

RossyBright, LLC
A Healthcare Provider

Employment Application

General Information

Please print in ink **pages 1 -5 ONLY**

Name: Last First Middle SSN # DOB

Current Address: Street

City State Zip Code

Home Phone: _____ Daytime Phone: _____ Date: _____

Position Applying for (Select One):

Registered Nurse (RN) Licensed Practical Nurse (LPN) Home Health Aide (HHA)

Medical Social Worker (MSW) Physical Therapist (PT) Speech Therapist (SP)

Occupational Therapist (OT) Others (Specify) _____

Preferred Work Schedule:

___ Day
___ Evening
___ Night

Date of Availability: _____

Are you legally eligible/authorized to work in the United States of America? Yes No

Education

	Completed (Y/N)	Major	From Mo./Yr	Degree Received
High School/ Equivalent				
Additional Education				

Profession

Professional Licensure(s)/Registration(s)/Certification(s)	State	Number	Yr. Received	Date of Expiration
Professional Associations (If any)				

Employment History

Time Employed (Mo. & Yr.) From _____ To _____	Employer's Name
Job Title	Employer's Address
Position Responsibilities	
Supervisor's Name & Title	Phone No.
Reason(s) for Leaving	
Time Employed (Mo. & Yr.) From _____ To _____	Employer's Name
Job Title	Employer's Address
Position Responsibilities	
Supervisor's Name & Title	Phone No.
Reason(s) for Leaving	

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation, willful omission, false or misleading information is grounds for rejection of this application form, refusal to hire, withdrawal of an offer of Employment, or immediate discharge whenever discovered. You are authorized to conduct investigations, including verification of prior employment history and education. I also understand that employment is dependent upon receipt of acceptable employment references and satisfactory completion of pre-employment health screening which will include illicit drug and alcohol testing and provision of documents required by the Immigration Reform and Control Act of 1986. RossyBright, LLC does not discriminate against any qualified person because of age, race, color, religion, sex, national origin, disability or sexual orientation. By signing this application, I acknowledge that an offer of employment at RossyBright should not be interpreted as an offer of continued or permanent employment.

Signature: _____

Date: _____

RossyBright, LLC
 5680 King Centre Dr., Suite 600 Alexandria, Virginia
 Tel: (703) 647 3886 Fax: (703) 647 3601
 Email: rossybrightva@gmail.com Website:rossybrightva.com

REQUEST FOR REFERENCE (1)

Referee name _____ Tel: _____
 Address _____
 City _____ State _____ Zip _____

Applicant name: _____
 Employed from: _____ to _____ position/title _____
 Reason(s) for leaving _____

The person named above has applied for a job opportunity at RossyBright, LLC, and has given your name as a previous or current employer. Please complete this reference request and submit it to us. Thank you for your prompt reply.

I, _____ hereby authorize my former/current employer or person given as a reference to answer all questions asked, and give all information requested concerning my work performance, character, and job related skills.

FOR OFFICE USE ONLY

	Excellent	Above Average	Average	Unsatisfactory (comment)
<i>Quality of work</i>				
<i>Time and attendance</i>				
<i>Initiative/motivation</i>				
<i>Relationship with coworker/supervisor</i>				
<i>Job knowledge</i>				

Would you rehire this person? Yes _____ No _____ If no, why?

Other Comments

Supervisor's Name and Signature: _____ **Date:** _____

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REQUEST FOR REFERENCE (2)

Referee name _____ Tel: _____
 Address _____
 City _____ State _____ Zip _____

Applicant Name: _____
 Employed from: _____ to _____
 position/title _____
 Reason for leaving _____

The person named above has applied for a job opportunity at RossyBright, LLC, and has given your name as a previous or current employer. Please complete this reference request and submit it to us. Thank you for your prompt reply.

I, _____ hereby authorize my former/current employer, person given as a reference to answer all questions asked, and give all information requested concerning my work performance, character, and job related skills.

FOR OFFICE USE ONLY

	Excellent	Above Average	Average	Unsatisfactory (comment)
<i>Quality of work</i>				
<i>Time and attendance</i>				
<i>Initiative/motivation</i>				
<i>Relationship with coworker/supervisor</i>				
<i>Job knowledge</i>				

Would you rehire this person? Yes _____ No _____ If no, why?

Other Comments

Supervisor's Name and Signature: _____ Date: _____

EMPLOYEE EMERGENCY INFORMATION

Name: _____ Phone # _____

Address: _____

Tel: (_____) _____

Person(s) to contact in case of Emergency

1) Name _____ Relationship _____

Address: _____

Telephone (_____) _____

Telephone (_____) _____

2) Name _____ Relationship _____

Address: _____

Telephone (_____) _____

Telephone (_____) _____

SUBJECT: EMPLOYEE ORIENTATION

APPROVED BY: _____

TITLE: _____ EFFECTIVE DATE: _____

DATE REVIEWED: _____

POLICY STATEMENT

Each employee of RossyBright who provides direct care, supervision of direct care, or management of services shall complete an orientation at our corporate office to ensure appropriate provision of healthcare services at the home of our valued clients.

SPECIAL INSTRUCTIONS

1. Overview of agency mission, operation, and services
 - a) Goals, philosophy and objectives.
 - b) Medicare and Medicaid regulations.
 - c) Organizational structure.
 - d) Various disciplines (personnel within each).
 - e) Overview of functions and coordination between services.
 - f) Contract agreement, if applicable.
 - g) Principles and responsibilities related to quality improvement.
2. Agency personnel policies.
3. Orientation to clinical and written procedures.
4. Infection Control/OSHA Blood borne pathogen policies, TB Education, HBV Vaccine
5. Advance Directives/ DNR – DNI/P procedures regarding death and dying.
6. Types of care or service to be delivered in client’s home.
7. Home safety issues including bathroom, fire, environmental, and electrical safety.
8. Storage, handling, and access to supplies, medical gases, and drugs in relationship to services.
9. Hazardous materials/ waste management.
10. Confidentiality of client information
11. Applicable/ available community resources.
12. Appropriate actions in unsafe situations
13. Any specific tests to be performed by staff.
14. Infield Experience.
15. Licensed staff will complete a basic skills test with an 70% passing grade before providing client care.

Specific skills will be tested and observed by qualified individuals before the new employee is allowed to perform specialty services.

All potential employees will complete drug screening and background check before providing client care.

EMPLOYEE SIGNATURE: _____ DATE: _____

DRUG AND ALCOHOL POLICY AGREEMENT

It is the policy of RossyBright that all its employees be free of the influence of alcohol and drugs. All employees must be fit for the duty physically and mentally, as is necessary to perform work in a safe and competent manner.

Possession, trading, manufacture and sale of illegal drugs or alcohol on the job is therefore a violation of this policy.

Also, it is a violation of this policy to work under the influence of illegal drugs or alcohol.

Violations of this policy are subject to disciplinary action up to and including termination.

ACKNOWLEDGEMENT

I, _____, certify that I am not under the influence of drugs or alcohol, nor will I use or possess in anyway controlled substances (marijuana, heroin, cocaine, crack, hash etc). I understand that these examples do not cover all controlled substances. Failure to comply with this agreement may result in termination of my employment with RossyBright. I have been briefed and fully understand RossyBright's drug and alcohol policy and I agree to fully comply with the provisions herein.

Employee Signature

Date

RossyBright LLC

5680 King Centre Dr., Suite 600 Tel: (703) 647 3886 Fax: (202) 647 3601
Alexandria, VA 22315 *Email: rossybrightva@gmail.com*

EMPLOYMENT STATEMENT OF CONFIDENTIALITY

I, the undersigned, understand the importance of observing strict confidentiality policies. Therefore, I agree to not discuss/release any information obtained within the agency, any RossyBright client, their medical records, or any client’s condition with any individual not directly associated with the client. I also agree that any information that is released regarding the client or the client’s record will only be done with proper authorization and/or in accordance with established agency policy for the release of the information.

My signature on this document indicates that I understand and agree to abide by the aforementioned policies, and that any breach in the aforementioned policies will result in implementation of the Disciplinary procedure up to and including possible IMMEDIATE DISMISSAL from employment at RossyBright, LLC

Employee’s Signature

Date

Supervisor’s Signature

Date

RossyBright, LLC

Hepatitis B Vaccine Decline Form

I understand that due to the occupational exposure of blood or other potential infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have been informed about the importance of being vaccinated against hepatitis B. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B. If in the future I want to be vaccinated against hepatitis B, arrangements will be made for me to take the vaccine.

Employee's name (print) _____

Signature _____ Date _____

To: All Employees of RossyBright, LLC

Subject: Timesheets

As a reminder, timesheets are due in the office every Monday no later than Tuesday before 12.00 pm each week. Note that any timesheets submitted after 12:00 noon is considered late and would be due for payment after **six weeks**.

Also timesheets submitted with errors would be rejected and be paid six weeks after any necessary corrections have been made. Take time and make sure that your timesheets are done appropriately.

Consent below by signing this notice.

Employee Name _____ Signature _____

Social Security # _____ Date _____

RossyBright, LLC

BE AWARE THAT:

1. All employees must abide by **RossyBright (RB)** policies while in the client's home.
2. If you (Employee) report to work and the client does not answer a knock on the door or answer the telephone; **RB must be notified immediately.**
3. Call outs must be done 2-3 hours prior to the scheduled time to work. All call outs must be forwarded to the staffing coordinator at **(703) 647 3886**. No call outs should be done to the client. If you call the client and not the agency; that will be considered no call no show which is subject to disciplinary actions.
4. If you call out, you are not allowed to go to that client's home for any reason during your time off.
5. An employee are not allowed to switch shifts with another employee unless authorized by the staffing coordinator.
6. All employees must be in complete uniform and wear **RB's** ID badge at all times while in the care of the client. Please be advised that the ID badge is the property of RB; and must be returned to the office if you are no longer employed by **RB**. If you misplace this badge, **RB** will charge \$30 for replacement.
7. Employees are not allowed to accept gifts or gratuities from clients and their families.
8. Employees are not allowed to buy alcohol or drugs for clients. You are not allowed to consume alcohol while caring for the client.
9. **ONLY Registered Nurses are ALLOWED TO ADMINISTER ANY FORM OF MEDICATION; tablets, syrups, ointments, eye drops, or injections to the client. Do not fill medication planners for the client.** You are expected to follow your job description on the time sheet. If the client asks you to do something and you are unsure about it, call the office for clarification.
10. All time sheets should be signed by the client or their representatives. If you sign your own time sheet or forge the client's signature, it is fraud and **you will be terminated and reported to the Virginia Department of Health and to Medicaid; in addition you will be expected to pay such monies back.**
11. All employees on home visits are expected to report to the client's home on time; and Home Health Aides (HHAs) **MUST** stay the entire shift except approved by RB for early departure from client's home. If you are asked to do errands for the client, you **MUST** notify the staffing coordinator or the office manager about such errands.
12. Employees are not allowed to do their own schedules; you must only work hours assigned by the nurse and staffing coordinator. If the client request that you work any other hours, you must notify the staffing coordinator and such hours must be approved.
13. All time sheets must be sent to the office by **12pm every Tuesday**. Time sheets can only be dropped off after your shift has ended or use the drop off slot to drop off your time sheets before or after working hours. No client should be left unattended while you drop off your time sheet.
14. Time sheets must be completed in black ink; it must be signed by both you and the client. It is your responsibility to make sure that your time sheet is done correctly.
15. Pay checks are distributed every other Friday from 2.00pm- 7.00pm and on Saturdays from 9.00am- 1.00pm. You will not be allowed to leave your client unattended to pick up your check. You can designate someone to pick up your check; but a signed authorized letter with that person's name and picture ID must be on file in the office.
16. All employees are expected to attend mandatory in- services conducted by RB; and certificates are awarded upon successful completion. In- service certificates from other institutions must meet standards set for by the Common Wealth of Virginia Department of Health and Regulatory Administration.
17. All employees **MUST** provide the office with current telephone numbers and addresses. **RossyBright, LLC** will not be held responsible for mails sent to the wrong address.
18. All employees are expected to update all documents such as physical, work authorization, police clearance, etc before they expire. You will be pulled away from work until such documents are updated or renewed.
19. Any employee who provides fraudulent paper work such as work **authorization will be reported to the ICE**; any employee who provides **fake certificates such as physical, police clearance, certificates etc, will be reported to the Virginia Aid Registry and or any appropriate health and government authorities in the Common Wealth of Virginia.**
20. Client's phone should be used only to conduct business related to the client. Any violation will lead to termination and you will be asked to pay the client's phone bill.
21. Clients should be addressed as Ms, MRS, or Mr. No client should be addressed with pet names such as "**sweet heart, mama, mom, pops, papa** etc."
22. Only English or Spanish should be spoken in the client's presence.
23. Report any changes in client's condition such as redness to the nurse or call the office and ask for the Director of Nursing.
24. Call 911 if the client is unresponsive, is losing blood or fluid, has difficulty breathing, stops breathing, falls and complains of pain. Notify the agency after paramedics transfer the client to the emergency room.
25. If the client is admitted into the hospital, please notify the staffing coordinator or the Director of Nursing immediately.

Name of Employee _____ Signature _____ Date: _____