

Hopewell



Quality Care Staffing

## HOPEWELL QUALITY CARE STAFFING

Houston Office  
18090 Kings Row  
Houston, TX 77058

HALLETTSVILLE OFFICE:  
904 "D" North Glendale  
Hallettsville, TX 77964

### Application Checklist

- ☐ Application for Employment
- ☐ Reference Request Form
- ☐ 2 Professional Reference Letters
- ☐ Health Records
- ☐ TB Test
- ☐ Hepatitis B Vaccine
- ☐ Age-Specific Competencies and exam
- ☐ Bloodborne Pathogens
- ☐ Job Description
- ☐ General Guidelines
- ☐ Personal Contact Sheet
- ☐ Self-Assessment Checklist
- ☐ Employee-Agency Agreement
- ☐ License Verification
- ☐ Copy of License
- ☐ Copies of other Certifications/Licenses
- ☐ Copy of CPR Card
- ☐ W-4 Form
- ☐ I-9 Form
- ☐ Copy of Driver's License
- ☐ Copy of Social Security Card
- ☐ Background Check
- ☐ Drug Screen
- ☐ Full Shot Records or Titers
  - MMR, VARICELLA, TDAP
  - FLU SHOT OR REFUSAL
- ☐ Physical Exam

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Signature

Date

Hopewell



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### Application for Employment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SS#: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation within the last 7 years? \_\_\_\_\_

\_\_\_\_\_

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#### Employment information:

Which Position are you applying for? \_\_\_\_\_

Have you ever applied or worked for Quality Care Staffing before? \_\_\_\_\_

If yes, When? \_\_\_\_\_

Referral Source: \_\_\_\_\_

Professional License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please Circle if applicable: CPR ACLS TNCC PALS BLS

Please Circle Expertise: M/S ER ICU OR L&D PP Peds LTC Other \_\_\_\_\_

Are you Bilingual? \_\_\_\_\_ Fluency \_\_\_\_\_

Do you have Professional Liability Insurance? \_\_\_\_\_

Any special job related skills/certifications/courses? \_\_\_\_\_

\_\_\_\_\_

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Signature

Date

**Education:**

Name of School	Area of Study	Degree	Date Completed

**Professional References:**

Name	Relationship	Phone	Years known

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### Employment History (Start with most recent)

Current: _____	Phone: _____
Address: _____	City: _____ State: _____ Zip: _____
Position Held: _____	Employment Dates: From: _____ To: _____
Reason for Leaving: _____	
Supervisor: _____ May we Contact? _____	

Current: _____	Phone: _____
Address: _____	City: _____ State: _____ Zip: _____
Position Held: _____	Employment Dates: From: _____ To: _____
Reason for Leaving: _____	
Supervisor: _____ May we Contact? _____	

Current: _____	Phone: _____
Address: _____	City: _____ State: _____ Zip: _____
Position Held: _____	Employment Dates: From: _____ To: _____
Reason for Leaving: _____	
Supervisor: _____ May we Contact? _____	

Current: _____	Phone: _____
Address: _____	City: _____ State: _____ Zip: _____
Position Held: _____	Employment Dates: From: _____ To: _____
Reason for Leaving: _____	
Supervisor: _____ May we Contact? _____	

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## **Confidential Reference Request**

I, \_\_\_\_\_ have applied for employment with Hopewell Quality Care Staffing. I understand Hopewell Quality Care Staffing will adhere to my privacy and all information will be confidentially used for employment purposes only. This information includes previous employment and references.

---

Signature

Social Security Number

Date

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For Employer Use Only:

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

Quality of Work \_\_\_\_\_ Attendance \_\_\_\_\_

Competency: \_\_\_\_\_ Dependability \_\_\_\_\_

Reason for termination: \_\_\_\_\_ rehire \_\_\_\_\_

Name and Title of person supplying information: \_\_\_\_\_

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Signature

Date

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### **Confidentiality Statement**

*I, the undersigned, understand and acknowledge that Texas and Federal Laws require patient information, including but not limited to, identity, diagnosis, treatment, prognosis, and financial information to be kept strictly confidential.*

*I understand that that there are civil and, and in some cases, criminal penalties which may be imposed upon a person who releases any such information to anyone, including family and friends without legal grounds for such release.*

*I further understand and acknowledge that if I release or disclose any confidential patient information in any unauthorized manner, that such an act may be grounds for immediate termination of my contract with Hopewell Quality Care Staffing.*

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Signature

Date

*I certify that all the information provided in this application is true to the best of my knowledge. I understand that if hired, any falsified information may be subject to termination.*

*I give authorization to Hopewell Quality Care Staffing to use this information for hiring purposes. I also agree that references and previous employers may be contacted and have my authority to release any information deemed necessary for employment with Hopewell Quality Care Staffing. I understand I will be subject to Criminal Background check and a drug screen initially and randomly during my term of employment.*

*Hopewell Quality Care Staffing is an Equal Employment Opportunity Employer and does not discriminate because of race, color, religion, sex, age, national origin, or any other protected status under the state and federal regulations.*

***Thank you for your interest in our company. We look forward to working with you.***

***Hopewell Quality Care Staffing***

# Age Specific Competencies

**Note: Please complete and return the attached quiz.**

Age specific competencies are tools for learning more about how to best meet each patient's unique needs as you care for him or her. By demonstrating your understanding of age-related differences, you can ensure that Hopewell Quality Care Staffing (Hopewell QCS) and our client facilities meet JCAHO standards.

There are many ways to learn about each patient's specific needs. Depending on the patient and your job, it may be appropriate to:

- Ask the patient questions (and talk with his or her family).
- Ask your supervisor for information or training.
- Look for clues, such as what the patient hears or keeps in his or her room, or how he or she acts around others.
- Talk with co-workers, community members or others who may know about the needs of people in a certain age group.
- Read about the age group (look for information in a local medical or community library).

## **Each patient is unique.**

Always keep in mind that:

- Growth and development follow general patterns, but every person grows and develops in his or her own unique way.
- Not every member of a cultural group may share all of its values, beliefs or practices.
- A patient may appear similar to you, but still be different from you in certain ways.

Avoid stereotyping a patient – consider all the factors that may affect his or her care needs.

## **Age specific competencies for infants, toddlers and young children**

### **Infants and toddlers (birth to age 3)**

Healthy growth and development

- Physical growth and development are rapid, especially in infancy. Building muscle skills is important – from rolling and standing as an infant to running and drinking from a cup as a toddler.
- Developing trust and a sense of being loved is important in infancy. It helps the toddler's attempts at independence.
- Play is important to help build social and other skills.
- Infants communicate by crying and making simple sounds. Toddler learn simple words and sentences.

Ways to provide age specific care

- Educate parents about the need for checkups, screenings and immunizations.
- Ensure the child's safety and comfort. For example, keep crib rails up, offer age appropriate toys, cuddle an upset child and talk in soothing tones.
- Explain procedures to parents and the child in simple terms. Allow time for questions. Let the child touch equipment or try it on a doll or stuffed animal.
- Keep the child with parents if possible. Involve parents in care (for example, have them choose their child's food).



- Have parents demonstrate procedures back to you to show understanding.
- Discuss parents' questions and concerns about caring for their child. Teach about feeding, hygiene, safety and other ways to promote healthy development.

## **Young children (ages 4 to 6)**

### Healthy growth and development

- Children grow more slowly during these years. They are active and develop strength and coordination. They are able to dress themselves and are toilet-trained.
- Young children are aware of others' feelings. They may have fears (for example, about being separated from parents or being injured). They enjoy playing with other children and making friends. They begin to develop a sense of privacy.
- Young children are curious and imaginative. They ask many questions and enjoy conversations. They like stories and make-believe play.

### Ways to provide age specific care

- Continue to stress to parents the need for checkups, screenings and immunizations.
- Explain procedures and objects in ways the child can understand. Avoid words that might be scary. Show how equipment is used. Use toy equipment or other visual aids. Give the child chances to help.
- Reassure the child that the procedure is not a punishment.
- With a child 4 to 6 years of age, explain the procedure just before you perform it.
- Give the child chances to express feelings and ask questions (through talk and play). Encourage a 4 to 6 year old patient to bring a security object, such as a blanket.
- Ask parents about any concerns they may have (for example, with setting limits). Ask the child questions too (about school or friends, for example). Teach about healthy eating, hygiene and safety, as the child grows more independent.

## **Age specific competencies for older children and adolescents**

### **Older children (ages 7 to 12)**

### Healthy growth and development

- Growth continues at a slower pace until a "spurt" at puberty. Muscle skills continue to develop. Older children can do a variety of activities, from sports to crafts.
- Older children can accept rules and responsibilities (such as caring for pets). Completing tasks, mastering new skills and having achievements recognized, help build self-esteem. Older children enjoy doing things with friends (generally of the same sex). They want more privacy.
- Older children enjoy riddles, plays on words, etc. They can read, write, do math and memorize. They have a better understanding of time. They enjoy collecting and classifying things.

### Ways to provide age specific care

- Continue to stress to parents the need for checkups, screenings and immunizations.
- Ask the child about friends, interests, accomplishments and concerns (for example, body changes). Ask for parents' views, too. Allow time for the child and parents to ask questions.

- Explain procedures and equipment in advance. Use correct terms and visual aids. Give the child a tour. Respect privacy (for example, by keeping the child covered during exams). Give the child chances to help. Praise cooperative behavior.
- Teach the child about healthy and safe behaviors (including not using alcohol, tobacco or other drugs). Encourage parents to talk with their child about these and other important issues (including age-appropriate discussions about sexuality).

## **Adolescents (ages 13 to 20)**

### Healthy growth and development

- Girls generally begin puberty about 2 years earlier than boys (it may start in “older childhood” for girls). A growth spurt may affect coordination for a time. Sex features develop (such as breasts in girls and facial hair in boys).
- Adolescents are developing an identity. They may have emotional swings and face peer pressure. They may be self-conscious (about body image, for example). They become interested in close relationships. Eating disorders may be a concern.
- Adolescents can solve problems better. They think about the future (for example, their career). They can think more abstractly (for example, about values and about concepts such as justice). They may not think about long-term consequences of their actions.

### Ways to provide age specific care

- Emphasize the continued need for checkups, screenings and immunizations.
- Provide privacy for procedures and teaching. Teach using correct terms and visual aids. Discuss concerns. Encourage involvement in care and decisions. Know the age at which an adolescent can legally authorize his or her own treatment as per specific state law.
- Encourage hospital patients to keep in contact with friends and family.
- Teach about healthy habits (nutrition, exercise, hygiene and safety). Also teach about avoiding pregnancy and health risks, such as sexually transmitted diseases and alcohol, tobacco and other drug use.
- Encourage parents to stay involved in their child’s life. Give parents and the child information about normal changes of adolescence.

## **Age specific competencies for adults ages 21 to 64**

### **Young adults (ages 21 to 39)**

### Healthy growth and development

- Young adults reach sexual maturity and their adult height and weight. They are more comfortable with their body image.
- Young adults develop a personal identity and self-reliance. They may experience sexual intimacy, choose a mate and raise a family. They establish a career.
- Young adults reflect on changes in their bodies and their lives. They can look at problems from different points of view. They establish values and use them to make life choices. They evaluate new information in terms of their experiences.

### Ways to provide age specific care

- Continue to encourage immunizations, checkups and screenings.
- Encourage hospital patients to keep in contact with family and friends.
- Assess the patient for stress related to new adult roles. Encourage him or her to talk about feelings and concerns, and about how an illness or injury may affect plans, family and finances.

- Involve the patient and close family members in decision-making and education. Educate about injury prevention and a healthy lifestyle (through exercise, weight control, hygiene, etc.). Explain the benefits of knowing this information.
- Use appropriate teaching materials. Encourage the patient to take part in group learning situations, such as support groups.

## **Middle adults (ages 40-64)**

### Healthy growth and development

- Adults aged 40 to 64 years begin to experience physical changes, such as decreased endurance. Women experience menopause. Illness or injury may interfere with plans. Chronic illness may develop.
- Adults of these ages develop a concern for the next generation. They help their children gain independence. They may become active in the community (for example, through volunteering). They develop new roles with aging parents and plan for retirement. They begin emotionally preparing for death.
- These adults may seek further education, possibly to make a career change. They are interested in learning. They reflect on their lives and accomplishments.

### Ways to provide age specific care

- Continue to encourage checkups, screenings and immunizations.
- Encourage as much self-care as possible.
- Allow time to talk about frustrations, accomplishments, dreams and any concerns about illness. Talk about stress. Provide help with finding resources to meet healthcare costs.
- Educate about healthy lifestyles (stress management, weight management, etc.). Educate about procedures and safe use of medications. Use appropriate materials.
- Involve the patient and close family in decisions about care. Start teaching about advanced medical directives.

## **Age specific competencies for adults ages 65 and older**

### **Adults (ages 65 to 79)**

### Healthy growth and development

- Adults aged 65 to 79 years experience changes in skin, muscles and sensory abilities. They have a higher risk of health problems, such as infection and chronic illness. They may sleep more, often by napping during the day. Many older adults stay in good health.
- These adults need to adapt to changes. They take up new activities and roles. They may experience depression, loneliness and anxiety over changes or about the future.
- Adults of these ages may have a reduced attention span. They may make decisions and remember things (such as names) more slowly. They may need more time to learn.

### Ways to provide age specific care

- Stress the need for checkups, screenings and immunizations. Encourage healthy habits (nutrition, exercise, hygiene, etc.) and social activity.
- Educate about safety measures (including fall prevention, safe medication use and using caution with hot water).
- Provide a safe, comfortable environment (night light, proper temperature, etc.). Allow time for rest. Adapt procedures to physical changes (fragile skin, for example).
- Give the patient chances to reminisce, to help promote a positive self-image.

- Speak clearly and avoid background noise during teaching. Use larger print materials and ensure enough light. Give information in short segments and repeat as needed. Avoid rushing.
- Encourage the patient and family to take an active role in care. Discuss concerns. Talk about family and other support systems.

## **Adults (ages 80 to older)**

### Healthy growth and development

- Adults aged 80 years and older have a higher risk of infections, dehydration, poor nutrition and chronic illness. Effects of chronic illness may be more severe. Mobility becomes harder.
- These adults may feel isolated or upset due to loss of family, friends, sensory abilities or financial independence. They may lose self-confidence as their abilities decline.
- Adults of these ages reflect on their lives and come to an acceptance of death. They can still learn, but at slower rates. They may have reduced attention spans.

### Ways to provide age specific care

- Continue to stress the need for checkups, screenings and immunizations.
- Encourage physical and social activity. Encourage reminiscing.
- Promote, and assist with, self-care and independence as much as possible. Assist with end-of-life planning.
- Monitor age-related risks, such as skin problems. Adapt techniques as needed (for example, using extra caution when moving or touching the patient to avoid bruising). Allow for frequent periods of rest.
- Ensure safety measures to prevent falls and burns. Educate about home safety and safe medication use. Educate in an appropriate environment with suitable materials. Involve the patient and family or other caregiver. Teach while the patient is at peak energy. Avoid rushing.

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Age Specific Competency Exam

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

While admitting a 19-year old girl to the medical unit, the girl indicates that she has been sexually abused by a family member for several years, and is now pregnant. She asks the nurse, "What do you think I should do about this baby?" The nurse's best response would be:

- ☐ "I believe it would be alright to have an abortion since you are only a few weeks along."
- ☐ "At your age, there is a pretty good chance you will have a miscarriage."
- ☐ "It is very hard to make the correct decision. How do you feel about being pregnant and becoming a mother?"
- ☐ "Only you and your family can decide what to do about this pregnancy."

While caring for a 22-year old client with acquired immunodeficiency syndrome (AIDS), the client expresses feelings of overwhelming loneliness and feelings of isolation since his diagnosis of AIDS. Which of the following strategies would the nurse suggest as possible methods of decreasing social isolation?

- ☐ Assist the client to get a contact name and phone number for a support group in the area for clients with AIDS.
- ☐ Reading the newspaper to stay in touch with current events.
- ☐ Participate in a "chat room" on the internet to meet new friends.
- ☐ Encourage the client to contact his parents that are living several states away and express his feelings to them.

While caring for a 30-year old male client with a spinal cord injury, the client says to the nurse, "I am so depressed that I will never be able to have sex again." Which of the following statements would be the most realistic and therapeutic for the nurse to say:

- ☐ "You are still so young, you will learn to adapt"
- ☐ "I feel so bad for you, it must be depressing"
- ☐ "You can still have a sexual relationship, but it will be different"
- ☐ "You never know, maybe you will get all of your function back"

Stephanie, a 36-year-old client is admitted to the OB/GYN unit with the diagnosis of preeclampsia. Stephanie's admitting BP is 190/120 and she has 3+ pitting edema of her extremities. She has two toddler children who are staying with her sister while her husband is at work. She begins to cry on admission and begs the physician to let her go home to care for her children. What actions should the nurse take to assist Stephanie to adjust to her sudden hospitalization?

- ☐ Allow Stephanie to verbalize her concerns and fears

- ☐ Understand that Stephanie's primary task as a young adult is establishing family and caring for others
- ☐ Communicate with the sister and assure Stephanie that her children are being cared for, enlist the aid of the Social Worker if necessary
- ☐ All of the above

In planning for care of a 43-year-old woman dying of breast cancer, one of the goals is that the client would verbalize acceptance of impending death. Which of the following statements indicates that this goal is being reached:

- ☐ "If I can just hang on long enough to see my children finish college and get Married"
- ☐ "I would like to go home so I can die with my family around me"
- ☐ "I would like to live at least another 2 years"
- ☐ "My oldest daughter gets married next year, I hope I can make it to the wedding"

Which of the following characteristics displayed by the husband of the woman dying from cancer suggest that he may be at risk for a negative bereavement response to her death:

- ☐ He blames himself that he didn't get her into the doctor's office sooner
- ☐ He is preparing for his wife's death
- ☐ He has a high socio-economic status
- ☐ He has a strong support system

Mike, a 45-year-old male has been admitted to the medical floor for diagnosis of upper gastrointestinal (UGI) bleeding. Mike is the Chief Financial Officer (CFO) of a corporation that has been undergoing financial difficulties. Mike sent his wife to get his papers from the office and is requesting to setup his laptop computer so he can continue to work while hospitalized. After listening and encouraging the client to verbalize his concerns, the nurse's most appropriate response would be:

- ☐ "We forbid the use of electrical equipment in the hospital that has not been cleared by medical engineering."
- ☐ "Your company will get along fine, you just need to lie back, relax, and concentrate on getting well."
- ☐ "I will discuss this with your wife and see if she can convince you to rest."
- ☐ "You're concerned how your hospitalization will impact your family and job?"

Mike from the preceding question is stable and his therapeutic interventions are in process. Mike continues to insist on working during his hospitalization, the nurse plans to:

- ☐ Inquire why he has to be so stubborn and non-compliant
- ☐ Develop a routine, condition permitting, that balances rest needs with work activities
- ☐ Ignore Mike's request, knowing that he will finally quit asking
- ☐ Educate Mike on the adverse effects to his health and that he may die if he doesn't comply.

A nurse is interviewing Cal, a 54 year old veteran who served in the Vietnam War, and is being admitted for a diagnostic work up to rule out malignancy. Cal reports that he has been experiencing insomnia, difficulty concentrating, nervousness and frequent nightmares about the war. The nurse assesses these symptoms to be indicative of:

- ☐ Obsessive Compulsive Disorder
- ☐ Agent Orange Exposure
- ☐ Phobias
- ☐ Posttraumatic Stress Disorder

Two-months after having a right mastectomy for breast cancer, Linda a 55-year-old client is admitted for diagnostic follow up. Linda had been instructed to continue performing breast self-exams on her left breast. The nurse asks Linda if she has any questions regarding these self-exams. Linda responds that she does not do self-exams on her left breast since it is not necessary. The nurse interprets this response may indicate:

- ☐ Change in body image
- ☐ Change in mental status
- ☐ Denial
- ☐ Self-control

Louise, a 68-year-old female, is admitted to the medical floor after experiencing a CVA. Louise has been a city attorney for the past 30 years and has never been married or had children. She has right-sided hemiplegia and expressive aphasia and is becoming very frustrated with her inability to communicate. The most appropriate nurse action would be to:

- ☐ Encourage her not to speak and to stay calm
- ☐ Encourage her to just rest and not worry; the staff will take good care of her
- ☐ Develop a means of communication such as a picture or word board
- ☐ Use a pad and pencil as a means of communication

Louise's condition has stabilized and she is beginning to recover. She becomes irritable and angry regarding her "slow" progress to relearn simple tasks. She has frequent outbursts during her rehabilitation sessions. Which of the following is the best nursing approach to help the client regain focus and motivation to improve:

- ☐ Allow longer visits by her coworkers
- ☐ Use supportive statements to correct her behavior and outbursts
- ☐ Tell the client that the nurse and therapists know how she feels
- ☐ Ignore the behavior and hope it is limited

Louise's closest friend visits with her two grandchildren to "cheer-up" Louise. The children bring cards they have made and a handpicked bouquet of flowers. They have a pleasant visit but after they leave Louise begins to cry and says, "I regret not having a family. Just look at me; I am an old, useless woman without anyone to care for me." The nurse offers support and listens to Louise as she recalls her life. This review of one's life is part of which of Erikson's stages:

- ☐ Ego Integrity vs. Despair
- ☐ Generativity vs. Stagnation
- ☐ Industry vs. Inferiority
- ☐ Identity vs. Role Confusion

The nurse caring for a client that has been newly diagnosed with Parkinson's disease is developing a teaching plan. Which of the following topics would the nurse consider to be the most important topic to cover:

- ☐ Boosting the immune system
- ☐ Maintaining a balanced diet
- ☐ Maintaining a safe environment
- ☐ Engaging in diversional activity

Jean, an active 80-year-old female sustained a hip fracture and was placed in Buck's traction. After several days, the nursing staff notes that Jean has now become increasingly disoriented but appears not to be suffering from any physiological symptoms. The family is able to visit only in the evenings because they are very busy with their careers. The most appropriate nursing intervention is to:

- ☐ Ask the family to rotate around the clock and stay with her
- ☐ Ask the lab to draw a full metabolic panel
- ☐ Apply restraints to the client
- ☐ Reorient the client frequently and place a clock and calendar in the client's room



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## **CNA Job Description**

- Responsibility:  
A Certified Nursing Assistant will assist in providing exceptional patient care by maintaining a clean and safe environment for patients under the supervision of the nursing staff of the utilizing facility.
- Qualifications:
  - Education and Experience
    - Current Texas Certification for Nursing Aid
    - High School Diploma or equivalent
    - Skilled in theory, methods, and techniques required for providing exceptional patient care
    - Have at least 3 months clinical experience.
    - Current CPR Certification
  - Specific Qualifications
    - Able to read/write English in professional manner
    - Able to communicate to patients, physicians, staff, and families regarding patient's care and condition
    - Able to work under pressure and stress while following the goals and guidelines associated with different facilities and HopewellQuality Care Staffing in a professional manner.
    - Physically be able to bend, stand for long periods of time, push/pull moving objects, and transfer patients in a safe manner
    - Be able to lift up to 50 lbs. or know how to support an individual whom may suddenly become weak.
    - Perform personal care according to patient's requirements, including bathing, perineal care, grooming, mouth care, feeding, and collecting specimens.
    - Answer call lights in a prompt, helpful manner.
    - Perform Positioning, transfers, ambulating, catheter care, and other patients' needs based on their level of care.



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- Use Universal Precautions and follow infection control policies
- Perform basic patient care with respect to patients' dignity and privacy
- Assure patient's rooms are neat and tidy Able to identify, report, and document effectively changes in symptoms and behaviors
- Use of good judgment when accepting and rejecting assignments
- Meet patients' physical, emotional, spiritual, and social needs with respect to Patients' Rights
- Adheres to policies established by Hopewell Quality Care Staffing and facilities assigned to
- Adheres to Hopewell Quality Care Staffing schedules
- Accountability:
  - Licensed Vocational Nurse, charge nurse
  - Registered Nurse, Supervisory Nurse/designated alternate (per facility)
  - Director of Nurses
  - Quality Care Staffing

*I have read and understand this job description and I agree to perform my duties to the best of my ability, with respect to dignities of Hopewell Quality Care Staffing and the facility. I understand I will be called upon to provide exceptional patient care.*

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Signature of CNA

---

Date

Hopewell



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### **General Guidelines**

**Commitment:** At Hopewell Quality Care Staffing each employee is required to provide our office with **availability** of a minimum of one week and at the end of each assignment. Your availability ensures you commit to work that shift. If you fail to provide availability in a timely manner you will limit your chances of other shift assignments and unemployment benefits. You are required to supply our office with working phone numbers and inform us of any changes in ability to contact you. Failure to answer or return phone calls is indication that you are unavailable or refuse to work. If you are unable to attend work due to medical conditions you must provide validation from a doctor/hospital.

**Event of Cancellation:** **Only** emergency situations will be considered cancellation. These circumstances render immediate notification to our office and acceptable documentation to verify your cancellation.

**Punctuality:** At Hopewell Quality Care Staffing we strive on punctual employees. Your timely attendance (at least 15 minutes prior to shift start) is appreciated and respected.

**Performance and Conduct:** The quality of your skills and service will need to be professional and are critical to your continuation of employment. Our facilities evaluate your performance. Poor evaluations will inhibit your ability for assignments.

**Self-Schedules:** Hopewell Quality Care Staffing respects self-scheduling at certain facilities. However our office must be notified of this immediately. In addition you must abide by the Overtime Policy.

**Recruitment by facilities:** With respect to the contract between Hopewell Quality Care Staffing and our facilities, they are prohibited to extending employment opportunities to our employees for up to 90 days starting from the date of the last shift worked in a facility through Quality Care Staffing. Any exception to this must be approved by Quality Care Staffing.

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Signature

Date

Name Badge: Hopewell Quality Care Staffing will provide each employee with a name badge. We expect your name badge to be worn at all times while working.

Time Slips: Hopewell Quality Care Staffing will provide time slips to each employee. You are required to fill them out and have a supervisor from that facility sign them at the end of your shift. White copy should be returned to our office, Yellow copy is for employee records, and Pink copy will remain at the facility. White copies are due every other week on Wednesday to our office.

Drug Testing and Background Check: Hopewell Quality Care Staffing will perform initial and random drug screenings. Positive drug screens will result in termination. Hopewell Quality Care Staffing will perform initial and random background checks. Drug screening may be called upon per facility requests in the event of medication errors or miscount of narcotics.

Communication: Communication is a necessity between yourself and our office. Please notify our office immediately of any concerns, questions, conflicts, or job-related injuries. An office staff member is always available Monday through Friday 9:00-5:00. We also have an on call cell phone for your convenience.

Confidentiality: All employees are required to abide by HIPAA, federal and state regulations regarding patient confidentiality. Failure to respect a patient's health and financial information is subject to termination.

Facility Policy and Procedures: All employees are required to abide by the facilities' policies and procedures

Suspension: One no call, no show, or 2 unauthorized cancellations will result in suspension and possible termination.

*I have read and understand the General Guidelines policy.*

---

Signature

Date



## HOPEWELL QUALITY CARE STAFFING

Houston Office:  
18090 Kings Row  
Houston, TX 77058

HALLETTSVILLE OFFICE:  
904 "D" North Glendale  
Hallettsville, TX 77964

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904 "D" North Glendale - Hallettsville, Texas 77964

### **Overtime Policy**

Generally, as a policy, Hopewell Quality Care Staffing doesn't allow employees to work more than 40 hours a week. In the event overtime occurs, employees are paid at a rate of one time and a half for hours over 40 in a workweek. Workweek is Wednesday 6:59 to Tuesday 7:00.

It is the responsibility of each employee to keep track of the number of hours worked weekly. Therefore, it is the employee's responsibility to notify office personnel that he/she is approaching 40 hours before accepting more shifts. Therefore if you work 12 hour shifts, you must limit to 3 shifts per week.

On Call hours don't count as "work" hours and therefore are excluded from overtime and doesn't count as part of the 40 hour overtime rule. However call back hours are counted as "work" hours and are subject to overtime.

Employees who take full-time long-term contracts at a facility must get the approval of the facility to pay for overtime before signing up for extra shifts beyond 40 hours.

In extreme circumstances, overtime must be approved by Hopewell Quality Care Staff director PRIOR to working. Without this approval will result in immediate suspension and may be subject to termination.

*I have read and understand the Hopewell Quality Care Staffing Overtime Policy.*

---

Signature

Date

Hopewell



Quality Care Staffing

# HOPEWELL QUALITY CARE STAFFING

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Hallettsville, TX 77964

904 "D" North Glendale -Hallettsville, Texas 77964

## Contact Information Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

In case of emergency please call: \_\_\_\_\_ @ \_\_\_\_\_

Relationship: \_\_\_\_\_

### Availability:

- ☐ Days
- ☐ Nights

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

### Preference:

- ☐ Hospital
- ☐ Nursing Home
- ☐ Home Health
- ☐ Dr. Office

- ☐ Med/Surg
- ☐ Icu
- ☐ ER
- ☐ OR
- ☐ Peds
- ☐ L/D
- ☐ Other \_\_\_\_\_

Do you have another job? \_\_\_\_\_ If yes, please explain how this will affect your availability: \_\_\_\_\_

Are you currently enrolled in school? \_\_\_\_\_ If yes, please explain how this will affect your availability: \_\_\_\_\_

Signature

Date



# HOPEWELL QUALITY CARE STAFFING

Houston Office  
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Houston, TX 77058

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Hallettsville, TX 77964

## Certified Nursing Assistant

NAME \_\_\_\_\_

Date \_\_\_\_\_

Please check the number that most accurately describes your level of experience with each skill:

**4 = Very Experienced** (Can perform well independently)

**3 = Experienced** (Need initial review, then can perform independently)

**2 = Some Experience** (Require assistance/supervision)

**1 = No Experience**

### SPECIALITY AREAS WORKED

Private Duty LTC/Nursing Home/SNF	1	2	3	4
1:1 Adolescent	1	2	3	4
Labor and Delivery	1	2	3	4
Orthopedic	1	2	3	4
Open Heart	1	2	3	4
Ears, Nose and Throat	1	2	3	4
Urology	1	2	3	4
Hospice	1	2	3	4
Central Supply	1	2	3	4
Acute Care - Facility	1	2	3	4
Nursery	1	2	3	4
Behavioral Health Tech	1	2	3	4
Crisis Intervention	1	2	3	4
OB/GYN	1	2	3	4
Vascular	1	2	3	4
Neurosurgery	1	2	3	4
Plastics	1	2	3	4
Adolescent	1	2	3	4
Pediatrics	1	2	3	4
Home Care	1	2	3	4
Adult Med-Surg	1	2	3	4
Geriatric	1	2	3	4
Alzheimers	1	2	3	4

### PATIENT CARE

Complete Bed Bath	1	2	3	4
Partial Bed Bath	1	2	3	4
Bed Making - Unoccupied	1	2	3	4
Bed Making - Occupied	1	2	3	4
Back Care	1	2	3	4
Care of Confused Patient	1	2	3	4
Bed Making - Post Op Surgical	1	2	3	4
Range of Motion	1	2	3	4
Care of Suicidal Patient	1	2	3	4
Tub Bath with Assist	1	2	3	4
Catheter Care - Hygiene	1	2	3	4
Colostomy Care	1	2	3	4
Oral Hygiene	1	2	3	4
Tracheostomy Care - Hygiene	1	2	3	4
Showering a Patient	1	2	3	4
Care of Combative Patient	1	2	3	4
Shaving a Patient	1	2	3	4
Perineal Care	1	2	3	4
Intake and Output (I & O)	1	2	3	4
Post Mortem Care	1	2	3	4
Intoxication	1	2	3	4

### VITAL SIGNS

Pulse	1	2	3	4
Temp - Oral	1	2	3	4
Temp - Axillary	1	2	3	4
Temp - Rectal	1	2	3	4
Temp - Tympanic	1	2	3	4
Respirations	1	2	3	4
Blood Pressure	1	2	3	4

### JCAHO/OSHA REQUIREMENTS

Use of Restraints	1	2	3	4
Handwashing	1	2	3	4
Universal Precautions	1	2	3	4
Isolation Techniques	1	2	3	4
Patients Bill of Rights	1	2	3	4

### EQUIPMENT

Ace Bandage	1	2	3	4
Cast Care	1	2	3	4
Hot/Cold Packs	1	2	3	4
Hoyer Lift	1	2	3	4
Bed Scale	1	2	3	4
CPM/Ortho	1	2	3	4
Walker/Crutches	1	2	3	4
Traction	1	2	3	4

### MISCELLANEOUS

Weighing Patients	1	2	3	4
Admitting Patients	1	2	3	4
Charting in Nurses Notes	1	2	3	4
Enemas (soap suds/Fleets)	1	2	3	4
Discharging Patients	1	2	3	4
Charting on Graphic Sheets (Dietary I & O)	1	2	3	4
CPR	1	2	3	4
Choking	1	2	3	4
Resuscitation	1	2	3	4

I certify that the information provided accurately reflects education received and my experience in each of the clinical areas identified.

\_\_\_\_\_  
Signature

---

HIPAA Quiz

- 1) If I see resident information in an open trash container, I should
  - ☐ Pull it out and read it so I can share the news at break time.
  - ☐ Pretend I didn't see it and continue doing my job.
  - ☐ Take it to a shredder to be disposed of properly and report the incident
  
- 2) When are you allowed to repeat private health information that you hear on the job?
  - ☐ After you no longer work at the facility
  - ☐ Only when it is necessary to do your job and only to who needs to know
  - ☐ After the resident dies.
  
- 3) A physician is allowed to see all resident information on every resident
  - ☐ True
  - ☐ False
  
- 4) An employee can be given jail time for disclosing resident PHI for monetary gain.
  - ☐ True
  - ☐ False
  
- 5) What question should you always ask yourself before looking at resident information?
  
  
  
  
  
  
  
  
  
- 6) What kind of personally identifiable health information is protected by HIPAA's privacy rule?



- ☐ Paper
- ☐ Electronic
- ☐ Spoken Word
- ☐ All of the above

7) Confidentiality protection covers not just a resident's health-related information, such as his or her diagnosis, but also other identifying information such as a social security number or telephone number.

- ☐ True
- ☐ False

8) It is okay to discuss a resident's health condition or reason for hospitalization with other residents, staff or family members in the dining room or break room because we care about the resident and are concerned

- ☐ True
- ☐ False



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## Universal Precautions/OSHA Evaluation "Working Safely in Health-Care Facilities"

	True	False
1. You should treat all blood and body substances as if they are Infectious.	<input type="checkbox"/>	<input type="checkbox"/>
2. Always recap used needles.	<input type="checkbox"/>	<input type="checkbox"/>
3. Proper use of PPE is important to job safety.	<input type="checkbox"/>	<input type="checkbox"/>
4. Anyone who sees a chemical spill should immediately mop it up.	<input type="checkbox"/>	<input type="checkbox"/>
5. When lifting, keep your back straight, bend your knees and lift with your legs.	<input type="checkbox"/>	<input type="checkbox"/>
6. Adjusting your chair, computer and other equipment can help prevent ergonomic injuries.	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical devices are rarely dangerous, so taking safety precautions with them is not necessary.	<input type="checkbox"/>	<input type="checkbox"/>
8. You should always try to put out a fire while waiting for firefighters to arrive.	<input type="checkbox"/>	<input type="checkbox"/>
9. Only employees who are unsure of their role in an emergency need to take part in disaster drills.	<input type="checkbox"/>	<input type="checkbox"/>
10. You need to report all safety incidents, even ones that did not cause an injury or illness.	<input type="checkbox"/>	<input type="checkbox"/>

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 Employee's Signature

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 Date

## At-Will Employee-Agency Agreement

This At-Will Employment-Agency Agreement is by and between Hopewell Staffing LLC, d/b/a Quality Care Staffing (Agency) a Texas Limited Liability Corporation, and

\_\_\_\_\_(Employee), who agree as follows:

1. Introduction: The Agency proposes initially to engage in the business of providing Contract Staffing Services, to Facilities. Because the success of the Agency will be largely dependent on its personnel, it is the Agency's objective to attract and retain a licensed and highly competent staff, trained and educated in Nursing and Related Services. Employee is such an individual, experienced and educated in the areas of services of the Agency. Therefore, it is the intent and purpose of the Agency and Employee to specify in this Agreement the terms and conditions of their at-will employment relationship.
2. Employment: The Agency hereby employs Employee and Employee hereby accepts an at-will employment with the Agency on the terms and conditions specified in this Agreement.
3. Duties and Responsibilities.
  - 3.1 Employee shall devote his full business time, efforts and abilities to the Agency for the profit, benefit and advantage of the Agency for those times he accepts an employment assignment discovered and offered by the Agency.
  - 3.2 Employee shall serve as an Employee of the Agency and shall perform the services and functions as shall be designated by the Agency.
  - 3.3. Employee shall not engage in any business or perform any services whatsoever for any person or entity detrimental to the Agency at any time during the term of this Agreement, including, but not limited to, those times when Employee is on assignment at a customer of the Agency.
  - 3.4. Employee shall conform to the rules, regulations, instructions, personnel practices and policies of the Agency as may be adopted from time to time by the Agency and its customers.
4. Term.
  - 4.1. The term (Term) of Employee's at-will employment under this Agreement is from the date of this agreement to end at Termination of Employment. This

Agreement, and the employment of Employee, may be terminated for any reason, by either party after providing one (1) day notice.

4.2. On termination, Employee shall receive only that portion of his compensation which he has earned up to the day of his termination.

5. Confidential Information of the Agency: Employee fully and completely understands that in the course of his employment, he will have access to and will become familiar with confidential or other information of the Agency and its customers and records, financial information, personnel information, lists of facilities and accounts, sales and marketing information types and kinds of procedures used by the Agency, proposed methods of services, and other information of a confidential nature which is required to be maintained as such for the continued success of the Agency and its business including, but not limited to, the confidential information of the Agency's patients, all of which are hereinafter referred to as "confidential information." Therefore, in consideration of his employment and the compensation paid to him, Employee expressly covenants and agrees as follows:

5.1. In the event of the termination of his employment, Employee shall not take from the premises of the Agency or its clients, or otherwise retain, any records, files or other documents, or copies thereof, relating to the business or affairs of the Agency or any of its past or present clients.

5.2. Except for the Agency, Employee shall not at any time during or subsequent to his employment disclose or divulge to anyone or make use of any confidential information, of the Agency or its clients, obtained by or entrusted to him or of which Employee may be informed, either during his employment, after his employment shall cease, or in contemplation of the cessation of his employment.

6. Agreement Not to Compete:

6.1. Employee agrees that if he performs services or is connected with any operation that performs services for a customer or client of the Agency either during employment or within 6 months of termination of employment, he will immediately pay to Agency the sum of the last eighteen month fees and billings to such customer or client by Agency.

6.2. During Employee's employment hereunder, Employee will not, directly or indirectly, for his own account or for the account of others, as an officer, director, stockholder, owner, partner, employee, promotion, financing, ownership, operation or

management of, or assist in or carry on through a proprietorship, corporation, partnership, directly or indirectly competitive with services offered by the Agency. Employee further agrees that this covenant not to compete shall preclude Employee from soliciting in any manner other than on behalf of the Agency any business which would be competitive with the Agency from any person, partnership, corporation, or other entity which has been, is or becomes a customer or potential customer of the Agency during the Term of this Agreement and for the term of Employee's covenant not to compete.

6.3. Employee additionally acknowledges that Employee's training and experience is vital to the growth and existence of the Agency, and, therefore, agrees that as a part of the foregoing covenant not to compete, Employee will not seek or accept employment of any kind with any client or customer of the Agency during the term of this Agreement and for the term of Employee's covenant not to compete.

6.4. In the event of breach of this covenant not to compete, it is understood and agreed that the Agency shall be entitled to injunctive relief as well as any and all other applicable remedies at law and in equity. Although the Employee hereby agrees and acknowledges that this covenant not to compete is reasonable, if a court of competent jurisdiction should declare this covenant not to compete unenforceable due to an unreasonable restriction of duration or geographical area, then Employee and the Agency hereby agree that such court shall be empowered to reform this Agreement to a reasonable restriction and/or to grant the Agency injunctive relief reasonably necessary to protect the interests of the Agency.

7. Choice of Law: This Agreement shall be interpreted and construed in accordance with and shall be governed by the laws of the State of Texas. The rights created under this Agreement are cumulative to any and all other rights of the Agency at law or equity.
8. Binding Effect of Agreement: This Agreement shall be binding on and inure to the benefit of, the Employee, his heirs and successors and the Agency, its successors and assigns.

EMPLOYEE

AGENCY

DATE

DATE



# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [www.irs.gov/w4](http://www.irs.gov/w4) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____
<b>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.		
	• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children.		
	• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .		
<b>H</b>	Add lines A through G and enter total here. <b>(Note. This may be different from the number of exemptions you claim on your tax return.)</b> ▶	<b>H</b>	_____
<b>For accuracy, complete all worksheets that apply.</b> <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</div><div style="display: inline-block; vertical-align: middle;">• If you are <b>single</b> and <b>have more than one job</b> or are <b>married</b> and <b>you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</div><div style="display: inline-block; vertical-align: middle;">• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</div></div>			

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2012</b>		
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				
Date ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



**Deductions and Adjustments Worksheet****Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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## Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page





## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

## Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**