



**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: \_\_\_\_\_  
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: \_\_\_\_\_  
Your Job Description: \_\_\_\_\_ Salary: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_



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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:**

- Registered Nurse

#### **Qualifications:**

- A current Georgia license to practice as a registered nurse.
- A minimum of two years experience in home health services or a related field. Prefer experience working with older populations.
- Knowledge of current methods of home management and provision of personal care
- Ability to supervise and coordinate the work of others
- Ability to evaluate situations and communicate effectively with others

#### **Duties and Responsibilities:**

- Assist with Orientation of other RelieveMe Staff
- Prepare Personal Support Aides (PSA) work assignments
- Supervise the performance of employers/contractors who provide direct services to RelieveMe clients.
- Accept referrals from care coordinators
- Evaluate and document the client's needs during initial face to face visit and subsequent visits
- Identify appropriate staff to provide the care needed
- Develop and revise the client care plans as appropriate
- Report progress and problems of the client to supervisory personnel and/or client's personal physician
- Review and sign the contents of the client's care plan at least every two calendar months
- Supervise the Personal Support Aides



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- Complete clinical records reviews, progress note entries and documentation of supervisory visits to comply with RelieveMe and State Regulatory Policies
- Review, sign and date the service record forms
- Communicate with other providers, client representatives, families and/or other caregivers
- Make appropriate recommendations to case coordinator for clients regarding service
- Conduct face to face visit to reevaluate client's condition every two months ( 60 – 62 calendar days)
- Administration of Injections and IV Therapies

**Supervisory Functions include:**

- Complete face to face supervisory visit with the client and if appropriate, the client representative or caregiver every two months ( within 62 calendar days)
- Assist in completing an in-home supervisory visit to observe and monitor the in-home performance of the PSA, at least once annually
- Complete supervisory visit notes that include all required documentation in the State General Manual
- Other duties assigned by Nurse Manager
- Reports to Nurse Manager and Chief Executive Officer

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

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Signature

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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.

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Employee/Contractor Signature

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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}*