

Each office is independently owned and operated. Senior Retreat is an equal opportunity employer.

EMPLOYMENT APPLICATION



7215-230 Pineville Matthews Road Clt, NC 28226 (704)-543-0630

PLEASE PRINT – FILL OUT COMPLETELY

TODAY'S DATE ___/___/___ AVAILABLE START DATE ___/___/___

NAME _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____ PHONE _____

EMPLOYMENT DESIRED

POSITION DESIRED:

- ADMIN C.N.A. RN OTHER _____
- SIC MED-TECH AD

DAYS AND TIMES YOU ARE AVAILABLE TO WORK: _____

GEOGRAPHIC AREA DESIRED (LIST CITIES): _____

WHERE/HOW DID YOU HEAR ABOUT US? CHECK BELOW AND COMPLETE WHERE INDICATED:

- NEWSPAPER (NAME) _____
- JOURNAL OR PUBLICATION (NAME) _____
- UNIVERSITY PLACEMENT OFFICE (NAME) _____
- BUSINESS SCHOOL (NAME) _____
- INTERNET SITE (URL) _____
- TEMPORARY AGENCY (NAME) _____
- COMMUNITY COLLEGE (NAME) _____
- EMPLOYMENT AGENCY (NAME) _____
- UNEMPLOYMENT AGENCY (NAME) _____
- DIRECT MAILER (EXPLAIN) _____
- EMPLOYEE REFERRAL (NAME) _____
- CLINICAL ROTATION _____
- OTHER (DESCRIBE) _____

PERSONAL INFORMATION

HAVE YOU EVER APPLIED AT THIS AGENCY? YES, WHEN _____ NO _____

HAVE YOU EVER BEEN EMPLOYED BY **COMFORCARE HOME CARE** YES, WHEN _____ NO _____

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision.

DO YOU HAVE RELATIVES EMPLOYED BY THIS AGENCY? YES _____ NO _____

IF YES, STATE NAMES AND RELATIONSHIPS

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

IF HIRED, WOULD YOU HAVE RELIABLE TRANSPORTATION? YES _____ NO _____

ARE YOU AT LEAST 18 YEARS OLD? YES _____ NO _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATION? YES _____ NO _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY A FROMER EMPLOYER? YES _____ NO _____

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EDUCATIONAL HISTORY

			<u>GRAD</u>	<u>DIPLOMA OR DEGREE</u>
▪ HIGH SCHOOL _____	CITY _____	STATE _____	Y__ N__	_____
▪ COLLEGE _____	CITY _____	STATE _____	Y__ N__	_____
▪ UNIVERSITY _____	CITY _____	STATE _____	Y__ N__	_____
▪ VOCATIONAL _____	CITY _____	STATE _____	Y__ N__	_____
▪ HEALTH CARE TRAINING _____	CITY _____	STATE _____	Y__ N__	_____

OTHER THAN ENGLISH, LIST ANY LANGUAGES YOU SPEAK? SPEAK FLUENTLY READ FLUENTLY WRITE FLUENTLY
 LANGUAGE: _____ Y__ N__ Y__ N__ Y__ N__

HONORS AND/OR AWARDS RECEIVED: _____

WHAT OFFICE EQUIPMENT/COMPUTERS CAN YOU OPERATE? _____

LIST SOFTWARE OR PROGRAMS YOU KNOW AND INDICATE YOUR SKILL LEVEL AS BEGINNER, MID-LEVEL OR ADVANCED.

SOFTWARE/PROGRAM: _____ SOFTWARE/PROGRAM: _____

DO YOU HAVE ANY OTHER SKILLS THAT YOU WISH TO MENTION? _____

MILITARY SERVICES INFORMATION

WERE YOU IN ACTIVE MILITARY SERVICE? Y__ N__ IF YES, PLEASE COMPLETE THIS SECTION

PRESENT MILITARY STATUS _____ DATES OF SERVICE: FROM _____ TO _____

SPECIAL TRAINING RECEIVED _____

EMPLOYMENT HISTORY

List below all present and past employers starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You MUST complete this section even if attaching a resume.

EMPLOYER NAME _____ TYPE OF BUSINESS _____ PHONE _____

SUPERVISORS NAME _____ DATES OF EMPLOYMENT: FROM _____ TO _____

ADDRESS _____

YOUR POSITION _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Y__ N__

IF THERE IS A GAP IN EMPLOYMENT OF MORE THAN TWO MONTHS, PLEASE EXPLAIN. _____

EMPLOYER NAME _____ TYPE OF BUSINESS _____ PHONE _____

SUPERVISORS NAME _____ DATES OF EMPLOYMENT: FROM _____ TO _____

ADDRESS _____

YOUR POSITION _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Y__ N__

IF THERE IS A GAP IN EMPLOYMENT OF MORE THAN TWO MONTHS, PLEASE EXPLAIN. _____

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EMPLOYER NAME _____ TYPE OF BUSINESS _____ PHONE _____

SUPERVISORS NAME _____ DATES OF EMPLOYMENT: FROM _____ TO _____

ADDRESS _____

YOUR POSITION _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Y__ N__

IF THERE IS A GAP IN EMPLOYMENT OF MORE THAN TWO MONTHS, PLEASE EXPLAIN. _____

REFERENCES

List three persons not related to you who have knowledge of your work performance within the last three years.

1. NAME _____ PHONE _____
YEARS KNOWN _____ ADDRESS _____
OCCUPATION _____

2. NAME _____ PHONE _____
YEARS KNOWN _____ ADDRESS _____
OCCUPATION _____

3. NAME _____ PHONE _____
YEARS KNOWN _____ ADDRESS _____
OCCUPATION _____

****PLEASE READ CAREFULLY AND INITIAL****

- _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- _____ I hereby authorize **Senior Retreat** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to **Senior Retreat** any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release **Senior Retreat**, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- _____ I understand that employment with **Senior Retreat** is by mutual agreement of myself and **Senior Retreat** and can be terminated, at will, by either **Senior Retreat** or myself at any time for any reason, with or without cause or notice. No employee of **Senior Retreat** has an employment contract, which is not terminable at the will of either the **Senior Retreat** or the employee, unless it is in writing, clearly states that it is not terminable at will, and is signed by the owner or designee of **Senior Retreat**. No officer, manager or supervisor, other than the owner or designee, has authority to alter this policy. This policy may not be modified by any statements contained in the handbook, employment applications, recruiting material or any other materials provided to applicants or employees. I also consent to taking any pre-placement medical examination or any such future medical examination as may be required by **Senior Retreat**.
- _____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility document form upon hire.

X _____ Date _____

JOB DESCRIPTIONS

Certified Nursing Assistance (CNA)

Reports to: The Administrator, or SIC, and works directly under the supervision of the RN

Purpose: The Certified Nursing Assistance provides specifically defined, non-medical care services under the supervision of the registered nurse. The CNA provides personal care and home making services. The CNA will conform to all agency policies and procedures including providing care in compliance with the Domiciliary Home Residents Bill of Rights.

Qualifications: The Certified Nursing Assistance will meet the qualifications, and will maintain the qualifications, required by the county and state regulations, including but not limited to:

1. High school diploma or GED program equivalence.
2. State certification for Certified Nursing Assistance, and in good standing on the North Carolina Registry.
3. Nurse Aide Skills checklist validated by RN
4. Completed the training manual for food handling and Safety as designated by county and state regulations. (NCDA Diet manual).
5. General Health requirements: Medical exam including the necessary two-step Tuberculosis test per NC Licensure rules.
6. Current CPR Certification
7. Continuous education of 6 hours per year.
8. Completion of the Infection control module and signed off by RN.

General Responsibilities: The Certified Nursing Assistance duties include the following:

1. Allow residents freedom of movement.
2. Provided residents assistance with bathing, dressing, eating, etc. As needed.
3. Reports to the staff nurse observations and accurately records notes regarding care.
4. Provided residents assistance with personal grooming such as hair, and teeth as needed.
5. Review and comply with all policy and procedures found in the Senior Retreat policy and procedure manual.
6. Secures medical care for Residents when needed and notifies both the RN and Administrator.
7. Assure that residents are dressed appropriately when in common areas of the home or outside the building.
8. Assist and teach the residents skills in self-help skills such as walking, bathing, dressing and eating.
9. Assist with meaningful activities and daily orientation, including telling day, time, and weather.
10. Routinely inspects, cleans and monitors equipment and supplies to ensure residents safety. Reports any equipment or supply issues to the RN and Administrator as applicable.
11. Obtains, records, and reports vital signs as indicated, including weight, temperature, pulse, respirations, and blood pressure.
12. Provide personal attention such as bedside ice water or other personal attention as requested and appropriate.
13. Assist activities coordinator in carrying out planned activities.
14. Assist in transportation as requested by administrator.
15. Provide assistance to residents to keep clothes in proper order.
16. Strip and launder bedding as needed or on an alternating schedule.
17. Provide clean towels and wash clothes.
18. Maintain Laundry.
19. Provide assistance with emptying urinal, bed pan, or bed side commodes.
20. Make beds as needed.
21. Respond to need requests in a timely manner.
22. Assist residents into and out of bed, wheelchair as needed.
23. Assist resident to dining area, activities area, bathroom, living areas and outside the building as needed.
24. Demonstrates proper awareness of infection control practices by using Universal Precautions as directed in the Universal Precaution training module.
25. Maintains the visitors log and follows the visiting policies.
26. Assure the 'Resident temporary release form' is signed by appropriate person.
27. Be familiar with the Domiciliary Home Residents Bill of Rights and assist residents with exercising these rights.
28. All Certified Nursing Assistances that will also be providing care and handle food, or assist in the care of the home must review and sign the additional Job descriptions that will also be providing care and handle food, or assist in the care of the home must review and sign the additional Job descriptions applicable.
29. Performing other duties as assigned by the Administrator.

Employee Initial: _____ Date: _____

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ADDITIONAL THIRD SHIFT DUTIES:

- 30. Make rounds checking on all residents, upon arrival and hourly afterwards.
- 31. Meal prep assistance such as cutting and dicing.
- 32. Cleaning of the common areas including wet mopping.
- 33. Wash and dry medicine cups.
- 34. Performing other duties as assigned by the SIC or Administrator.

By signing below, I certify I have read and reviewed the Job Description for a Certified Nursing Assistant.

Date: _____

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

Medication Technician

Reports to: The Administrator, or SIC, and works directly under the supervision of the RN

The Medication Technician is responsible for the administration of the dispensing of medication and documenting accordingly.

Qualifications:

The Medication Tech will meet the qualifications, and will maintain the qualifications, required by the county and state regulations, including but not limited to:

1. High school diploma or GED program equivalence.
2. State certification for Medication Technician, and in good standing on the North Carolina Registry.
3. Medication Clinical Skills checklist validated by RN
4. Additional Training module completed for the care of residents with Diabetes prior to the dispensing of insulin, signed off by RN
5. General Health requirements: Medical exam including the necessary two-step Tuberculosis test per NC Licensure rules.
6. Current CPR Certification
7. Continuous education of 6 hours per year.
8. Completion of the Infection control module and signed off by RN.

General Responsibilities: The Medication Technician duties include the following:

1. Administers medications exactly as prescribed by the resident’s physician, in accordance with established policies and procedures of Senior Retreat and applicable state/federal regulations.
2. Accurately records and documents the administration of medication, the medication effectiveness, and any noted adverse reactions and side effects.
3. Reports to the staff nurse observations recorded, symptoms and conditions of resident that are related to medication interactions.
4. Review and comply with all policy and procedures found in the Pharmacy and medication policy and procedure manual.
5. Secures medical care for Residents when needed and notifies both the RN and Administrator.
6. Stores medication in a safe and accurate manner in accordance with established policies and procedures.
7. Monitors medication to ensure adequate accountability measures are taken when medications are ordered, received into facility, administered and at change of shift.
8. Routinely inspects, cleans and monitors equipment and supplies to ensure residents safety. Reports any equipment or supply issues to the RN.
9. Obtains, records, and reports vital signs as indicated.
10. Demonstrates proper awareness of infection control practices by using Universal Precautions as directed in the Universal Precaution training module.
11. Maintains the visitors log regarding the release of medication
12. Assure the ‘Resident temporary release form’ is signed by appropriate person and detailed instructions regarding medication are given.
13. Provides and promotes residents rights during administration of medications.
14. All Medication technicians that will also be providing care, handle food, or assist in the care of the home must review and sign the additional Job descriptions applicable.
15. Performing other duties as assigned by the Administrator.

By signing below, I certify I have read and reviewed the Job Description for a Medication Technician.

Date: _____

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

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Cook/Kitchen Helper

Report To: Administrator or SIC, work with registered dietician and RN as required.

Purpose: To assure that each resident is served a minimum of three nutritionally adequate, palatable meals a day.

Qualifications:

1. Minimum education requirement of High school graduate or GED Program.
2. Must have completed the training manual for food handling and Safety as designated by county and state regulations. (NCDA Diet manual).
3. General Health requirements: Medical exam including the necessary two-step Tuberculosis test per NC Licensure rules.
4. Current CPR Certification
5. Continued participation in personal education such as consultation with nutritionists or going to dietic workshops.

General Responsibilities:

1. Demonstrate involvement with all residents, staff, residents' families, and volunteers.
2. Plan required menus at least 2 weeks in advance in writing, with portions specified and snacks shown.
3. Plan modified diet menus at least 2 weeks in advance, in writing, with portions specified and snacks shown as per physician's orders in consultation with registered dietician.
4. Any substitutions made in menu must be recorded before being served to indicate actual food served and must be of equal nutritional value.
5. Date and post menus in acceptable manner.
6. Maintain an up-to-date preference list of foods on each resident.
7. Prepare and serve 3 meals a day at regular hours with at least 10 hours between breakfast and dinner meals.
8. Assure when serving that hot foods are served hot and cold foods are served cold.
9. Assure the package of nutritious bag lunch for all residents that may not be present at scheduled meal times do to an outing from the residence. Be aware of foods that may become spoiled if they do not have access to a refrigerator.
10. Clean kitchen, dining area, and food storage areas daily (including dishes) assuring sanitation standards and protection from possible contamination.
11. Assure each residents' table and tray service has appropriate place setting.
12. Report any incidents or accidents to the Administrator or SIC.
13. Prepare for serving 3 appropriate snacks daily.
14. Take of inventory, purchase all food and supplies so as to operate within the facility's budget. Notify SIC, or Administrator of needs in appropriate notice to have needs meet.
15. Receipts for supplies must be signed and kept on file for Administrator.
16. Refer to the NCDA Diet manual as needed.
17. Removal of kitchen garbage must occur in a timely manner.

By signing below, I certify I have read and reviewed the Job Description for a Cook/Kitchen Helper.

Date: _____

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

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Housekeeping

Report To: Administrator or SIC

Purpose: To assure cleanliness and sanitation grade of above 90 at all times.

General Health requirements: Medical exam including the necessary two-step Tuberculosis test per NC Licensure rules.

General Responsibilities:

1. General cleaning of entire facility. Home to be maintained in a uncluttered, clean and orderly manner, areas including:
 - Floors
 - Dusting
 - windows
 - vacuuming
 - bathroom facilities
 - laundry facilities
 - attention to special areas such as baseboards and door facings
 - careful of wet floors in resident areas to assure resident safety.
2. Awareness of furnishing repairs. Notify SIC or administrator of potential risks.
3. Elimination of unpleasant odors.
4. Maintaining supplies of soap, paper towels, and tissue in appropriate areas.
5. Emptying and cleaning trash cans.
6. Taking of inventory, purchasing chemical and housekeeping supplies as requested.
7. Housekeeping receipts must be signed by SIC and kept on file for administrator.
8. Help maintain the self- respect, personal dignity and physical safety of each resident.
9. Work cooperatively with all other staff and relate favorably to residents and families.
10. Be familiar with confidentiality of residents and resident charts.
11. Be Familiar with and able to apply all the home's accident, fire safety and emergency procedures.
12. Be familiar with the Domiciliary Home Residents Bill of Rights and assist residents with exercising these rights.

By signing below, I certify I have read and reviewed the Job Description for Housekeeping.

Date: _____

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

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Activities Coordinator

Report To: Administrator or SIC

Purpose: Development and coordination of activities program designed to promote the residents active involvement with each other, their families, and the community.

Qualifications:

1. Minimum education requirement of High school graduate or GED Program.
2. Must have or will have completed within 9 months of employment the basic required certificate "The Activities Coordinator Program" as designated by county and state regulations.
3. General Health requirements: Medical exam including the necessary two-step Tuberculosis test per NC Licensure rules.
4. Current CPR Certification

General Responsibilities:

1. Demonstrate involvement with all residents, staff, residents' families, volunteers, and community resources.
2. Maintain an undated residents' interest list and capabilities on individualized index cards.
3. Using the "Activities Coordinators Guide," plan 10 hours of group activities and individual activities per week taking into consideration residents' interest.
4. Prepare a monthly calendar for planned activities in large print.
5. Calendar posted in prominent location on first day of month and updated as needed.
6. Calendar posted must include the following types of activities:
 - Social and Recreational Activities.
 - Diversional and Intellectual Activities.
 - Work-type and Volunteer Activities.
7. Required participation in evaluating the overall effectiveness of activities program at least once every six months.
8. Assist the residents in transportation as related to the activities program when so indicated by Administrator.
9. Plan for assisting residents to participate in at least one outing every other month.
10. Taking of inventory and purchasing activities supplies including recreational equipment, supplies for games, book, current magazines and daily newspaper for living and recreational areas so as to operate within the facility's budget.
11. Receipts for activities supplies must be signed and kept on file for Administrator.

By signing below, I certify I have read and reviewed the Job Description for Activities Coordinator.

Date: _____

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

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RELEASE AUTHORIZATION

In order to assure that liability and work injury insurance can be provided to employees; Senior Retreat that you are eligible under these standards. Note that this information is confidential, and cannot be shared with any individual or entity outside of Senior Retreat administrative personnel without your permission.

I _____, hereby authorize any person or entity, public or private, having any information regarding my background, including but not limited to, criminal law violations, education records, driving records, employment records, professional licenses and disciplinary matters to release such information to Senior Retreat. I further authorize, intend and understand that this release of information shall continue and remain in full force and effect at all times during my employment with Senior Retreat and may be used at any time during my employment with Senior Retreat. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contracted by Senior Retreat or its agent, to furnish the information described. I submit that the information below is true and accurate, to the best of my knowledge.

Full and Complete Name (PRINT): _____

List other Last Names (PRINT): _____
(i.e. Maiden Name, Married Names(s))

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

State of Driver License: _____

Current Address: _____

Previous Address: _____

****Please initial Condition 1 OR Condition 2****

_____ **Condition 1:** I hereby certify that I have lived in North Carolina continuously for at least the past 5 years..

_____ **Condition 2:** I hereby certify that I have not lived in North Carolina continuously for at least the past 5 years and I understand that I must have a National Criminal Background Check conducted by the SBI, which will include fingerprinting. I understand that any employment with Senior Retreat will be conditional until the SBI check is completed and acceptable to Senior Retreat.

Signature: _____

Date: _____

****OFFICE USE ONLY****

Date of Request/Staff Name: _____

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AUTHORIZATION TO SCREEN FOR FRAUDULENT ACTIVITY (OIG EXCLUSIONS)

By my signature below, I hereby authorize Senior Retreat to search the database of the U.S. Department of Health and Human Services, office of the Inspector General, to verify I have not been excluded from participation by a CMS provider.

Name

Signature

Date

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IN OFFICE DRUG SCREENING

Senior Retreat reserves the right to require drug testing of all applicants on the date of applicant’s interview. Senior Retreat reserves the right to both refuse employment to any applicant using illegal drugs and to terminate current employees who illegal drugs.

In the event the applicant’s test results are positive, and/or indicate the use of illegal drugs or alcohol, that applicator will be immediately forfeited.

Applicant/Donor Information

Date of Screening _____ Time of Screening _____

Screen Results

Test Number _____ Time Collected _____

Temperature: Normal (90-100 Degrees F) Other

Drug Name	Symbol	Negative	Positive	N/A
Cocaine	COC			
Marajuana	THC			
Opiates	OPI			
Amphetamines	AMP			
Phencyclidine	PCP			
Benzodiazepine	BZD			
Methadone	MTD			
Methamphetamine	MET			
Tricyclic				
Antidepressants	TCA			
Ecstasy	MD MA			
Propoxyphene	PPX			

The above listed are the drugs we screen for. For any reason if you feel the screening will be positive you can elect to not take the test and forfeit your application.

I hereby agree to submit to a urinalysis for the purpose of testing for the listed drugs. The specimen provided is my own and has not been substituted or adulterated. I fully understand that any objection to this screening will result in a forfeit of my application.

Applicant Name (Print) _____

Applicant Signature _____

Collector/Senior Retreat Staff Name (Print) _____

Collector/Senior Retreat Staff Signature (Print) _____

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REFERENCE VERIFICATIONS

Reference Verification #1

Print Name _____ Date _____

Signature _____

I hereby give Senior Retreat permission to obtain the employment references necessary to make a hiring decision and hold all persons giving references free from any and all liability resulting from this process. I waive any provision impeding the release of this information and agree to provide any information necessary for the release of this information beyond that provided on the employment application and this reference verification form.

*******THIS PORTION TO BE COMPLETED BY OFFICE*******

<u>First and Last Name of Reference</u>	<u>Relationship to Applicant</u>
<u>Phone/Email</u>	<u>Name of Agency Contacted</u>
<u>Dates of Employment</u>	<u>Title of Position during Employment with Agency Contacted</u>
<u>How long has the reference known the applicant?</u>	<u>Is the applicant eligible for Re-Hire?</u>

REFERENCE INFORMATION

“(Applicant Name) has applied to become a C.N.A./Med-Tech with our Family Care Home. This mean they will be assisting our senior clients, around the clock, with their day to day needs around the facility including bathing, dressing, lifting, etc. Can you give us some details on why you feel like (Applicant Name) would or would not be a good fit for this position?”

“ _____ ”

Is this person a team player?	YES	NO
Is this person trustworthy? (At times they may be unsupervised.)	YES	NO
Is this person dependable?	YES	NO
Does this person take initiative?	YES	NO
Does this person possess good communication skills?	YES	NO

Date Reference Verified: _____

Person who spoke to the reference: _____

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Reference Verification #2

Print Name _____ Date _____

Signature _____

I hereby give Senior Retreat permission to obtain the employment references necessary to make a hiring decision and hold all persons giving references free from any and all liability resulting from this process. I waive any provision impeding the release of this information and agree to provide any information necessary for the release of this information beyond that provided on the employment application and this reference verification form.

*****THIS PORTION TO BE COMPLETED BY OFFICE*****

First and Last Name of Reference	Relationship to Applicant
Phone/Email	Name of Agency Contacted
Dates of Employment	Title of Position during Employment with Agency Contacted
How long has the reference known the applicant?	Is the applicant eligible for Re-Hire?

REFERENCE INFORMATION

“(Applicant Name) has applied to become a C.N.A./Med-Tech with our Family Care Home. This mean they will be assisting our senior clients, around the clock, with their day to day needs around the facility including bathing, dressing, lifting, etc. Can you give us some details on why you feel like (Applicant Name) would or would not be a good fit for this position?”

“ _____ ”

Is this person a team player?		YES	NO
Is this person trustworthy? (At times they may be unsupervised.)	YES	NO	
Is this person dependable?		YES	NO
Does this person take initiative?		YES	NO
Does this person possess good communication skills?		YES	NO

Date Reference Verified: _____

Person who spoke to the reference: _____

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Reference Verification #3

Print Name _____ Date _____

Signature _____

I hereby give Senior Retreat permission to obtain the employment references necessary to make a hiring decision and hold all persons giving references free from any and all liability resulting from this process. I waive any provision impeding the release of this information and agree to provide any information necessary for the release of this information beyond that provided on the employment application and this reference verification form.

*****THIS PORTION TO BE COMPLETED BY OFFICE*****

First and Last Name of Reference	Relationship to Applicant
Phone/Email	Name of Agency Contacted
Dates of Employment	Title of Position during Employment with Agency Contacted
How long has the reference known the applicant?	Is the applicant eligible for Re-Hire?

REFERENCE INFORMATION

“(Applicant Name) has applied to become a C.N.A./Med-Tech with our Family Care Home. This mean they will be assisting our senior clients, around the clock, with their day to day needs around the facility including bathing, dressing, lifting, etc. Can you give us some details on why you feel like (Applicant Name) would or would not be a good fit for this position?”

“ _____
 _____ ”

Is this person a team player?	YES	NO
Is this person trustworthy? (At times they may be unsupervised.)	YES	NO
Is this person dependable?	YES	NO
Does this person take initiative?	YES	NO
Does this person possess good communication skills?	YES	NO

Date Reference Verified: _____

Person who spoke to the reference: _____

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CONFIDENTIALITY AND PROBATION

Date: _____

CONFIDENTIALITY AGREEMENT: I, _____, understand that it is my responsibility to ensure that the client information received from Senior Retreat will be kept confidential and under safe keeping throughout my employment with Senior Retreat. I also understand that upon my termination from Senior Retreat, whether voluntary or involuntary, I will destroy any and all documentation I have received.

PROBATION PERIOD: I hereby certify that my employment with Senior Retreat will commence with a period of probation depending Senior Retreat receipt of all relevant documentation regarding my employability. I further understand that in the event any information is received by Senior Retreat that is contrary to the information I have provided to Senior Retreat (verbally or written), and/or in any way is determined by Senior Retreat to make me ineligible for employment, my position may be terminated immediately at the discretion of Senior Retreat management.

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

EMPLOYEE POLICIES

Revised 3/22/18

Our core values: Assuring every client and family whom we serve that “Your care is our first concern”.

Employee conduct: Employees are responsible to review and understand the Policy and Procedures of Senior Retreat. The Policy and procedure manual is available in the employee work room at all times. Any time there is a question of how a procedure should be followed, please refer to the procedure manual. If a question is still unclear please contact the SIC or Administrator. A response of “I was unaware of the policy” is not acceptable. In addition to the Policies and procedures Senior Retreat has established a list of behaviors that are considered inappropriate in a work place. The following list is not all inclusive, but is intended to provide examples of infractions for which you may be disciplined up to, and including, termination.

General Guidelines (Please Initial.): *I understand I am expected:*

- ____ To be courteous and respectful to everyone I encounter. This includes Management, Residents, Resident families, outside vendors and fellow workers.
- ____ To honor my scheduled hours by showing up on time (if not early), fulfill my daily assignments, provide appropriate notice if I am unable to fulfill a shift and avoid no call/no shows.
- ____ Not to disclose any confidential information regarding a resident, potential residents, discharged or deceased residents, their families, the facility, or fellow employees/management.
- ____ To keep the client my primary focus. It is not necessary, nor recommended, that I share personal information regarding my home environment, other employment, and life issues that I may be currently experiencing.
- ____ Not to sleep, sit, or lay down during a scheduled shift. (Exceptions can be made if all tasks have been completed, including the cleaning schedule.)
- ____ Lansdowne: To park down the driveway near the utility building, past the entrance, as the front driveway must remain clear at all times. Park Crossing: To park in the garage or on the street in front of the house.
- ____ To check on all residents on a regular basis, including 2-3 times per hour (whether the Resident is awake or asleep) and provide proper documentation in the resident’s file.
- ____ To Remain professional at all times, and acknowledge that I am under monitored surveillance inside and outside of the house (live) by corporate. I understand that any video surveillance can be used by corporate, at their discretion, as a means to end my employment and/or use that video surveillance as part of any court of law as it pertains to any issues about residents and/or fellow employees.
- ____ Not to open the door for unknown visitors for any reason. I will also make sure that fellow employees, residents, or family visitors are aware. When in doubt, I am to call the corporate office (during office hours) or call the administrator after hours.
- ____ Contact the office if any pets are on the premises or are at the house for visitation.
- ____ To notify the corporate office of any broken items at the house (inside or outside), or anything that needs to be repaired.
- ____ Not have any personal visitors, at any time, visit Senior Retreat without written and verbal permission in advance from the office, administrator or management.
- ____ Not to use the shower, or Jacuzzi, at any time.
- ____ To turn on the fireplace if a resident requests it. However, I also understand that as soon as the resident leaves the room, it should be turned off. No other time should the fireplace be used unless a tour takes place in which case it should be turned on for the length of the tour.
- ____ Keep the Wine Cooler locked at all times and make sure the key is secured. Furthermore, I am not allowed to drink any alcoholic beverage or smoke (any substance – including tobacco) while working or on the premises. Furthermore if I ever smell a strong gas smell, I realize I must call 911 and the office immediately in addition to evacuating the residents as soon as possible.
- ____ Keep personal hand bags, backpacks and items locked in the employee work room. They are not to be left out visually or unattended anywhere else within the home.
- ____ Lock the employee office, med cart and file cabinets at all times – no exception.
- ____ Use the portable (landline) phone, when not in the den, kitchen, or fireplace sitting area. While in these rooms, the phone should be on the charging unit.
- ____ Abide by the following Dress Code guidelines at all times:
 - Professional attire (scrubs), no open toed shoes, jeans, or tank tops.
 - Nails must be cut to an appropriate length based on the daily tasks required by staff.
 - Wearing a name badge. (The office should be notified if one has not been issued.)
- ____ Bring my own food, snacks and drinks. I understand, the food in the home is for residents only.
- ____ Keep all required documentation and continuing education up to date (Two Step TB, CPR, Driver License, C.N.A. License, etc.) In addition, I understand attendance is mandatory for in-services, meetings and/or trainings as set forth by Senior Retreat during off-shift hours.
- ____ Contact management if I am not feeling confident I can physically care for a patient as instructed.

Date: _____

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

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EMPLOYEE POLICIES CONT.

Privatizing Guidelines (Please Initial.):

- ____ I understand I am not allowed to work directly for or make private employment arrangements with a Senior Retreat Client for a minimum of 1 year after my resignation or termination. This also applies to the duration of my employment. I also understand that any such arrangement is grounds for immediate termination and may result in my being liable to Senior Retreat for any damages and/or costs Senior Retreat suffers as a result of such an arrangement. These costs may be in excess of \$25,000.00.
- ____ I understand that if any questions arise throughout my employment regarding job responsibilities and/or duties, I will contact the Senior Retreat office immediately for clarification.

Social Media Guidelines (Please Initial.):

- ____ I understand that Senior Retreat does not tolerate inappropriate Social Media postings that may include discriminatory remarks, harassment, and threats of violence. Similar inappropriate or unlawful conduct will not be tolerated and may subject me to disciplinary action up to and including termination.
- ____ I will not willingly post anything that might constitute harassment, bullying or reflect negatively on the client, resident, families or Senior Retreat. This includes personal complaints and/or reviews and opinions, criticism, statements, and photos of residents and/or their families, contact information, video, audio or anything that can be viewed as malicious, obscene, threatening, or harmful.

Date: _____

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

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NORTH CAROLINA BILL OF RIGHTS FOR ADULT CARE HOME

1. To be treated with respect, consideration, dignity and full recognition of his or her individuality and right to privacy.
2. To receive care and services which are adequate, appropriate and in compliance with relevant federal and State laws and rules and regulations.
3. To receive upon admission and during his or her stay a written statement of the services provided by the facility and the charges for these services.
4. To be free of mental and physical abuse, neglect and exploitation.
5. Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
6. To have his or her personal and medical record kept confidential and not disclosed without the written consent of the individual or guardian, which consent shall specify to whom disclosure may be made except as required by applicable state or federal statute or regulation or by third party contact.
7. To receive from the administrator of the facility a reasonable response to all requests.
8. To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own initiative at any reasonable hour.
9. To have access at any reasonable hour to a telephone where he or she may speak privately.
10. To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access at his or her expense to writing instruments, stationery and postage.
11. To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear of coercion and retaliation.
12. To have and use his or her own possessions where reasonable and have an accessible lockable space provided for security of personal valuables. This space shall be accessible only to the residents and the administrator or supervisor in charge.
13. To manage his or her personal needs funds unless such authority has been delegated to another. If authority to manage personal needs funds has been delegated to the facility, the resident has the right to examine the account at any time.
14. To be notified when the facility is issued a provisional license by the North Carolina Department of Health and Human Services and the basis on which the provisional license was issued. The resident's responsible family member or guardian shall also be notified.
15. To have freedom to participate by choice in accessible community activities and in social, political, medical and religious resources and to have freedom to refuse such participation.
16. To receive upon admission to the facility a copy of this section.
17. To not be transferred or discharged from a facility except for medical reasons, the residents own or other residents welfare, nonpayment for stay, or when the transfer is mandated under State or Federal law. The resident shall be given at least thirty days' advance notice to ensure orderly transfer or discharge. The resident has the right to appeal a facility's attempt to transfer or discharge. The resident pursuant to rules adopted by the Secretary, and the resident shall be allowed to remain in the facility until resolution of the appeal unless otherwise provided by law. The Secretary shall adopt rules pertaining to the transfer and discharge of residents that offer at least the same protection to residents as state and federal rules and regulation governing the transfer or discharge or residents from nursing homes.

Date: _____

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

Division of Facility Services	Mecklenburg County DSS	Lindsey Tate
Complaint Hot Line	301 Billingsley Rd. Clt, NC 28211	Centralina AAA
1-800-324-3004	704-432-1111	525 N. Tryon St. 12 th Floor
		Clt, NC 28202 1-800-508-5777/704-372-2416

FINAL CHECKLIST OF POLICY REVIEW

Date: _____

I, (please print) _____, an employee of Senior Retreat have reviewed the policies listed below. By signing this document, I am acknowledging I have read these policies and understand what is required as an employee for this family care home.

1. Resident Rights
2. Confidentiality Statement
3. Accident, Fire Safety, and Emergency Procedures
4. Infection Control Policy
5. Missing Resident Policy
6. Identification and Supervision of Wandering Residents Policy
7. Management of Physical Aggression or Assault by a Resident Policy
8. Handling of Resident Grievance Policy
9. Visitation in the Facility Policy
10. Smoking and Alcohol Policy
11. Restraint Policy
12. Cameras, monitors, and Privacy

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

FLU VACCINATION ACCEPT/DECLINATION FORM

Date: _____

Please Check.

- Resident
 - Name: _____
- Employee
 - Name: _____

Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others.

On February 26, 2015, the Advisory Committee on Immunization Practices (ACIP) voted on its annual influenza vaccine recommendations. For 2015-2016, ACIP recommends annual influenza vaccination for everyone 6 months and older with either LAIV or IIV, with no preference expressed for either vaccine when either one is otherwise appropriate.

Flu vaccination should begin soon after vaccine becomes available, ideally by October. However, as long as flu viruses are circulating, **vaccination will be continued to be offered throughout the flu season**, even in January or later. (Sept. 30 – Mar. 30)

- _____ I accept the Flu Vaccination and will be notified during the appropriate season of when and where I can receive the Flu vaccine.
- _____ I am aware of the benefits of accepting the flu vaccine and at this time I wish to decline. I will notify the facility at any point where I wish to obtain the vaccine.

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____

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Senior Retreat Employment Agreement

Date: _____

I agree to abide by all Company rules and regulations herein, and to uphold the integrity of Senior Retreat at all times. *I understand that my employment relationship with Senior Retreat is an At-Will arrangement and either Senior Retreat or I have the right to terminate the employment relationship at any time, with or without cause and with or without notice.*

Should any questions arise throughout my employment regarding job responsibilities and/or duties, I will contact the Senior Retreat Office and/or Administrator immediately for clarification. I also understand that if I choose to terminate my employment, I must return my identification badge, keys, and any other relevant paperwork or equipment belonging to Senior Retreat before receiving my final paycheck.

I understand that Senior Retreat does not tolerate any act of intimidation or sexual harassment from any employee. The laws that prohibit such sexual harassment in the workplace generally define it as including unwelcome sexual advances, requests for sexual behavior and other verbal or physical conduct of a sexual or abusive nature that affects an employee's job status or work environment. Violation of such policies may result in immediate termination of employment.

I understand that Senior Retreat does not allow the carrying of concealed weapons of any kind, by any employee, during working hours. Violation of such policies may result in immediate termination of employment

Furthermore, I understand that I am not permitted to make any private employment arrangements with any prospective residents, their families, or any individuals that have either toured Senior Retreat facilities or have talked with Senior Retreat employees. I understand that any such arrangement is grounds for immediate termination and may result in my being liable to Senior Retreat for any damages and/or costs, as well as any/all legal fee' Senior Retreat suffers as a result of such an arrangement. These costs may be in excess of \$25,000.00.

(Revised 8/1/18)

Employee Name: _____ Signature: _____

Administrator/Designee Name: _____ Signature: _____