EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____-____-_____

DATE AVAILABLE: _____ **DESIRED PAY**: $_____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES* ☐ NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES* ☐ NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____
GRADUATE? ☐ YES ☐ NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS**:** _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☐ HOUR ☐ SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

_____ _____
NAME DATE

Confidentiality Agreement

This agreement is made between_____

(The "Employee*) and Complete Comfort Home Care Providers LLC, (The "Employer*) on the_____ of _____, 20_____.

The Employee agrees to the terms of this Agreement:

1. As a condition of employment the employer requires that all new employees agree to enter into this Confidentiality Agreement (the Agreement). The Employee acknowledges that employment with an Employer is sufficient consideration for the Employee to enter into the Agreement.

2. The Employee acknowledges that, in the course of employment, the Employee will, and may in the future, come into possession of certain confidential information belonging to the Employer including but not limited to trade secrets, data, materials, products, technology, computer programs, specifications, manuals, business plans, software, marketing plans, financial information, and other information disclosed or submitted. This confidential information may be embodied in handwritten notes by the Employee, computer disks, tapes, paper, or any other media.

3. The Employee hereby covenants and agrees that she or he will at no time, during or after the term of employment with the Employer, use for his or her own benefit or the benefit of others, or discloses or divulge to others, any such confidential information.

4. Upon termination of employment, the Employee will return, retaining no copies or notes, all documents relating to the Employer's business including, but not limited to, reports, lists, correspondence, information, computer files, computer disks, and all other material and all copies of such material, obtained by the Employee during employment nor will the employee attempt to contact or solicit any clients that the employee may have worked with during employment.

5. The Employee recognizes that the Employer may be irreparably damaged by breach of this Agreement and that the Employer shall be entitled to seek an injunction to prevent such competition or disclosure, and will entitle the Employer to other legal remedies, including attorney's fees and
costs.

6. The obligations of Recipient herein shall be effective from the date the Owner last discloses any

7. Confidential Information to Recipient pursuant to this Agreement.

8. If any part of this Agreement is adjudged invalid, illegal, or unenforceable, the remaining parts shall not be affected and shall remain in full force and effect.

9. This instrument, including any attached exhibits and addenda, constitutes the entire Agreement of the parties. No representation or promises have been made except those that are set out in this Agreement. This Agreement may not be modified except in writing signed by all parties.

10. This agreement shall take effect as a sealed instrument and shall be construed, governed and enforced in accordance with the laws of the State of (State), without regards to its conflicts of law provisions.

11. The descriptive headings used herein are for convenience of reference only and they are not intended to have any effect whatsoever in determining the rights or obligations under this agreement.

_____ _____

Employee signature Date

Employee Sign off Regarding HIPAA

I, _____, an employee of Complete Comfort Home Care Providers LLC have read and understand this policy on protecting Client Health Information (PHI) and security. I understand that should any situation arise where I breach client confidentiality I will be disciplined up to and including termination.

1 hereby agree to maintain client confidentiality in the strictest manner possible, sharing or discussing client information only with those designated care providers or supervisors who have "a need to know" and are actively involved in the care of services provided to the client.

I further acknowledge that I have been trained in the provisions and laws related to HIPAA compliance during orientation and those clients must sign written permission to allow their health information (PHI) to be disclosed.

I further agree that I will protect PHI while driving in my vehicle servicing clients in their homes and will not allow any PHI to be visible inside my vehicle; I will not bring any PHI related to another client into the homes/facilities of clients 1 am servicing.

_____ _____

Employee Signature Date

Incident/Accidents

INCIDENT/ACCIDENTS REPORTING ACKNOWLEDGEMENT

I, _____ (Print name) have been thoroughly informed by Complete Comfort Home Care Providers LLC that I MUST report ALL incidents/accidents and any medical, physical, or mental changes in my clients immediately to the Supervisor and or Scheduling Coordinator.

I further understand that if I become injured, even a minor injury, I am required to report that incident to my office as soon as possible after an injury.

_____ _____

Employee Signature Date

OUR AGENCY IS AVAILABLE BY PHONE 24 HOURS A DAY. THE ANSWERING SERVICE WILL RESPOND AFTER 5 PM WEEKDAYS AND ON WEEKENDS/HOLIDAYS

Acknowledgement and Understanding of Zero Tolerance Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and or have had it explained to me. I understand that the organization will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

_____ _____

Employee Signature Date

Employee Acknowledgement That They Have Read the Employee Handbook

Below are some pertinent references to employee policies from the Complete Comfort Home Care. Providers LLC Employee Handbook. For more detailed information please refer to the Handbook. You may request to review any/all of the personnel policies pertinent to your employment at our Agency at any time.

1. You are encouraged to wear scrubs to all your visits. However, if you do not have scrubs, you may
   "wear business casual clothing. NO JEANS, scanty tops, see-through clothing etc allowed,
2. You are required to wear your Agency Issued photo ID badge to all client visits.
3. You are expected to arrive on time for ALL assignments. Our Agency must be notified if;

1. An emergency or situation arises which causes you to be late by five or more minutes
2. You will be absent from your assignment

Without calling the office, these situations are called NO CALL NO SHOW and are subject to immediate termination.

1. Once you have been given an assignment, no more than 2 cancellations will be tolerated.
2. When on assignment, DO NOT make or accept any personal calls from a client's telephone. Keep your cell phones off during all visits.
3. Under No circumstances should you take property, money or "borrow" anything that belongs to a client.
4. NEVER discuss your rate of pay with your clients or any other employee of Complete Comfort

* Home Care Providers LLC

1. Visit notes must be filled out correctly and completely and are signed by the client AT THE TIME OF THE VISIT
2. If you are not scheduled but are available to work, please call our coordinator to see if there are cases
   to be covered.
3. If any problem arises on your assignment, you must call your scheduling coordinator/supervisor immediately.

4. NEVER leave any assignment early without first calling your scheduling coordinator/supervisor immediately.
5. Any incident/accident involving a Complete Comfort Home Care Providers LLC employee/client must be reported to our office immediately. If you are injured and unable to make the call have one of your family call us right away.
6. The agency currently does not perform drug testing but may at their discretion.
7. Cancellation Policy:

A minimum of eight (8) hours cancellation notice must be given at all times, unless you are involved in an emergency. Should you decide an assigned client must be removed from your schedule, the office requires a minimum of one week's notice to arrange a change of worker. 2 weeks notice is preferred.

My signature acknowledges that I have received and have read the Employee Handbook. The above are just pertinent highlights from the handbook that I MUST be aware of.

_____

Employee signature Date

Attestation and Agreement to Notify Employer

I hereby attest that I have not been convicted of or pleaded guilty to any of the disqualifying offenses listed below and agree that I will notify someone within 14 calendar days, if while employed I am formally charged with, am convicted of, or plead guilty to one of the disqualifying offenses. I understand that failure to make this notification may result in termination of employment.

_____	_____	_____
(Employee Signature)	(Employee Printed Name)	(Date)

Tier 1 Disqualifying Offenses (Permanent Exclusion)

2903.01 (aggravated murder)
2903.02 (murder)
2903.03 (voluntary manslaughter)
2903.11 (felonious assault)
2903.15 (permitting child abuse)
2903.16 (failing to provide for a functionally impaired person)
2903.34 (patient abuse and neglect)
2903.341 (patient endangerment)
2905.01 (kidnapping)
2905.02 (abduction)
2905.32 (human trafficking)
2905.33 (unlawful conduct with respect to documents)
2907.02 (rape)
2907.03 (sexual battery)
2907.04 (unlawful sexual conduct with a minor, formerly corruption of a minor) .
2907.05 (gross sexual imposition)
2907.06 (sexual imposition)
2907.07 (importuning)
2907.08 (voyeurism)
2907.12 (felonious sexual penetration)
2907.31 (disseminating matter harmful.
to juveniles)
2907.32 (pandering obscenity)
2907.321 (pandering obscenity involving a minor)
2907.322 (pandering sexually oriented matter involving a minor)
2907.323 (illegal use of minor in nudity-oriented material or performance)
2909.22 (soliciting/providing support for act of terrorism)
2909.23 (making terrorist threat)
2909.24 (terrorism)
2913.40 (Medicaid fraud)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list

A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits).

A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list

Tier 2 Disqualifying Offenses (Ten-Year Exclusion)

2903.04 (involuntary manslaughter)
2903.041 (reckless homicide)
2905.04 (child stealing) as it existed prior to July 1, 1996
2905.05 (criminal child enticement)
2905.11 (extortion)
2907.21 (compelling prostitution)
2907.22 (promoting prostitution)
2907.23 (enticement or solicitation to patronize a prostitute, procurement of a prostitute for another)
2909.02 (aggravated arson)
2909.03 (arson)
2911.01 (aggravated robbery)
2911.11 (aggravated burglary)
2913.46 (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children (WIC] program benefits)
2913.48 (workers' compensation fraud)
2913.49 (identity fraud)
2917.02 (aggravated riot)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2923.12 (carrying concealed weapon)
2923:122 (illegal conveyance or possession of deadly weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone)
2923.123 (illegal conveyance, possession, or control of deadly weapon or dangerous ordnance into courthouse)
2923.13 (having weapons while under disability)
2923.161 (improperly discharging a firearm at or into a habitation or school)
2923.162 (discharge of firearm on or near prohibited premises)
2923.21 (improperly furnishing firearms to minor)
2923.32 (engaging in pattern of corrupt activity)
2923.42 (participating in criminal gang)
2925.02 (corrupting another with drugs)
2925.03 (trafficking in drugs)
2925.04 (illegal manufacture of drugs or cultivation of marihuana)
2925.041 (illegal assembly or possession of chemicals for the manufacture of drugs)
3716.11 (placing harmful objects in food or confection)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list

Tier 3 Disqualifying Offenses (Seven-Year Exclusion):

959.13 (cruelty to animals)
959.131 (prohibitions concerning companion animals)
2903.12 (aggravated assault)
2903.21 (aggravated menacing)
2903.211 (menacing by stalking)
2905.12 (coercion)
2909.04 (disrupting public services)
2911.02 (robbery)
2911.12 (burglary)
2913.47 (insurance fraud)
2917.01 (inciting to violence)
2917.03 (riot)
2917.31 (inducing panic)
2919.22 (endangering children)
2919.25 (domestic violence)
2921.03 (intimidation)
2921.11 (perjury)
2921.13 (falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license)
2921.34 (escape)
2921.35 (aiding escape or resistance to lawful authority)
2921.36 (illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.05 (funding of drug or marihuana trafficking)
2925.06 (illegal administration or distribution of anabolic steroids)
2925.24 (tampering with drugs)
2927.12 (ethnic intimidation)

A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Teir 4 Disqualifying Offenses (Five-Year Exclusion):

2903.13 (assault)
2903.22 (menacing)
2907.09 (public indecency)
2907.24 (soliciting after positive human immunodeficiency virus test)
2907.25 (prostitution)
2907.33 (deception to obtain matter harmful to juveniles)
2911.13 (breaking and entering)
2913.02 (theft)
2913.03 (unauthorized use of a vehicle)
2913.04 (unauthorized use of property, computer, cable, or telecommunication property)
2913.05 (telecommunications fraud)
2913.11 (passing bad checks)
2913.21 (misuse of credit cards)
2913.31 (forgery, forging identification cards)
2913.32 (criminal simulation)
2913.41 (defrauding a rental agency or hostelry)
2913.42 (tampering with records)
2913.43 (securing writings by deception)
2913.44 (personating an officer)
2913.441 (unlawful display of law enforcement emblem)
2913.45 (defrauding creditors)
2913.51 (receiving stolen property)
2919.12 (unlawful abortion)
2919.121 (unlawful abortion upon minor)
2919.123 (unlawful distribution of an abortion-inducing drug)
2919.23 (interference with custody)
2919.24 (contributing to unruliness or delinquency of child)
2921.12 (tampering with evidence)
2921.21 (compounding a crime)
2921.24 (disclosure of confidential information)
2921.32 (obstructing justice)
2921.321 (assaulting/harassing police dog or horse/service animal)
2921.51 (impersonation of peace officer)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.09 (illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug)
2925.11 (drug possession other than a minor drug possession offense)
2925.13 (permitting drug abuse)
2925.22 (deception to obtain dangerous drugs)
2925.23 (illegal processing of drug documents)
2925.36 (illegal dispensing of drug samples)
2925.55 (unlawful purchase of pseudoephedrine product)
2925.56 (unlawful sale of pseudoephedrine product)

A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Disclosure of Disqualifying Offenses

I _____ understand that any disqualifying offenses should be revealed to Complete Comfort Home Care Providers LLC, at time of hiring. If you are unsure if an offense is disqualifying, a copy of the Ohio Revised Code of Disqualifying Offenses section 109.572 will be provided to you.

You may be employed on a contingent basis for up to 60 days, at this time a copy of your BCI/FBI background check must be revealed by Complete Comfort Home Care Providers ILC. If for whatever reason your background check is not received or reveals a disqualifying offense under chapter 173-9 of the Administrative Code as required by sections 173.27 and 173.94 of the Ohio Revised code, employment will be IMMEDIATELY TERMINATED.

Employees that have been legal residents of Ohio for at least 5 years must be fingerprinted for BCI background check.

Employees that have been legal residents for less than 5 years must be fingerprinted for BCI and FBI background check

Signature: _____

Date: _____

Complete Comfort Home Care Providers LLC. representative

Signature: _____

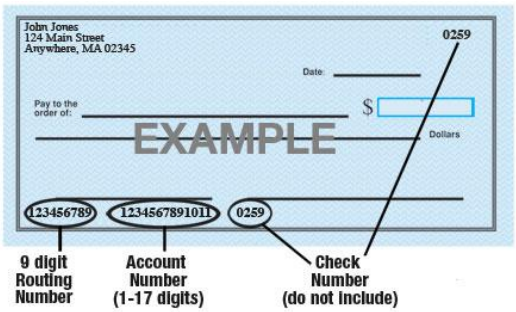
Date: _____

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ $ _____ ☐ _____% or ☐ Entire Paycheck

Type of Account: ☐ Checking ☐ Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)
Complete Comfort Home Care Providers is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

_____ _____

NAME DATE