

A Caring Connection R.N. / L.P.N. Onboarding Application

Please complete all of the required fields for onboarding

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Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

All fields in this application are required. If a field does not apply to you, please fill with the term N/A for not applicable. If you have any question while filling out this form you can contact A Caring Connection's main office, (M-F 9AM-5PM). Phone 908-232-6484 or email acoffice@acccares.net. You may save your progress throughout your application progress by clicking on the "Save" button at the bottom of each page. Note: saved progress may only save for a few days.

Home Phone Number *

Area Code

Phone Number

Employee application

All fields in this application are required. If a field does not apply to you, please fill with the term N/A for not applicable. If you have any question while filling out this form you can contact A Caring Connection's main office, (M-F 9AM-5PM). Phone 908-232-6484 or email acoffice@acccares.net. You may save your progress throughout your application progress by clicking on the "Save" button at the bottom of each page. Note: saved progress may only save for a few days.

Country of birth *

Social Security # *

Alien # (Enter NA if not applicable) *

Mobile Phone Number *

Area Code

Phone Number

Personal Email *

example@example.com

Position applying for * R.N. R.N. BSN LPN **Employee Hiring Criteria**

A Caring Connection processes applications for employment, screens applicants and extends offers for employment by collecting consistent and sufficient information to evaluate home health care staff.

Requesting an Application for Employment

Employee Selection is based on current licensing and certification guidelines of the State, Federal and Accrediting bodies.

Conditional Offer of Employment

When it is determined that qualified applicants have provided documentation that verifies that the perspective applicant evidence that verifies that they are lawfully authorized to work in the United States, have offered checkable references, including a Letter of Good Conduct and or Police Screening, been verified thru the Board of Nursing, Division of Consumer Affairs, received an in-person interview they are considered to be in good standing and are oriented to the agency. Agency staff members personally inspect original license or certificate of authority for each applicant and all job description categories are reviewed yearly.

Insurance

The agency requests that professional staff maintain active malpractice and liability insurance, including auto insurance.

Health Requirements

In order to maintain agency compliance with existing federal and state employee health requirements for home health staff, and ensure that the home health care staff members are free of communicable disease and able to meet the health requirement criteria with or without reasonable accommodation. Results include a health exam, documented evidence of prior two-step Mantoux or chest x-ray when necessary, laboratory results or Rubella and Rubeola screening with immune status and follow-up.

Orientation of Direct Care Staff

Newly hired direct care staff members are oriented to the philosophy, policy, procedure, service, and their perspective roles as employees of the agency. Included in this orientation is an overview of clinical policies, universal precautions, client's rights and responsibilities, advance directive policies, reporting requirements and client-agency confidentiality information.

In-Service Education Programs; Continuing Education

The agency provides an in-service education program to health care staff members. These annual in-service programs must be attended. Regarding home health aides, 12 hours of mandatory in-service must be attended. Those who remain non-compliant are subject to disciplinary action.

Maintaining Active Status

Active status is maintained when a review of personnel evaluations validates current license and certificates and documented evidence the employee has met the agency policies and procedures and is in "good standing".

Discipline of Home Health Care Staff Members; Grievance Procedure

In order to provide a fair and consistent approach in addressing inappropriate behavior by home health care staff members, the agency defines "inappropriate" as an action or actions that adversely affect the quality of care, personal safety or comfort of clients, or the proper functioning of the agency's operations, services, programs, activities and staff. Employees who demonstrate any issue that warrants disciplinary action will be investigated and as to the extent of the problem can be considered for formal counseling, verbal warnings, written warnings, suspension notice, before being asked to voluntarily leave. All relative information will be kept in the employee's file.

Personnel and Health Files

Agency personnel and health files are maintained on a current basis for each home health care staff member to comply with current federal, state, health department regulations pertaining to the maintenance of employee records.

Equal Opportunity Employment Policy

The agency does not discriminate against any person because of race, creed, color, sex, national origin, sexual preference, disability or age in the admission or access to, in the operation of, or in the employment policies of its' service programs and activities.

Voluntary Quit, Exit Interview

If after a year's time, or such time occurs that an employee no longer accepts cases, an exit interview/statement will be placed in the personnel files documenting the cause for termination.

NOTE: (This synopsis of information has been provided to all employees as a qualification of benefits directly from the Department of Labor Employment Act of New Jersey and was selected to further explain the company policies as they apply to employees of the agency).

A Caring Connection Policies

There is a dual responsibility for Nurses and A Caring Connection

The following must be followed and adhered to:

1. Nurses Notes/Time Sheets must be submitted to the office every 2 weeks. PDN nurses notes are on line and are part of your time sheets. A 5% salary reduction penalty will be subtracted for each pay period for late on-line submissions. ACC reserves the right to withhold wages until nurses notes/time sheets are in the office.
2. Nurses who only provide "visits" for short term treatments or procedures and Home Health Aide Activity Sheets, must be handed into the office every 2 weeks (email, regular mail, fax and or drop off) A 5% salary reduction penalty will be subtracted for each pay period for submissions. ACC reserves the right to withhold wages until nurses notes/time sheets are in the office.
3. All other pertinent information (care plans, MARS sheets, vent sheet etc,) must be handed into the office by the end of the month.
4. Progress Notes and Activity sheets must be filled out fully according to the CARE PLAN.
5. PLEASE NOTE: THERE IS NO OVERTIME ALLOWED

The above must be followed because of the following:

- Case Managers always request copies of notes.

- Insurance companies will request information about patients.
- The state can visit unannounced at any time. If the proper paper work is not at hand and available this could effect changes in the office accreditation.

IF THE ABOVE POLICIES ARE NOT FOLLOWED IT MAY EFFECT YOUR PAY

Caregiver Summary

- Report on time and in proper attire and identification.
- If unable to report to work, notify both the client and the office.
- No shows can be fired.
- No use of client telephone or your own cell phone allowed in patient homes except in case of emergency.
- Activity sheets must be completed in full and signed by the caregiver and client.
- Never leave a client unattended.
- If you are not relieved and have no phone access to call for help, you must reach a neighbor, or in case of phone lock, dial "O" for operator and the operator will connect your call to the police or the agency as appropriate.
- All caregivers will adhere to the above policies stated in Section 3
- Live-in services calculated by nights slept in a patient's home.
- Pay day is on the 15th and 30/31st of the month.
- Salary is divided into base rate and expenses.
- The expense portion of your check is your responsibility (See Cafeteria Plan).
- Salary is determined by the agency.
- Extra time must be verified by the agency.
- Caregivers may not accept private positions from agency clients.

The agency may fine those who privately accept or services clients referred as an agency client.

Caregiver Agreement and Responsibilities

I have been given a copy of the Employee Handbook and read the information containing the policies and standards by which A Caring Connection, Board of Directors regulate the agency. The statements listed below testify that I understand and agree to honor these policies.

- To arrive at my job destination on time.
- If I need to call out on a shift or have a scheduling conflict I will call the appropriate phone number for assistance, see contacts later in this document.
- To be polite, respectful and professional in my attitude and actions at all times.
- To be cooperative to the patient and his/her family at all times.
- To provide the patient with the finest and most dignified care as possible.
- To only accept cases that are within my scope of knowledge.
- That I will report any changes pertaining to the patient's condition or situation to my supervisor/office immediately.
- That I will never knowingly place a patient or family member in harm's way.
- To report to work with appropriate identification, dressed in a clean uniform/attire.
- To attend (or view on-line) in-services required.
- To maintain all appropriate insurances and certificates required (ie., malpractice, liability, drivers license, nursing license, etc.).
- To never use the patient's phone except in an emergency.
- To not use my personnel cell phone in such a way as to become derelict in my patient care.
- To never take any other person or child to a job site.
- To never take or borrow any money, property, gifts or food from the patient's home.
- That I will not smoke in a patient's home or facility in which I am working except in a designated area.
- To maintain the patient's right to privacy and will never discuss a client outside work in accordance with HPPA Guidelines.
- To never misrepresent myself at work.

- To never misrepresent the hours worked.
- To understand that the malpractice, liability and workman's comp is directly related to patient care and does not include travel to or from a patient's home or job site.
- That any employment is contingent upon my successful completion of A Caring Connection application process and screening.
- A Caring Connection reserves the right to offer employment to the applicant which believes, in its sole discretion to be the most qualified for the position.
- That in consideration for the employment (potential or otherwise) by A Caring Connection, I will not seek or accept employment from, (directly or indirectly) or provide private services to any client referred to me by the agency.
- I understand that breach of contract may result in my compensating the agency for loss of revenue.
- That I will be called only if I am reliable, trustworthy and professional.
- That by law, if I fail to show at a job site, I could be dismissed, fined and have monies deducted from my paycheck.
- If I do not wish to continue with this case, I understand I must complete my shift. I may not leave mid shift. {Board of Nursing Regulation}
- That I will hand in all signed time sheets, activity sheets, progress notes and pertinent information stated in section 3 of the employee handbook as required by my discipline weekly.
- I acknowledge that I will remit yearly proof of immunizations and results to the office.
- I acknowledge that I will show original social/security card and legitimate certificates in order for me to secure work through this agency.
- That the agency uses an expenses/cafeteria plan and has authority to divide my salary into base and miscellaneous income from which I may pull out pre-tax dollars.
- All federal and state regulations (ie., s/s benefits, workman's comp benefits, overtime, family leave, vacation, etc.) are based on taxable wages.
- That I will provide copies of all expenses under the pre-tax plan.
- That I am responsible for taxes on all post tax earnings.
- All information supplied to the agency is true and accurate.
- I agree that no promises regarding employment have been made to me and I understand that no such promise or guarantee is binding unless in writing.
- All "business related" concerns will not be considered on Saturday, Sunday, or holidays. They must be addressed during regular business hours. This can include general questions and payroll.
- Late time sheets have a 5% deduction, due to re-billing in our system, which is a costly process.
- Holidays are paid at an extra \$2.00 per hour; Christmas, New Year's Day, Easter and Thanksgiving.

Nurses Notes (Written and Online)

The patient's chart/binder

The chart is a binder that is sectioned off with all pertinent information. It is up to all the nurses from A Caring Connection to:

- Keep the all charts up to date.
- Compile old paperwork to be returned to the office.
- Inform the office as to what is missing, (ie., changes in medications, care plans etc.).
- Sign for all medications given as well as all vent settings, reports and feedings.

The office will print out what is needed and have it ready for pick up by a caregiver or office liaison. Documented information must be dropped off at least every six weeks to the main office. If an office liaison is not able to pick up the documentation from your patient, the nursing staff of that patient should coordinate turns of dropping off the documentation. The office liaison or the nurse visiting may pick up information but only if it is left for her to do so. It is expected that the staff nurse will maintain the chart in an orderly fashion. If changes are made before the liaison returns, please tell the Director of Patient Services Nursing services, (DOS). The office does not know what you do not tell us!

ALL NURSES FROM A CARING CONNECTION MAY ALTER THE CARE PLAN SINCE THEY ARE THE

NURSES THERE AT THE CLIENTS HOME. If you do not relay that information, the updated care plan will be wrong, (ie., You may write on the MARS, d/c per date, you may write on the new medication page the new medication). The office chart must duplicate what in the client home.

A CARING CONNECTION will not change care plans/MARS for a stat order. You may write in the care plan, new order sheet and/or MAR.

You will find in the chart sectioned off as:

1. Care Plan - updated every three months. If there is a change, note it, date it, and report it. We do not use copies of 485's, they are unreadable when faxed back. The care plan is a well laid out plan that addresses each body system and care that is given. It is easier to read and all nurses should read it.
2. MAR (Medication Administration Records) - each medication is on a body system page. All respiratory, all CNS, all cardiac, all G/I etc. It's written that way in order to maintain all medications for each body system in an orderly fashion, not haphazard all over pages. It is easier to find them all. The doctors like it better, they can see all meds given for each system. It is also a good idea to keep a fresh full copy together to take the set to the doctor (or whomever is going to the doctor) so that each medication for each system is right there for the doctor to evaluate and re order or d/c. Since our clients see multiple doctors, a full set of MARS, is a way to let them all know what is prescribed by other physicians or not!
3. A change of shift notice - (this is usually a pink form for girls, blue for boys). It is used as a communication log for the oncoming staff. Not all cases need it, however we find it to be useful. It is a body system page with a report for changes and or remarks and a pain assess on the reverse side. That should be a quick note for the oncoming nurse.
4. I&O SHEETS.
5. VENT SHEETS.
6. SEIZURE to RECORD IF NEEDED.
7. ANY OTHER PERTINENT INFORMATION FORMS NEEDED PER CLIENT. Obviously if this client does not have seizures or vent etc., there will not be a form.
8. Initial Medication Inventory with side effects and reasons for use.

Documentation skills

Important!!!! How to write and document your notes!!! Case managers utilize your notes for managing each case therefore they must be completed weekly. Incomplete notes will result in a 5% decrease in pay and you will be surcharged and your check will be held. If you are completing your notes weekly online or per shift, you are in good standing. If you are waiting more than that, the charge will go into effect. Your check will be held in the office until all notes are completed and submitted. A Caring Connection cannot pay without notes.

It is imperative that you write more documentation on your nurses notes:

1. Case managers ask our office to print them and fax them over. You must write more information in the comment section of the notes, (ie., you should document your "on shift report," and then follow through with what went on during the day). Example: even though you checked off that you suctioned a patient, you must qualify it with how often, how much etc.
2. If something happens like a post op or a doctors, visit please document why client went and results. Example: Client saw the doctor {state when} and this medication was changed, or care plan remained the same. Some nurses on the very same client document a wound, or a change, and the very next nurse on the very next shift, documents nothing. Even if it did not happen on your shift, you must state it on your notes, with qualifying remarks such as: since my last shift there was a change or since my last shift, what happened.
3. Please make sure that you sign the MAR SHEETS, and document on the VENT SHEET and I&O SHEETS. Nurses following your shift cannot determine what was given and when. We routinely send that information to the insurance case management. Additionally, those sheets must come into the office at the end of the month. DOCUMENT ALL OF THIS ON YOUR ONLINE NOTES INCLUDING ALL MEDS GIVEN, VENT STATUS AND ANY CHANGES TO CARE PLAN.

The office cannot stress enough how important it is to write comments on your nurses notes. Example: in speaking to one of the case managers from a notable insurance company the "new normal" is now going to hit big time for ALL of your clients as they re-evaluate the approval.

What is the new normal you ask?

1. Anyone on a vent that is considered stable on that vent.
2. Anyone that does not have changes in medications often.
3. Anyone that does not have thick plugs often occluding airway.
4. Anyone that has a trach and is stable condition.
5. Anyone that has a g/t and is stable.
6. Any family that can be trained in skilled care for all of the above is in the "once you teach a skill, it is not a skill" that means families and guardians are taught to do YOUR JOB!!

NOTE: ALL OF CLIENTS MENTIONED ABOVE ARE NOW GOING TO BE CONSIDERED CUSTODIAL CARE... NOT SKILLED. UNLESS YOU CAN PROVE OTHERWISE. Use words like sporadic, spontaneous, and erratic.

THEREFORE If you state all systems assessed, state what you found:

1. If your patient is stable, make sure you explain that it occurred because of nursing care: Example:
1) it is because you have suctioned, you have given them their treatments repositioned (because they cannot reposition themselves). 2) You have cleared an airway with good results. 3) You have medicated. If you constantly say stable, insurance does not know and will decrease or cancel hours of need.
2. Always indicate the dx., and the effects causing whatever is going on, for example:
 - For non-verbal patient:, state how they communicate or how you know their needs.
 - For diabetic patient: always indicate the fluctuating sugars and medication amounts given.
 - For vented patients: always state on life support, the type and amount of monitoring & how often.
 - For trach patients: always indicate suctioning for copious, thick plugs as well as monitoring for infection how often changes are done. How many times you suction during your shift. Don't say often. Instead say, q10-15 minutes then reiterate patient has no swallow, aspiration precautions guarded.
 - For non-active patients: passive range of motion, phlebitis precautions etc.
3. Repeating: your interventions must be stated over and over again.
4. Always indicate: cannot self-care, cannot self-manage vent, cannot self-feed, self-position, self ???
5. Always mention in some way or another (in your words) that the client requires one on one skilled nursing. Example: clear airway, life support, anticipation of medical event or crises.
6. Always mention spontaneous situations and events. Example: erratic - (drop in B/P, drop in respirations)
7. Always mention visual and nursing assessments in order to maintain life support in non- verbal patient.
8. Try to always mention assessment for medication side effects.
9. Try to mention assessment and care of mechanical equipment.
10. Try to mention frequent physician/nursing contacts for changes in order.

Suggestion: Jot some of observations down on your desktop or notes somewhere pertaining to your client so that you can just copy and paste unless of course you are describing a true event or crises. Your client notes should indicate a complete picture. Just by reading your notes, a case manager should be able to actually picture dx. Example: Capabilities, cognitive approximate age, reasons for nursing intervention and what exactly goes on during the day. If there is another doctor called, please state.

You all know your clients and their dx. You all know your nursing, you just have to communicate it to the

insurance companies that are trying to reduce or cancel care.

Summary

- Responsibility of RNs, LPNs, CHHAs, CPTs are required to return all and or submit Nurses Notes, Progress Notes, Care Plans, Vent Sheets, and MARS Sheets.
- All general pertinent information requested that could affect the continuation of the case and client care. All time sheets/notes must be signed and dated. All information must be in the office every 2 weeks.
- A Caring Connection reserves the right to deduct a penalty and hold pay for late or absent time sheets.
- If your earnings are direct deposit, the office will direct the payroll company to mail checks to the office to be held until the information is in the office.

Filling out your employee time sheets

You must use the HPPA Approved online forms for nursing notes and payroll. Every page needs to be dated.

1. Your reimbursement is determined by the nurses notes you have submitted or the page that has time in and out. That page must be submitted via the online form and sent into the office on a weekly basis.
2. Use a different page each week. A Caring Connection only bills per your time sheet.
3. You cannot work more than 40 hours per week.
4. For payroll questions please call or email the billing department, see contacts below.
5. Late time sheets have a 5% deduction because the office has to re-bill which is a costly process.
6. If you are late or if you do not submit on time, you will have to wait for next pay for your pay check
7. Make sure you put in the week of, use calendar on the online form, then put in the exact date and the exact shift.
8. Make sure you use your assigned A Caring Connection email address that has been provided to you for all online communications and forms submissions.
9. Please check off all of the pertinent care that has been delivered, if it is not applicable just cross out that particular service and mark n/a.
10. You MUST elaborate on your notes, just as you would on hand written notes. The form will accommodate that input.
11. Sign the verification of hours. We do not pay two people for the same shift. Please mark accordingly.
12. Your client must be protected. It is very important that you do that. Please do not allow yourself to be manipulated.
13. We also offer a special program for pediatric caregiver training free for all of our workers. There are two pay periods, thus reimbursement days are twice per month. You will be reimbursed off schedule. DO NOT SNAP PICTURE AND SEND, IT WILL NOT PRINT OUT, IT IS BLURRY. Pay day may be altered due to holidays, weekend banking schedule or inclement weather.

If you worked from the first day to the 15th your reimbursement day is: approximately the last day of the month. If you worked from the 16th to the last day of the month, your reimbursement is on or around the 15th day of the month. However, if billing does not get your hours from the online form, you will not be in that pay period. NO NURSES NOTES = NO PAY - WE DO NOT PAY IN ADVANCE - THERE IS NO OVERTIME PAID.

Payroll documentation

You must have all of your documentation updated that is required from our payroll company. That means, they need copies of all the information they require including voided checks for direct deposit and/or for the ATM card they offer. They can also send out a check to your home. If other arrangements are needed, please contact the billing department. We also offer a special program for pediatric

caregiver training course FREE for all of our workers, call the main office for more information.

Visual contact is required for all employees

Please be advised that a nursing supervisors may request to contact you via video chat or other means of communication. Please keep their phone numbers in your cell phone contact list, see contacts below. They will be following up on all pertinent information, visual supervision and letting you know of any missing information we need on file.

- Personal interview.
- In-servicing, some of which we send out quarterly by email and must be signed and returned.
- Visual contact via FaceTime, Zoom or other type of visual app.
- Please download that free app on your cell phone so that we may accommodate the mandated visual contacts that are now state required. They may be contacting you at the home of the client that you are currently servicing.
- You also will receive an email with all of the mandated orientation in-services required.
- Make sure you sign off on the page designated for that and return it to the office via email, fax or personal delivery.
- We also now REQUIRE all nurses notes to be here in the office within the two weeks of your work schedule. Included in that should be:
- The required monthly medication papers (MARs), treatment sheets, vent sheets, I&O papers, new prescription orders, signed care plan (q 3 months), and/or any other pertinent paperwork that may be at the household.
- Please also notify the office for any paperwork needed in time to print out. We will not be able to print out any paperwork without two weeks notification. Someone from the client's staff must be available to drop off or pick up paperwork. We suggest you take turns and coordinate between caregiver staff.
- We do not offer advances on pay.
- We do not re-run payroll. It is your obligation to get your time sheets and notes to the office. If you do not, you will have missed the pay period and will have to wait until the next.
- Please remember to call the office for all non-emergency questions.

Office contacts:

1. Main office:
 - Phone: 908-232-6484
 - Fax: 908-232-6646
 - Email: accoffice@acccares.net
2. Payroll and billing:
 - Email: nlmpeditech@yahoo.com
 - Office phone: 386-259-5503
 - Secondary phone: 954-268-0648
 - Fax: 386-259-5576
3. Director of Nursing - Barbara Flowers Nurse Practitioner, RN MSN EMT
 - Cell: 973-887-7030
4. Patient Liaison - Denise Werrlein
 - Cell: 908-255-2967

Specify other licenses or certifications here *


W2 and I-9 information

Confirm that you attached a copy of your social security card *

Yes

EIN # (Enter NA if not applicable) *

Date of birth *



Month Day Year

Age *

Gender *

Male

Female

Marital status *

Single

Married



Dependents *

ex: 23

Medical education and work experience

Do you have college school training? *



Yes



No

Do you have vocational school training? *



Yes



No

Do you have a BSN? *



Yes



No

If needed, list any other education *

Are you currently CPR certified *



Yes

○

Certification organization? *

- American Heart
- Red Cross

Please list other service or certification classes you have attended *

Places of clinical (check all that apply) *

- ALL
- NURSING HOME STAFFING
- HOSPITAL STAFFING
- HOME PRIVATE DUTY
- HOME CARE AGENCY/OFFICE
- GROUP HOME
- ASS. DEVELOP DISABILITIES
- DYFS
- None

Units (check all that apply) *

- ALL
- PSYCH UNIT
- PEDIATRIC UNIT
- ORTHOPEDIC UNIT
- GERIATRIC UNIT
- MED/SURG UNIT
- PSYCH UNIT
- TELEMETRY UNIT
- REHAB UNIT
- None

Other (check all that apply) *

- ALL
- DR. OFFICE
- CASE MANAGEMENT
- INSURANCE COMPANY
- TEACHING
- CORPORATE
- PUBLIC HEALTH
- None

Patient experience (check all that apply) *

- ALL
- NEONATAL
- ICU/CCU
- INFANT
- ORTHOPEDIC
- CHILD
- REHABILITATION
- TEEN
- PARAPLEGIC
- ADULT
- QUADRAPLEGIC
- GERIATRIC
- DIALYSIS
- TELEMETRY
- BURN
- None

Work experience (check all that apply) *

- ALL
- ROUTINE
- CRITICAL
- IV CERT.
- IV THERAPY
- POST OP
- HOSPICE
- NEPHROSOTOMY
- TRACH
- REHAB
- ASSESSMENTS
- MATERNITY
- HI TECH PEDS

- CATH CARE
- TREATMENTS
- DRESSINGS
- G/T FEEDING
- TRACH INSERTION
- TRACH CARE
- VENTS
- None

If vent experience, what type? (check all that apply) *

- 1150
- 900
- Trilogy
- Bipap
- Cpap
- None


Criminal background check

You will not be denied employment based solely on your following answers

Have you ever been convicted of a crime, including a misdemeanor? *

- Yes
- No

If yes, date of conviction *


Month Day Year

Nature of conviction *

Rehabilitation program attended *

Have you ever had your nursing license revoked or suspended? *

- Yes
- No

If yes, what was the nature of the suspension? *

Insurance information

Drivers license number *

Drivers license expiration *

			
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Month Day Year

Confirm that you attached a copy of your driver's license *

- Yes

Name of car insurance company *

Expiration date *



Month Day Year

Malpractice insurance (State Mandated) *

Expiration date *



Month Day Year

Confirm that you attached a copy of your malpractice insurance *

Yes

The company et al, and travel via their own automobile are responsible for carrying auto insurance in the amount of \$300,000 liability or more. Please be advised that ACC is bonded and insured for liability and malpractice. ACC strongly suggests as state mandated that professional nurses carry their own insurance. You may call or go on line to: NSO Nurses Service Organization to obtain/purchase your malpractice insurance.

Work experience

You MUST fill out the name of the person we can speak to or write to for your references. Start from current year and work backwards.

Employer 1 - Year employed *

Company name *

Address *

Street Address

Position held *

Reason for leaving *

Length of employment *

Contact name *

Contact position *

Contact phone *

Area Code

Phone Number

Contact email *

example@example.com

Employer 2 - Year employed *

Company name *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Position held *

Reason for leaving *

Length of employment *

Contact name *

Contact position *

Contact phone *

Area Code

Phone Number

Contact email *

example@example.com

Personal references

Ex: minister, teacher, friend, co-worker or someone with good standing in the community.

Reference 1 name *

Contact phone 1 *

Area Code

Phone Number

Contact phone 2 *

Area Code

Phone Number

How long have you known this person? *

In what capacity does your reference know you? *

Supervisor

Co-worker

Professional acquaintance

Other

Reference 2 name *

Contact phone 1 *

Area Code

Phone Number

Contact phone 2 *

Area Code

Phone Number

How long have you known this person? *

In what capacity does your reference know you? *

Supervisor

Co-worker

Professional acquaintance

Other

In addition to the references above we also need a signed copy of your approval so we can contact these references. Please download the reference release forms. Once complete, please scan and upload your signed forms so we can contact your references, (this is for agency accreditation purposes). [Download form here.](#)

I confirm that I have completed and uploaded the required reference release forms. *

Yes

A CARING CONNECTION: ATTESTATION RECORD

Office use only - applicant leave the following area blank and continue to the next page.

APPLICANT _____

LEVEL>RN__LPN__CHHA__OTHER_____

APPLICATION VERIFIED BY: _____

POSITION:_____

FORMS COMPLETE: I/9_____ W/2_____

INS. PLANS OFFERED ACCEPTED___DECLINED_____

OFFER OF EMPLOYMENT DATE____/____/____

LIC/CERT. # _____

State of: _____ EXP. DATE ___/___/___

COMMENTS _____

AWAITING BD NOTIFICATION _____

MAL PRACTICE _____ EXP. DATE _____

C.P.R. _____ EXP. DATE _____

I.V.CERT. _____ n/a _____ EXP. DATE _____

=====

PRE.EMP. PHYSICAL DATE ___/___/___

DUE DATE [Q5YRS] ___/___/___

1ST MANTAUX DATE ___/___/___

2ND MANTAUX DATE ___/___/___

YEARLY MANTAUX DATE ___/___/___ DUE DATE ___/___/___ [N/A]

CHEST XRAY DATE ___/___/___

Covid 19 Screening DATE ___/___/___

Varicella if Tested _____

RUBELLA SCREENING DATE ___/___/___ VAC. DATE ___/___/___

RUBEOLLA [N/A ^57] SCREENING DATE ___/___/___ VAC. DATE ___/___/___

HEP.B VAC.DATE COMPLETE ___/___/___ DECLINED ___/___/___

+++++

+ LETTER OF GOOD CONDUCT DATE ON FILE ___/___/___

State Registry of Offenders

+ REF.#1 _____ DATE ON FILE ___/___/___ +

+ REF.#2 _____ DATE ON FILE ___/___/___ +

+ REF.#3 _____ N/A _____ DATE ON FILE ___/___/___ +

+ COM.PEXAM _____ N/A _____ DATE ON FILE ___/___/___ +

+++++

=====

JOB DESCRIPTION EXPLAINED YES ___ NO ___

Date ORIENTATION TO AGENCY _____ Employee Handbook _____

Orientation MANDATED IN-SERVICES COMPLETED: DATE ___/___/___ > ___/___/___

INFECTION CONTROL _____ UNIVERSAL PRECAUTIONS _____

FAMILY/DOMESTIC VIOLENCE_____ SEXUAL ABUSE_____
ELDERLY/DISABLED ABUSE_____ CHILD ABUSE_____
Pain Management _____
_____ 12 HOURS _____ 14 HOURS (MONMOUTH COUNTY ONLY)

=====

INTERVIEW EXIT OFFICE PAGE ONLY

* REHIRE__ *

STANDARDS FOR HIRE: MET__YES__NO **

POOR_____SATISFACTORY_____EXCELLENT_____ * DO NOT *

SIGNATURE_____ DATE__/__/____ * REHIRE__ *

**

HIRED: DATE__/__/____ *****

FIRST CASE DATE__/__/____

PERF. APPRAISAL COMPLETE DATE __/__/____

YRLY EVALUATION COMPLETE DATE __/__/____

=====

TERMINATED FOR CAUSE DATE __/__/____ (see file)

LEAVE OF ABSENCE FROM __/__/____ TO __/__/____

VOLUNTARY QUIT DATE __/__/____

Employee handbook

I have read and understand the Employee Handbook from A Caring Connection. I have been given a copy and I agree to the terms above: *

Yes

No

Print name *

It's required that you download a copy of the employee handbook to keep for your personal files and reference. [Download here](#)

I confirm that I have downloaded a copy of A Caring Connection handbook to keep for my records. *

Job descriptions

The following are three job descriptions that pertain to this employee application. Please sign the job description that you are applying for to help us ensure you are aware of the job responsibilities of this position.

Licensed Registered Nurse / Case Manager / Supervisor Job Description

Position Scope:

- To ensure quality and safety delivery of home health services for assigned clients
- To assist in the provision of home health care services that reflect agency philosophy and standards in the care of assigned clients.
- To ensure provide adequate qualifications to service those patients that fall under various levels of care, including, but not limited to high-tech nurses.
- Position Qualifications:
- Graduate of an accredited School of Practical Nursing required
- Those LPN's who service high tech cases must have evidence of high tech skills or education, not limited to, but including such experience as vent, pediatric, ER, or acute care.
- Current licensure as a Practical Nurse with the New Jersey with the New Jersey Board of Nursing required.
- Experience in home health care preferred
- Good verbal and written skills required.

Physical Requirements:

- Visual/hearing ability sufficient to comprehend written/verbal communication.
- Ability to perform tasks involving physical activity, which may include heavy lifting and
- Extensive bending and standing.
- Ability to deal effectively with stress.

Performance Responsibilities:

- To ensure quality and safe of practical nursing services provided to assigned clients
- Complies with agency policies and procedures
- Fulfills assignments as scheduled by the agency.
- Physician orders are accurately implemented
- Provides practical nursing services to assigned clients that are in accordance with the Individual's plan of care.
- Client clinical record documentation is completed in a timely manner and accurately reflects delivery of practical nursing services
- Accurately reports observations of client condition to the Registered Nurse in a timely manner
- Communicates information regarding the client to appropriate individuals.

Licensed Practical Nurse Job Description

Position Scope:

- To ensure quality and safety delivery of home health services for assigned clients
- To assist in the provision of home health care services that reflect agency philosophy and standards in the care of assigned clients.
- To ensure provide adequate qualifications to service those patients that fall under various levels of

care, including, but not limited to high-tech nurses.

• Position Qualifications:

- Graduate of an accredited School of Practical Nursing required
- Those LPN's who service high tech cases must have evidence of high tech skills or education, not limited to, but including such experience as vent, pediatric, ER, or acute care.
- Current licensure as a Practical Nurse with the New Jersey with the New Jersey Board of Nursing required.
- Experience in home health care preferred
- Good verbal and written skills required.

Physical Requirements:

- Visual/hearing ability sufficient to comprehend written/verbal communication.
- Ability to perform tasks involving physical activity, which may include heavy lifting and
- Extensive bending and standing.
- Ability to deal effectively with stress.

Performance Responsibilities:

- To ensure quality and safe of practical nursing services provided to assigned clients
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- Fulfills assignments as scheduled by the agency.
- Physician orders are accurately implemented
- Provides practical nursing services to assigned clients that are in accordance with the Individual's plan of care.
- Client clinical record documentation is completed in a timely manner and accurately reflects delivery of practical nursing services
- Accurately reports observations of client condition to the Registered Nurse in a timely manner
- Communicates information regarding the client to appropriate individuals.

Organizational Relationship:

- The position of Home Health Care Certified Home Health Aide reports to the Director of Nursing.

Home Health Aide Job Description

Summary

Responsible for providing care for people confined to their homes due to being disabled, cognitively impaired, or chronically ill. Cares for elderly people who prefer to remain in their home as opposed to health facilities or institutions. Applicants are considered appropriate for hire after the agency is satisfied that the potential employee can treat clients with respect, consideration, individuality and personal property. This can be satisfied by reference checks before start of employment, have provided evidence that they have met the standards of the Board of Nursing, are certified in good standing and have passed their application requirements.

Primary responsibilities:

- Provide healthcare in someone's residence.
- Assist people in hospices and day programs.
- Go to same home or homes every day or months or even years.
- Work under direct supervision of a nurse.
- Keep records of services performed.
- Record and note clients' condition and progress.
- Report changes to case manager.
- Check patient's pulse rate, temperature, and respiration rate.
- Perform prescribed exercises and other physical therapy.
- Administer medications.
- Change dressings.

- Turn or ambulate patient.
- Provide skin care.
- Massage limbs.
- Assist with braces and artificial limbs.
- Assist with medical equipment.
- Ensure equipment is functioning properly.
- Replace batteries on equipment.
- Prepare food and feed patient.
- Provide counseling on diet and exercise.
- Implement behavior plans.
- Teach self-care skills.
- Perform light housekeeping.
- Provide patient with groceries.
- Pick up medication.
- Transport patient to doctors' office or hospital.
- Signs and dates documents such as necessary per policy manual standards, Best Practices, accrediting agencies and federal/state regulations

Organizational Relationship:

The position of Home Health Care Certified Home Health Aide reports to the Director of Nursing

The Central Registry of Offenders Against Individuals with Developmental Disabilities Employee/Volunteer Consent Form

Download and complete the central registry of offenders form below and then upload the completed form. [Download form here.](#)

I confirm that I have completed and uploaded the required central registry form. *

Yes

Provider Agency Use Only (applicant does not complete)

The Above Named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with NJAC 10:44D

Listed On Registry

Registry Check performed by: _____ Date: _____

Found to be listed? ___ Yes: ___ No: ___

State of New Jersey Department of Human Services Office of Program Integrity and Accountability
222 South Warren Street· PO Box·700·Trenton, NJ 08625

Orientation In-service Sign in Form

OFFICE USE ONLY:

Presenter: Margaret La Rosa PPT

Review time: 12 hours in total

Brief Description: Recognizing Child Abuse and Neglect, Domestic Violence, Elder Abuse and Neglect
Sexual Abuse, Infection Control, Hep. B, and Pain Management, Universal Precautions

Teaching Method:

On line course_____

In home _____

Independent Study _____

Other handouts_____

Presentation paper_____

Exam_____

Applicant signature: _____

State Required Physical and Immunization Record Form

Download and complete the Immunization form below. Once you have your doctor complete the form you can then upload the completed form below. [Download form here.](#)

I confirm that I have completed and uploaded the required immunization form. *

Yes

Handbook summary

1. Nurses notes must be submitted online. These notes will also be considered time sheets.
2. Care plans, vent sheets, and MARS sheets should be dropped at the office monthly.
3. All general pertinent information requested that could affect the continuation of the case and client care.
4. Home Health Aide Notes must be completed and faxed to 908-232-6646
5. All time sheets/notes must be signed and dated.
6. All information must be in the office every 2 weeks.
7. A Caring Connection reserves the right to deduct a penalty and hold pay for late or absent time sheets.
8. If your earnings are direct deposit, the office will direct the payroll company to mail checks to the office to be held until the information is in the office.

Initial all below and sign your name

Name *

First Name

Last Name

Date *



Month Day Year

Payroll and benefits form

Below is the information needed for payroll and other benefits. First download the employee payroll forms. Once completed, scan and upload your documents below. [Download Clear payroll forms here.](#)

I confirm that I have completed and uploaded the required payroll forms. *

Yes