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EMPLOYEE APPLICATION FORM

HELPING HEART, LLC

EMPLOYEE FILE CHECKLIST

| <u>DATE</u> | <u>FORMS/INFORMATION</u> |
|-------------|--|
| 1. _____ | Application for Employment |
| 2. _____ | Reference # 1 – Type: _____ Result: _____ |
| _____ | Reference # 2 – Type: _____ Result: _____ |
| _____ | Reference # 3 – Type: _____ Result: _____ |
| _____ | Letter of Recommendation # 1 |
| _____ | Letter of Recommendation # 2 |
| _____ | Letter of Recommendation # 3 |
| 3. _____ | Copy of Social Security Card |
| 4. _____ | Copy of Tax Document (W2 or W9) |
| 5. _____ | Copy of High School Diploma / GED |
| _____ | Copy of Higher Education Degree / Transcript |
| 6. _____ | Copy of Driver’s License |
| _____ | Copy of Car Insurance |
| _____ | Copy of Car Registration |
| 7. _____ | Local Law History |
| _____ | Affidavit of Good Moral Character |
| _____ | FDLE Results Received – FDLE Printout or email |
| _____ | FBI Results Received – DCF Letter |
| 8. _____ | CPR |
| _____ | First Aid |
| _____ | Core Competency (Health & Safety, Into to Developmental Disability) |

HELPING HEART, LLC

Zero Tolerance

HIPAA

HIV / AIDS / Infection Control

Choices & Right of Individuals

Incident Reporting

Use of Personal Outcomes to Establish a Person Centered Approach

Medicaid Waiver Services Agreement

Development and Implementation of Required Documentation for

Name of the Waiver Service

9.

Other Training

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Application for Employment

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apt / Unit #

_____ City State Zip Code

Phone: _(____) _____ Cell: _(____) _____ Email: _____

Date Available: _____ S.S. #: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? Yes No

If No, are you authorized to work in the US? Yes No

Have you ever been convicted of a misdemeanor? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Full Name: _____ Relationship: _____

Company: _____ Phone: _(____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _(____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _(____) _____

Address: _____

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Previous Employment

Company: _____ Phone: _(_____)_____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _(_____)_____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _(_____)_____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Experience – not related to paid employment

Volunteer ____ Relative ____ Other ____ From: _____ To: _____

Services Provided: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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Employer Reference Check Form

Name of Applicant: _____ SSN: _____

Employer Name: _____

Person providing reference information: _____ Title: _____

Are / Were you the applicant's immediate supervisor? Yes _____ No _____

If no, what is/was your working relationship to the applicant? _____

Applicant's Title: _____ Description of Duties: _____

1. The applicants dates of employment were from: _____ to _____

2. Is/was applicants work performance satisfactory? Yes _____ No _____

Comments: _____

3. Has/had the applicant's absentee record affected his/her job performance? Yes _____ No _____

Comments: _____

4. Has/had applicant been awarded any commendations, awards or other honors? Yes _____ No _____

Comments: _____

5. Has/had applicant received any disciplinary action? Yes _____ No _____

Comments: _____

6. If applicant is no longer employed with your agency, why did they leave? _____

7. Would you rehire this applicant? Yes _____ No _____

If no, please state why? _____

8. Are you aware of any information that might affect this individual's suitability for employment in a position where they would come into direct contact with persons with disabilities? Yes _____ No _____

If yes, please give specific details: _____

Signature of Person Completing Reference

Date Form Completed

HELPING HEART, LLC

Local Law

Dear Sheriff _____

Pursuant to Chapter 435, F.S. **Agency for Persons with Disabilities, SunCoast Region** request a local records check on the applicant listed below:

| | | | |
|---------------|------------------------|-------------|--------|
| _____ | _____ | _____ | |
| Last Name | First Name | Middle Name | |
| _____ | _____ | _____ | _____ |
| Date of Birth | Social Security Number | Race | Gender |

Please document the findings on this check and return the information to:

Your Name and Address

Sincerely,

Your Name

Always enclose a self-addressed stamped envelope with your request to local Sheriff's Office

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AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of Hillsborough _____

Before me this day personally appeared _____ who, being duly sworn, says:

I am an applicant for employment as a direct service provider or other individual screened pursuant to Chapter 435, Florida Statutes, and Section 393.0655, Florida Statutes, or I am currently employed as a direct service provider with:

HELPING HEART, LLC

By signing this form, I swear and affirm that I have not been found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of the adjudication, any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I attest that I have not been arrested for any of the following offenses and am currently awaiting disposition. I also attest that I have not been adjudicated delinquent for any of the following offenses, regardless of whether the records have been sealed or expunged.

I understand that I must acknowledge the existence of any criminal records relating to the following list of offenses. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes. I further understand that the list stated below is subject to change and may include offenses that were not previously included.

NOTE: *The following list of offenses has been updated August 1, 2010, and includes offenses specifically applicable to direct service providers under Chapter 393, Florida Statutes.*

Offenses Relating to:

| | | |
|-----------|----------|---|
| Sections: | 393.0674 | Felony offenses for the release or use of information from juvenile records of the Agency for Persons with Disabilities for any purpose other than screening for employment |
| | 393.135 | Sexual misconduct with certain developmentally disabled clients or threats and/or coercion relating to reports or testimony of sexual misconduct |
| | 394.4593 | Sexual misconduct with certain mental Health patients |
| | 409.920 | Medicaid provider fraud |
| | 409.9201 | Medicaid fraud |
| | 415.111 | The filing or disclosure of information from reports of adult abuse, neglect, or exploitation of aged persons or disabled adults |
| | 741.30 | Criminal acts that constitute domestic violence as defined in section 741.28, Florida Statutes |
| | 782.04 | Murder |
| | 782.07 | Manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child |
| | 782.071 | Vehicular homicide |
| | 782.09 | Killing of an unborn child by injury to the mother |
| Chapter: | 784 | Assault, battery, and culpable negligence, if the offense was a felony. |
| Sections: | 784.011 | Assault, if the victim of offense was a minor |
| | 784.03 | Battery, if the victim of offense was a minor |
| | 787.01 | Kidnapping |
| | 787.02 | False imprisonment |
| | 787.025 | Luring or enticing a child for an unlawful purpose |

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| | | |
|-----------|---------------|---|
| | 787.04(2) | Taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings |
| | 787.04(3) | Carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person |
| | 790.115(1) | Exhibiting firearms or weapons within 1,000 feet of a school |
| | 790.115(2)(b) | Possessing an electric weapon or device, destructive device, or other weapon on school property |
| | 794.011 | Sexual battery |
| | 794.041 | Former offenses for prohibited acts of persons in familial or custodial authority |
| | 794.05 | Unlawful sexual activity with certain minors |
| Chapter: | 796 | Prostitution |
| Section: | 798.02 | Lewd and lascivious behavior |
| Chapter: | 800 | Lewdness and indecent exposure |
| Section: | 806.01 | Arson |
| Sections: | 810.02 | Burglary |
| | 810.14 | Voyeurism, if the offense is a felony |
| | 810.145 | Video voyeurism, if the offense is a felony |
| Chapter: | 812 | Felony offenses for theft and/or robbery and related crimes |
| Sections: | 817.034 | Fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems |
| | 817.234 | False and fraudulent insurance claims |
| | 817.505 | Patient brokering |
| | 817.563 | Felony offenses for the fraudulent sale of controlled substances |
| | 817.568 | Criminal use of personal identification information |
| | 817.60 | Obtaining a credit card through fraudulent means |
| | 817.61 | Felony offenses for the fraudulent use of credit cards |
| | 825.102 | Abuse, aggravated abuse, or neglect of an elderly person or disabled adult |
| | 825.1025 | Lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult |
| | 825.103 | Felony offenses for the exploitation of an elderly person or disabled adult |
| | 826.04 | Incest |
| | 827.03 | Child abuse, aggravated child abuse, or neglect of a child |
| | 827.04 | Contributing to the delinquency or dependency of a child |
| | 827.05 | Negligent treatment of children |
| | 827.071 | Sexual performance by a child |
| | 831.01 | Forgery |
| | 831.02 | Uttering forged instruments |
| | 831.07 | Forging bank bills, checks, drafts, or promissory notes |
| | 831.09 | Uttering forged bank bills, checks, drafts, or promissory notes |
| | 843.01 | Resisting arrest with violence |
| | 843.025 | Depriving a law enforcement, correctional, or correctional probation officer means of protection or communication |
| | 843.12 | Aiding in an escape |
| | 843.13 | Aiding in the escape of juvenile inmates in correctional institution |
| Chapter: | 847 | Obscene literature |
| Section: | 874.05(1) | Encouraging or recruiting another to join a criminal gang |
| Chapter: | 893 | Drug abuse prevention and control if the offense was a felony or if any other person involved in the offense was a minor |
| Sections: | 916.1075 | Sexual misconduct with certain forensic clients and reporting requirements for such sexual misconduct |
| | 944.35(3) | Inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm |
| | 944.40 | Escape |
| | 944.46 | Harboring, concealing, or aiding an escaped prisoner |
| | 944.47 | Introduction of contraband into a state correctional facility |
| | 985.701 | Sexual misconduct in juvenile justice programs |
| | 985.711 | Contraband introduced into detention facilities |

HELPING HEART, LLC

ONE OF THE FOLLOWING STATEMENTS MUST BE SIGNED:

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position. This means that I have not been found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of adjudication, any of the offenses listed above or any similar statute of another jurisdiction. I attest that I have not been arrested for any of the above offenses and I am not currently awaiting disposition of any of the above offenses. I also attest that I have not been adjudicated delinquent for any of the above offenses, regardless of whether those records have been sealed or expunged.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

OR

I swear or affirm that I am a licensed physician, licensed nurse, or other professional licensed and regulated by the Department of Health. I will be providing services that are within the scope of my licensed practice, and I am not subject to the screening provisions of section 393.0655, Florida Statutes.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, _____

My commission expires

NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by

HELPING HEART, LLC

Compliance of HIPAA by Staff

Our agency may have to PHI when implementing the various services. In order to provide these services we and _____ agree to abide by the following principles to maintain confidentiality and to be in compliance with HIPAA laws.

- Any and all individual identifiable information in any format (written, spoken, faxed, or emailed) is considered PHI and therefore will be utilized or transmitted following the list of safeguards outlined in the attached document **“HIPAA Use and Disclosure of PHI”**
 - **Helping Heart, LLC** and _____ agree to share only the minimum information necessary for the purpose of treatment, payment, and operation.
 - **Helping Heart, LLC** and _____ agree to adhere to the principles of protection of consumer information and consumer rights, as outlined in the attached document, **“Notice of Privacy Practices”**

Staff Signature

Date

Administrative Staff Signature

Date

HELPING HEART, LLC

Conditions of Employment

Employee: _____

The following are the conditions of employment for this facility/agency. Any violation may result in immediate dismissal:

1. Employees are required to have an employment application on file with references furnished.
2. Employees will be subject to background screening and must meet certain requirements. Employees must submit the information necessary to conduct background screening, or proof of compliance with screening requirements, within 5 days of employment.
3. Residents'/Consumers' rights must be upheld and supported at all times. No violation of residents'/consumers' rights will be tolerated.
4. Employees are prohibited from acting as a guardian, trustee, or conservator of any resident/consumer or of any residents'/consumers' property.
5. Employees are forbidden from managing, using, or disposing of any property of any resident/consumer, except in those situations which are under the direct request of the administrator, and completed in accordance with facility policy and applicable laws.
6. Violence, fighting, or abusive behavior or language toward any resident, staff person, or visitor is prohibited and will result in immediate dismissal.
7. Employees shall maintain personal cleanliness and hygiene while on the job. Employees are expected to maintain dress and grooming appropriate to the type of work performed.
8. Employees are expected to arrive at their scheduled time. Hourly employees must clock in and out at the beginning and end of each shift, and at any time you are leaving the property.
9. Employees will be required to successfully complete training in First Aid, CPR, Core Competencies, Zero Tolerance, HIV/AIDS, Choices and Rights, Incident Reporting, and Use of Personal Outcomes.
10. Employees shall not report to work under the influence of alcoholic beverages, dangerous narcotics, or hallucinogenic drugs.

HELPING HEART, LLC

Notice of Non-Involvement in Medication Administration and Medication Monitoring

I, _____ understand that I will not be required
(Sub-Contractor's Name)
to perform as part of my service duties to Helping Heart, LLC and its consumers, medication administration and/or medication monitoring. I also understand that doing so without the proper current documentation and/or required training in accordance with 64G-7 of the 2010 Medicaid Handbook can result in my termination from my duties and position with Helping Heart, LLC.

I further declare that I have not received the proper training to administer or supervise self-administration of medications. I, therefore release Helping Heart, LLC and its staff and any of its affiliates from any and all ramification that may occur should I fail to adhere to this policy.

Sub-contractors' Signature

Date

Helping Heart, LLC. Staff Signature

Date