVEME HOME CARE INC.

During the term of Employee/Contractor’s employment and for one year after such employment terminates for any reason, regardless of whether the termination is initiated by the Employee/Contractor or RELIEVEME HOME CARE INC, Employee/Contractor agrees not to use, communicate, reveal or otherwise make available the Confidential Information to any person, partnership, corporation or entity other than RELIEVEME HOME CARE INC, unless such employee/contractor is compelled to disclosure the Confidential Information by judicial process.



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Enforcement

Employee/Contractor acknowledges that compliance with the Agreement is necessary to protect RELIEVEME HOME CARE INC business goodwill. A breach of this Agreement will irreparably and continually damage RELIEVEME HOME CARE INC and an award of monetary damages will not be adequate to remedy such harm. Consequently, employee/contractor agrees that in the event employee/contractor breaches or threatens to breach any of these covenants, RELIEVEME HOME CARE INC shall be entitled to both:

(a) a preliminary or permanent injunction in order to prevent the continuation of such harm

(b) monetary damages, insofar as they can be determined, including, without limitation, all reasonable costs and attorney’s fees incurred by RELIEVEME HOME CARE INC. in enforcing the provision of this Agreement.

Nothing in this Agreement, however, shall prohibit RELIEVEME HOME CARE INC, from also pursuing any other remedy.

Agreed to as of the first date written above.

Employee/Contractor Name (Print)

Employee/Contractor Signature

Witness Name (Print)

Witness Signature

{To be completed in duplicate and signed by employee/contractor. One copy to remain with employee/contractor, original to go to one’s personnel file}