



¡Felicitaciones! Usted ha sido aprobado por el Centro Regional para Servicios de Respiro como un coempleador de servicios de cuidado de discapacitados. **Pida a su proveedor o cuidador de personas que complete la solicitud adjunta y que nos la envíe lo más pronto posible.**

Antes de entregar la solicitud, asegúrese de haber adjuntado los siguientes documentos y que todos estén firmados y fechados correctamente. Si usted presenta una solicitud incompleta, se tardará el proceso y un representante de 24Hr HomeCare se comunicará con usted para informarle qué es lo que le falta.

- ☐ Solicitud de empleo
- ☐ Notificación de la privacidad de los empleados
- ☐ Notificación del Código de Conducta
- ☐ Notificación del Manual del Empleado y el Programa de Seguridad
- ☐ Declaración sobre la Política de Abuso de Drogas
- ☐ Autorización para averiguación de antecedentes y divulgación de la información de E-Verifile
- ☐ Formulario W4 (asegúrese de completar las líneas 5 o 7)
- ☐ Formulario 8850 relacionado con el "Work Opportunity Credit" (crédito para empleadores que dan empleo a personas a las que les cuesta conseguir un empleo)
- ☐ Formulario de verificación I9
- ☐ Documentos de identidad (**anverso y reverso a color**), de acuerdo con el formulario de verificación I9 (si no se reciben, el proceso se demorará).
- ☐ Tarjeta de CPR y primeros auxilios válida.
- ☐ Descripción del puesto de cuidador de 24Hr
- ☐ Formulario acerca del estado de los empleados
- ☐ Formulario de identificación del solicitante
- ☐ Bienvenido al equipo de 24Hr

Si tiene alguna pregunta con respecto a estos documentos llame durante el horario de oficina, de lunes a viernes de 9:00am - 5:30pm.

Muchas gracias.

24Hr HomeCare, LLC



SOLICITUD DE EMPLEO

Un empleador que brinda oportunidades igualitarias

Escriba en letra de imprenta

Fecha _____

Nombre: _____

Nombre(s)

Apellido

Domicilio actual: _____

Calle y número

Ciudad

Estado

Código postal

Teléfono particular

Teléfono celular

Teléfono laboral

Puesto al que se postula: _____

¿Alguna vez solicitó trabajo o trabajó en 24Hr HomeCare? ☐ Sí ☐ No

Si la respuesta es afirmativa, especifique cuándo _____ ¿En qué oficina? _____

CONTACTOS DE EMERGENCIA

Nombre _____ Teléfono _____

Nombre _____ Teléfono _____

Nombre _____ Teléfono _____

INFORMACIÓN PERSONAL

¿Tiene algún amigo o familiar que trabaje para 24Hr HomeCare? Si la respuesta es afirmativa, especifique el o los nombre/s y la relación.

Nombre _____ Relación _____

Nombre _____ Relación _____

Si lo contratan, ¿usted tendría un medio de transporte confiable para trasladarse hacia el trabajo y de vuelta? ☐ Sí ☐ No

¿Tiene más de 18 años de edad? (Si tiene menos de 18, la contratación está sujeta a la verificación de la edad mínima legal.)

☐ Sí ☐ No

Si lo contratan, usted puede certificar que es ciudadano estadounidense o que tiene el derecho legal de trabajar en este país?

☐ Sí ☐ No

¿Puede realizar las funciones esenciales del puesto que solicita, ya sea que disponga de alojamiento

razonable o no? ☐ Sí ☐ No Si la respuesta es negativa, describa las funciones que no pueden realizarse.

(Aclaración: Cumplimos con la ley ADA (ley para los estadounidenses con discapacidades) y considere las medidas de alojamiento que serían necesarias para que los solicitantes que cumplen con los requisitos/los empleados realicen las funciones esenciales. Se le puede exigir al empleado contratado que apruebe un examen médico, una prueba de habilidades o una prueba de agilidad.)

¿Alguna vez lo condenaron por un delito (un delito grave o una falta grave)? (No se deben especificar las condenas por faltas relacionadas con la marihuana de más de dos años de antigüedad). ☐ Sí ☐ No

Si la respuesta es afirmativa, especifique el delito o los delitos, cuándo y dónde lo condenaron y la resolución del caso.

(Nota: No se le negará el empleo a ningún solicitante solo sobre la base de la condena por el delito. Sin embargo, es posible que se consideren la naturaleza del delito, la fecha del delito y las circunstancias, así como la pertinencia del delito con respecto al puesto o los puestos que se solicitan).

EDUCACIÓN, CAPACITACIÓN Y EXPERIENCIA

	Name and Location	Titulo o certificado obtenido?	Graduate?
Formación profesional	Nombre: _____ Calle y numero _____ Ciudad Estado Código postal _____		
Capacitación en el área de salud	Nombre: _____ Calle y numero _____ Ciudad Estado Código postal _____		

¿Tiene alguna otra experiencia, capacitación, título o habilidades que usted piense que hacen que sea especialmente adecuado para trabajar en 24Hr HomeCare? ☐Sí ☐No

Si la respuesta es afirmativa, especifique por qué: _____

¿Tiene alguna licencia o certificación? ☐Sí ☐No

Licencia/Certificación _____ Estado emisor _____

Número de la licencia o el certificado _____

¿Alguna vez revocaron o suspendieron su licencia o su certificación? ☐Sí ☐No

Si la respuesta es afirmativa, especifique las razones, la fecha de la revocación o suspensión y la fecha en la que se la restablecieron.

EXPERIENCIA LABORAL

A continuación especifique todos los empleos actuales y previos, empezando por su empleador más reciente (es suficiente con la información de los últimos cinco años). Especifique todos los períodos en los que estuvo desempleado/a. Debe completar esta sección, incluso si adjunta un currículum vitae.

Nombre del empleador _____ Teléfono _____ Tipo de empresa _____ Supervisor

Dirección y calle _____ Ciudad _____ Estado _____ Código postal _____

Fechas del empleo _____ Desde _____ Hasta _____ Tarifa por hora/Salario _____ Al comienzo _____ Al final _____

Puesto y responsabilidades _____

Motivo del fin de la relación laboral _____

¿Está empleado actualmente? ☐Sí ☐No. Si la respuesta es afirmativa, ¿podemos comunicarnos con su empleador? ☐Sí ☐No

Nombre del empleador _____ Teléfono _____ Tipo de empresa _____ Supervisor

Dirección y calle _____ Ciudad _____ Estado _____ Código postal _____

Fechas del empleo _____ Desde _____ Hasta _____ Tarifa por hora/Salario _____ Al comienzo _____ Al final _____

Puesto y responsabilidades _____

Motivo del fin de la relación laboral _____

¿Podemos pedirle referencias al empleador? ☐Sí ☐No

Lea cuidadosamente el texto, inicie cada párrafo y firme debajo

Por la presente certifico que no oculté intencionalmente ninguna información que pueda afectar en forma negativa mis posibilidades de empleo y que las respuestas que brindé son verdaderas y correctas según mi leal saber y entender. También certifico que yo, el postulante que suscribe, completé esta solicitud de manera personal. Entiendo que cualquier omisión o información equivocada relacionada con hechos significativos de esta solicitud o que se incluya en cualquier documento que se utilice para obtener el empleo puede ser causal para que se rechace esta solicitud o para poner fin a la relación laboral en forma inmediata si me encuentro trabajando, sin importar el tiempo que haya pasado desde el descubrimiento. _____

Iniciales

Por medio del presente autorizo a 24Hr HomeCare a que investigue en forma exhaustiva mis referencias, experiencia profesional, educación y cualquier otra cuestión vinculada con mi adecuación para el empleo y autorizo a las personas que puse como referencia a que le brinden a la Empresa todas las cartas, los informes y cualquier otra información relacionada con mis registros laborales sin tener que notificarme con anterioridad. Además, también eximo a la Empresa, a mis empleadores anteriores y a todas las demás personas, sociedades anónimas, sociedades colectivas y asociaciones de cualquier reclamo, juicio u obligaciones que surjan de cualquier investigación o divulgación relacionada. _____

Iniciales

Entiendo que ninguna información que se vuelque en la solicitud o que se brinde durante una entrevista ni durante la relación laboral, si me contratan, crea un contrato de trabajo entre la Empresa y yo. Además, reconozco y estoy de acuerdo con el hecho de que si me toman, mi empleo es por tiempo indefinido y que puede finalizar en cualquier momento, con o sin previo aviso, que lo que antecede obliga a la Empresa y que ninguna promesa ni manifestación opuesta a lo antedicho obliga a la Empresa, a menos que se establezca por escrito y esté firmado mí y un representante de 24Hr HomeCare. _____

Iniciales

Si el personal interno empleado por la Empresa realice una investigación de registros públicos (incluidos los registros de arrestos, procesamientos, condenas, acciones civiles, gravámenes fiscales o juicios sin condena), tengo derecho a recibir una copia de los registros públicos obtenidos por la Empresa si así lo solicitara. Si no me contratan a causa de la información mencionada, tengo derecho a recibir una copia de tales registros. _____

Iniciales

Fecha

Firma del postulante



Notificación del Código de Conducta

La firma de este documento implica que recibí, leí, comprendo y me registré de acuerdo con el Código de Conducta de los empleados de 24Hr HomeCare. Entiendo que regirme por el Código de Conducta no garantiza necesariamente mi empleo en 24Hr Home Care. No seguir el Código de Conducta ni ayudar en una investigación sobre una violación podría dar lugar a una sanción disciplinaria que implique la suspensión o el posible fin de la relación laboral.

Para 24Hr HomeCare es muy importante que los empleados se rijan por el Código de Conducta porque al fin de cuentas, usted será la imagen de 24Hr HomeCare en la comunidad. ***Ponemos en sus manos nuestra reputación en la comunidad y la clientela de 24Hr Home Care***, así que si usted ve que cualquier miembro de 24Hr HomeCare comete alguna infracción al Código de Conducta, incluido el personal de la oficina, infórmele al Gerente General o al Coordinador de Recursos Humanos de la sucursal más cercana. ***Comprendo que informar una infracción al Código de Conducta no dará lugar a represalias y acepto prestar ayuda en cualquier investigación relacionada con una infracción al Código de Conducta.***

Firma del empleado

Fecha

Nombre del empleado (en letra de imprenta)

Representante autorizado de 24Hr HomeCare

MPN Employee Implementation Notification

“Unless you predesignate a physician or medical group, your new work injuries arising on or after **10/01/2013** will be treated by providers in the Sedgwick CMS Extended MPN. If you have an existing injury, you may be required to change to a provider in the new MPN. Check with your claims adjuster. You may obtain more information about the MPN from the workers’ compensation poster or from your employer.”

Empleado MPN Aplicación de notificación

“A menos que usted haya designado previamente a un médico o grupo médico, las nuevas lesiones laborales que se presenten el **10/01/2013** o posteriormente serán tratadas por los proveedores de la red de atención médica Sedgwick CMS Extended MPN. Si usted tiene una lesión, es posible que se requiera que cambie a un médico de la nueva Red de Proveedores de Atención Médica. Consulte a su perito de seguros. En el cartel sobre indemnización por accidentes laborales puede obtener más información sobre la Red de Proveedores de Atención Médica o con su empleador.”

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- your employer offers group health coverage;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN Employee:

Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number) Employee

Name (please print):

Employee's Address:

Employee's

Signature _____ Date: _____

Physician: I agree to this Pre-designation:

Signature: _____ Date: _____ (Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783. (Optional
DWC Form 9783 March 1, 2007)

DESIGNACIÓN PREVIA DE MÉDICO PARTICULAR

En caso de que usted sufra una lesión o enfermedad relacionada con su empleo, usted puede recibir tratamiento médico por esa lesión o enfermedad de su médico particular (M.D.), médico osteópata (D.O.) o grupo médico si:

- su empleador le ofrece un plan de salud grupal
- el médico es su médico familiar o de cabecera, que será un médico que ha limitado su práctica médica a medicina general o que es un internista certificado o elegible para certificación, pediatra, gineco-obstetra, o médico de medicina familiar y que previamente ha estado a cargo de su tratamiento médico y tiene su expediente médico
- su "médico particular" puede ser un grupo médico si es una corporación o sociedad o asociación compuesta de doctores certificados en medicina u osteopatía, que opera un integrado grupo médico multidisciplinario que predominantemente proporciona amplios servicios médicos para lesiones y enfermedades no relacionadas con el trabajo.
- antes de la lesión su médico está de acuerdo a proporcionarle tratamiento médico para su lesión o enfermedad de trabajo
- antes de la lesión usted le proporcionó a su empleador por escrito lo siguiente:
(1) notificación de que quiere que su médico particular le brinde tratamiento para una lesión o enfermedad de trabajo y (2) el nombre y dirección comercial de su médico particular.

Puede usar este formulario para notificarle a su empleador que desea que su médico particular o médico osteópata le proporcione tratamiento médico para una lesión o enfermedad de trabajo y que los requisitos mencionados arriba han sido cumplidos.

NOTICIA DE DESIGNACIÓN PREVIA DE MÉDICO PARTICULAR Empleado:

Rellene esta sección.

A: _____ (nombre del empleador) Si sufro una lesión o enfermedad de trabajo, yo elijo recibir tratamiento médico de:

(nombre del médico)(M.D., D.O., o grupo médico)

(dirección, ciudad, estado, código postal)

(número de teléfono) Nombre del

Empleado (en letras de molde, por favor):

Domicilio del Empleado: _____

Firma del

Empleado _____ Fecha: _____

Médico: Estoy de acuerdo con esta Designación Previa:

Firma: _____ Fecha: _____ (Médico o
Empleado designado por el Médico o Grupo Médico)

El médico no está obligado a firmar este formulario, sin embargo, si el médico o empleado designado por el médico o grupo médico no firma, será necesario presentar documentación sobre el consentimiento del médico de ser designado previamente de acuerdo al Código de Reglamentos de California, Título 8, sección 9780.1(a)(3).

Código de Reglamentos de California, Título 8, sección 9783. (Formulario
Opcional 9783 de la DWC 1 de marzo 2007)



Notificación del Manual del Empleado

Me notifico del Manual del Empleado de 24Hr HomeCare y acepto haberlo recibido, así como el hecho de que las políticas de este Manual rigen mi empleo en la Empresa.

Me notifico de lo siguiente y lo acepto: la Empresa puede cambiar, rescindir, eliminar o ampliar las disposiciones de este Manual de manera unilateral, excepto por la disposición que se refiere al empleo a voluntad, en forma discrecional, con o sin una notificación previa. Sin embargo, la Empresa tratará de notificar a los empleados razonablemente acerca de los cambios en las políticas en el caso de que se produzcan.

También me notifico de que este Manual sustituye y reemplaza las versiones anteriores del Manual. Ningún otro acuerdo previo ni oral estará en vigencia ni tendrá efecto con respecto a las cuestiones a las que se refiere este Manual.

También entiendo y acepto que el Manual no puede cubrir todas las situaciones que puedan producirse y que no lo hace. Por lo tanto, entiendo y acepto que es mi responsabilidad informar de manera inmediata todas las preguntas o preocupaciones que yo pueda tener en relación con mi empleo en la Empresa a la Gerencia de la Empresa.

Entiendo, acepto y me notifico de que mi empleo en la Empresa es un empleo a voluntad. Tanto la Empresa como yo podemos poner fin a la relación laboral con la Empresa con o sin causa, y con o sin aviso previo, en cualquier momento. Entiendo que ningún empleado, a excepción de los tres cofundadores de la Empresa cuando actúan en forma conjunta, tiene la autoridad para suscribir un contrato de trabajo con un empleado por un período de tiempo específico. Además, entiendo que los tres cofundadores de la Empresa, si actúan en forma conjunta, pueden alterar el estado del empleo "a voluntad" del empleado solamente si los tres cofundadores firman un contrato por escrito con el empleado que especifique expresamente la intención de la Empresa de contratar al empleado por un período específico.

Comprendo, acepto y me notifico de que tengo la obligación de leer y entender las políticas, las normas y la información incluida en el Manual, y que leeré el material de Manual. Acepto regirme por las condiciones y políticas del Manual. Específicamente, certifico que leí, entiendo y me regiré por la Política de Abuso y Pruebas de Drogas de 24Hr Home Care que se detallan en este Manual. Finalmente, comprendo y acepto que si no sigo las políticas que se detallan en este Manual, entre ellas la Política de Abuso y Pruebas de Drogas, esto puede dar origen a acciones disciplinarias en mi contra y que pueden incluir el despido y el inicio de acciones civiles o penales si se lo considera necesario.

Firma del empleado

Fecha

Nombre del empleado (en letra de imprenta)

Representante autorizado de 24Hr HomeCare



Autorización para la averiguación de antecedentes

Nombre: _____

Alguna vez recibió una condena por un delito grave o un delito menor relacionado con drogas, una agresión o un robo?
(Tilde el casillero)

☐ No ☐ Sí Si la respuesta es afirmativa, incluya información adicional.

No incluya ningún arresto o detención por el que no haya sido condenado, los registros de condenas que hayan sido eliminados, cerrados o erradicados; ninguna condena por delitos menores en relación con los cuales le hayan otorgado libertad condicional y el caso se haya desestimado; ningún arresto por el cual usted haya cumplido con un programa de suspensión a prueba del proceso, ni ninguna condena por delitos relacionados con la marihuana que tenga más de 2 (dos) años de antigüedad.

La firma del presente documento implica que certifico que la información que aquí se presenta es correcta, precisa y que está actualizada. También le permito a 24Hr HomeCare a realizar una averiguación de antecedentes a través de una agencia reconocida de averiguación de antecedentes. Mi empleo con 24Hr HomeCare dependerá de que mi averiguación de antecedentes no arroje ningún resultado positivo. Entiendo que la continuidad de mi empleo en 24Hr HomeCare dependerá del hecho de que yo no tenga ningún registro penal, y si me arrestan o condenan por un delito, debo informarlo a 24Hr HomeCare de inmediato. Autorizo a 24Hr HomeCare para que conserve un registro de mis antecedentes y mi información general mientras dure mi empleo con 24Hr HomeCare.

Firma del empleado

Fecha

Nombre del empleado (en letra de imprenta)

Representante autorizado de 24Hr HomeCare

La existencia criminal no constituye un impedimento absoluto para recomendar, contratar o emplear a alguien.



DIVULGACIÓN Y AUTORIZACIÓN PARA OBTENER UN INFORME DEL CONSUMIDOR O UN INFORME INVESTIGADOR DEL CONSUMIDOR

Yo, el abajo firmante, por el presente documento doy mi consentimiento y autorización a _____, sus compañías afiliadas, o sus agentes (colectivamente, de aquí en adelante nombrados "la Compañía") para que obtengan información acerca de mí de una agencia de informes del consumidor para fines de empleo. Entiendo que esto significa que se puede solicitar un "informe del consumidor" o un "informe investigador del consumidor" que puede incluir información con respecto a mi carácter, reputación general, características personales y modo de vida, según corresponda. Dicho informe también puede contener información sobre mis antecedentes penales, historial de crédito, historial de vehículos de motor, tales como mi historial como conductor, verificación de seguridad social, verificación de mi historial de estudios y empleo u otros chequeos del historial personal. Esto puede involucrar entrevistas personales con fuentes tales como vecinos, amigos o asociados. Estos informes pueden ser obtenidos en cualquier momento posterior a la recepción de mi autorización y, si soy contratado, a lo largo de mi empleo. Entiendo que, siempre que presente una solicitud por escrito dentro de un período razonable de tiempo luego de recibir esta notificación, tengo derecho a solicitar la divulgación de la naturaleza y el alcance de cualquier informe investigador del consumidor si lo solicito a e-Verifile 900 Circle 75 Parkway, Suite 1550, Atlanta, GA 30339 - 770-859-9899. Para obtener información sobre las prácticas de privacidad de e-Verifile, visite www.e-verifile.com. El alcance de esta notificación y autorización no está limitado al presente documento y, si fuera contratado, continuará vigente para que la Compañía lleve a cabo indagaciones futuras a los fines de mi retención, ascenso o reasignación, a menos que yo lo revoque por escrito. La Compañía también se reserva el derecho de compartir los resultados de la investigación del historial personal con cualquier otra compañía con la cual sea enviado a trabajar como representante de la Compañía. Mi información solo será utilizada o divulgada según lo permitan las leyes y según se requiera para producir cualquiera de dichos informes.

POR MEDIO DEL PRESENTE DOCUMENTO CERTIFICO QUE ESTE FORMULARIO FUE LLENADO POR MÍ, QUE LA INFORMACIÓN PROPORCIONADA ES VERDADERA Y CORRECTA HASTA LA FECHA DE HOY Y AUTORIZO A E-VERIFILE PARA QUE OBTENGA UN INFORME DEL CONSUMIDOR O UN INFORME INVESTIGADOR DEL CONSUMIDOR ACERCA DE MÍ, SEGÚN CORRESPONDA. Reconozco que la Compañía me ha proporcionado una copia del Resumen de sus derechos [A Summary of Your Rights] según lo prescribe la Ley sobre informes de crédito justos [Fair Credit Reporting Act].

Firma: _____ Fecha: _____

Nombre (Nombre de pila) _____ (Segundo nombre) _____ (Apellido) _____

Fecha de nacimiento* _____ Género (marque uno) Masculino _____ Femenino _____

Número de la seguridad social _____

Licencia de conducir n.º _____ (Estado de los EE. UU. que la emitió) _____

Teléfono durante el día _____

Otros nombres usados (apodo, apellido de soltera, etc.) _____

Dirección actual _____
Número y nombre de la calle Ciudad Estado Código postal Fechas

Solo para solicitantes o empleados en Nueva York:

Usted tiene el derecho de revisar y recibir una copia de cualquier informe investigador del consumidor solicitado por la Compañía, para lo que debe comunicarse directamente con e-Verifile. Al firmar arriba usted también acusa recibo de una copia del Artículo 23-A de la Ley correccional de Nueva York [New York Correction Law].

Solo para solicitantes y empleados de California, Minnesota y Oklahoma:

Entiendo que si la Compañía solicita una copia de mi informe del consumidor para fines de empleo, tengo derecho, según las leyes de California, Minnesota y Oklahoma a recibir gratuitamente de la Compañía una copia de dicho informe del consumidor. Entiendo que al marcar "sí" a continuación, se me enviará una copia a la dirección que he proporcionado anteriormente en este documento.

Quiero recibir una copia de mi informe del consumidor (chequeo del historial personal) (solo California, Minnesota y Oklahoma) Sí ☐ No ☐

• Nota: La fecha de nacimiento y el género solo se requieren para propósitos de identificación y de ninguna manera se utilizan para determinar si la persona es contratada por la Compañía.

Un Resumen de Sus Derechos en Virtud de la Ley de Informe Justo de Crédito

La Ley Federal de Informe Justo de Crédito (*Fair Credit Reporting Act*, FCRA) fomenta la exactitud, justicia y privacidad de la información en los expedientes de las agencias de informe del consumidor. Existen muchos tipos de agencias de informe del consumidor, incluyendo las agencias de crédito (credit bureaus) y las especializadas (como agencias que venden información sobre historial de firma de cheques, expedientes médicos e historial de alquiler). A continuación tiene un breve resumen de sus principales derechos en virtud de la FCRA. **Para más información, incluyendo información sobre derechos adicionales, visite www.ftc.gov/credit/espanol_loans.htm o escriba a: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **Deben notificarle si la información en su expediente se ha utilizado en contra de usted.** Todo aquel que utilice un informe de crédito u otro tipo de informe de consumidor para denegar su solicitud de crédito, seguro o empleo, o para emprender otra acción contra usted, debe informarle y debe darle el nombre, la dirección y el teléfono de la agencia que proporcionó esa información.
- **Tiene derecho a saber lo que está en su expediente.** Puede solicitar y obtener toda la información sobre usted en los archivos de una agencia de informe del consumidor. Deberá proporcionar identificación, que puede incluir su número de Seguro Social. En muchos casos, la divulgación de esta información será gratuita. Tiene derecho a una divulgación gratuita si:
 - una persona ha emprendido una acción adversa contra usted debido a información en su informe de crédito;
 - usted es víctima de un robo de identidad y se coloca una alerta de fraude en su expediente;
 - su expediente contiene información no exacta como resultado de fraude;
 - usted recibe asistencia pública;
 - no está empleado pero anticipa solicitar empleo en 60 días.Asimismo, para septiembre de 2005, todos los consumidores tendrán derecho a una divulgación cada 12 meses si así lo solicitan a cada agencia de crédito nacional y de las agencias nacionales de informe del consumidor especializadas. Para información adicional, visite www.ftc.gov/credit/espanol_loans.htm.
- **Tiene derecho a pedir su puntuación de crédito.** Las puntuaciones de crédito son resúmenes numéricos de su valía de crédito basados en información de las agencias de crédito. Puede solicitar una puntuación de crédito de agencias de informe del consumidor que crean puntuaciones o distribuyen las puntuaciones utilizadas en préstamos de bienes raíces residenciales, pero tendrá que pagar para recibirla. En algunas transacciones hipotecarias, el prestamista le dará gratuitamente información sobre su puntuación de crédito.

- **Tiene derecho a confrontar información incompleta o no exacta.** Si identifica información en su expediente que es incompleta o inexacta, y la reporta a la agencia de informe del consumidor, la agencia debe investigar a menos que su confrontación sea frívola. Visite www.ftc.gov/credit/espanol_loans.htm para una explicación de los procedimientos de confrontación.
- **Las agencias de informe del consumidor deben corregir o eliminar información inexacta,** incompleta o no verificable. La información no exacta, incompleta o no verificable debe ser retirada o corregida, generalmente dentro de 30 días. No obstante, una agencia de informe del consumidor puede seguir reportando información si ha verificado su exactitud.
- **Las agencias de informe del consumidor no pueden reportar información negativa atrasada.** En la mayoría de los casos, una agencia de informe del consumidor puede no reportar información negativa ocurrida hace más de siete años, ni quiebras ocurridas hace más de 10 años.
- **El acceso a su expediente es limitado.** Una agencia de informe del consumidor puede proporcionar información sobre usted solamente a personas que realmente la necesiten - generalmente para considerar una solicitud con un acreedor, asegurador, empleador, propietario de vivienda u otro negocio. La FCRA especifica quiénes son las personas que tienen una necesidad válida de acceso.
- **Debe otorgar su consentimiento para que se envíen sus informes a empleadores.** Una agencia de informe del consumidor no puede dar información sobre usted a su empleador, o a un posible empleador, sin su consentimiento escrito previo otorgado al empleador. El consentimiento escrito generalmente no es requerido en la industria de camiones. Para más información visite www.ftc.gov/credit/espanol_loans.htm.
- **Puede limitar las ofertas “preevaluadas” de crédito y seguro que obtiene basadas en información en su informe de crédito.** Las ofertas “preevaluadas” de crédito y seguro deben incluir un número de teléfono sin cargo al que puede llamar si desea eliminar su nombre y dirección de las listas en las que se basan estas ofertas. Puede optar por no figurar en las listas de las agencias de crédito llamando al 1-888-5-OPTOUT (1-888-567-8888).
- **Puede obtener compensación de los acreedores.** Si una agencia de informe del consumidor, o en algunos casos, un usuario de informes de consumidor o proveedor de información a una agencia de informe del consumidor infringe la FCRA, usted puede presentar un pleito en un tribunal estatal o federal.
- **Las víctimas de robo de identidad y el personal militar en activo tienen derechos adicionales.** Para más información, visite www.ftc.gov/credit/espanol_loans.htm.

Los estados tienen autoridad para hacer cumplir la FCRA, y muchos estados tienen su propia legislación de informe del consumidor. En algunos casos, usted puede tener más derechos en virtud de la ley estatal. Comuníquese con su agencia de protección estatal o local del consumidor o su Fiscal general estatal. Las agencias a nivel federal son:

TIPO DE NEGOCIO:	CONTACTAR:
Agencias de informe del consumidor, acreedores y otros no mencionados abajo	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 877-382-4357
Bancos nacionales, sucursales/agencias federales de bancos extranjeros (con la palabra "National" o las iniciales "N.A." en o después del nombre del banco)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Bancos que pertenecen al Sistema de la Reserva Federal (salvo bancos nacionales, y sucursales/agencias federales de bancos extranjeros)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Asociaciones de ahorros y cajas de ahorros con acreditación federal (con la palabra "Federal" o las iniciales "F.S.B." en el nombre de la institución federal)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Bancos de crédito federales (con las palabras "Federal Credit Union" en el nombre de la institución)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
Bancos acreditados a nivel estatal que no son miembros del Sistema de la Reserva Federal	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Transportadores por aire, superficie o ferrocarril regulados por la antigua Junta de Aeronáutica Civil o por la Comisión Interestatal de Comercio	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Actividades sujetas a la Ley de Empacadores y Estibadores de 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 ☐ Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a** Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 ☐ Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use OnlyEmployer's name 24Hr HomeCare LLC Telephone no. _____ EIN ► 263224545

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information	_____	Was offered job	_____	Was hired	_____	Started job	_____
---------------------	-------	--------------------	-------	--------------	-------	----------------	-------

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►**Title****Date**

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

**Learning about the law
or the form** 30 min.

**Preparing and sending this form
to the SWA** 37 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

Form W-4 (2015)

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 2015 expires February 16, 2016. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
• You are single and have only one job; or	}						
• You are married, have only one job, and your spouse does not work; or							
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.							
C	Enter "1" for your spouse . 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.)	C	_____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H	_____				
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>				• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.							
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.							
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.							

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► 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.		2015			
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. Note. 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 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no 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.) ►					
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) 263224545	

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

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

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.

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

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.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$8,000	0
6,001 - 13,000	1	8,001 - 17,000	1
13,001 - 24,000	2	17,001 - 26,000	2
24,001 - 26,000	3	26,001 - 34,000	3
26,001 - 34,000	4	34,001 - 44,000	4
34,001 - 44,000	5	44,001 - 75,000	5
44,001 - 50,000	6	75,001 - 85,000	6
50,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
75,001 - 135,000	1,000	38,001 - 83,000	1,000
135,001 - 205,000	1,120	83,001 - 180,000	1,120
205,001 - 360,000	1,320	180,001 - 395,000	1,320
360,001 - 405,000	1,400	395,001 and over	1,580
405,001 and over	1,580		

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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):
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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.



Descripción del puesto de cuidador de 24Hr

Nombre del puesto: *Cuidador/proveedor de servicios de 24Hr HomeCare*

Descripción del puesto: Como cuidador de 24Hr HomeCare (24Hr), se le exigirá que le brinde asistencia a los clientes en sus hogares relacionada con los cuidados no relacionados con el área médica, lo que puede resumirse como asistencia en relación con la actividades cotidianas que llevaría a cabo una familia. El puesto incluirá liberar a los miembros de la familia de la responsabilidad de cuidar del cliente, lo que puede incluir tareas de supervisión, interacción social y protección de la seguridad del cliente. Se le exigirá que complete los formularios y la documentación adecuada relacionada con el cuidado de los clientes, que se mantenga en contacto con el personal de la oficina en el caso de que se produzca una emergencia, así como acatar las normas y reglas relacionadas con la salud del cliente y la información médica.

Requisitos para el puesto:

1. Autorización para trabajar en Estados Unidos
2. Manejo del idioma inglés (oral/escrito)
3. Excelentes habilidades telefónicas
4. Experiencia y conocimientos previos relacionados con las discapacidades de desarrollo y el cuidado
5. Certificación válida de CPR y primeros auxilios/seguridad (de corresponder)

Responsabilidades del puesto:

1. Realizar las tareas asignadas por los representantes de 24Hr, el cliente o las partes responsables incluidas en el alcance de las tareas de cuidado.
2. Cumplir con las autorizaciones del centro regional.
3. Llegar a la residencia del cliente y retirarse a tiempo.
4. Mantener las normas y reglas relacionadas con las políticas y procedimientos de la ley HIPPA (Ley de Portabilidad y Responsabilidad de Seguros de Salud).
5. Notificar a los representantes de 24Hr de inmediato sobre todos los cambios en la salud mental o física del cliente, o sobre los cambios en las condiciones en el entorno del hogar.
6. Conservar la documentación adecuada y seguir instrucciones específicas relacionadas con la salud de los clientes (recordatorios para la medicación, citas con el médico, necesidades alimenticias, actividades diarias).
7. **NO está permitido brindarle ningún tipo de transporte al Cliente, a menos que 24Hr lo apruebe.**
8. NO deberá realizar acciones vinculadas con el abuso sexual o las conductas impropias, el abuso físico/la negligencia, la falta de supervisión, o el maltrato de niños, jóvenes o adultos, ya sea emocional, educativo, moral, o legal.
9. NO lleve ningún niño, mascota, cónyuge o visitantes cuando brinde atención de relevo.
10. Cuando esté trabajando, se espera que informe de inmediato a 24Hr cualquier herida que sufra o se produzca el cliente.
11. Envíe los informes de horas los días 1 y 6 de cada mes para asegurar el pago oportuno y preciso.
12. Siga todas las políticas y los procedimientos de 24Hr.
13. Represente a 24Hr de la mejor manera posible.

Supervisor: Representante autorizado de 24Hr HomeCare.

Funciones físicas del puesto:

Continuas

Caminar/flexionarse/agacharse/ponerse en cuclillas
Levantar un monto insignificante
Manipulación delicada de ambas manos

Frecuentes

Levantar hasta 11 kg.
Exposición a agentes patógenos

Ocasionales

Levantar hasta 22 kg.
Exposición a soluciones de limpieza
Exposición a sangre/saliva

Firma del empleado

Fecha

Nombre del empleado (en letra de imprenta)

Representante autorizado de 24Hr HomeCare



Registro de identificación del solicitante

Las normas del Departamento de Empleo Justo y Vivienda de California exigen que los empleadores obtengan la información de este formulario relativa a todos los postulantes. Sus respuestas son voluntarias. 24Hr HomeCare solo utilizará esta información para fines estadísticos y de registro. 24Hr HomeCare no tomará ninguna decisión relacionada con el empleo, incluidas, entre otras, las decisiones de contratación, sobre la base de la información que usted brinde en este formulario. 24Hr HomeCare también almacenará esta información en otro lugar que sea su solicitud y su archivo personal. Se exige que los empleadores conserven estos registros durante dos años.

Nombre: _____

Fecha: _____

Puesto solicitado: _____

Me niego a responder:

- ☐ Tilde este casillero y envíe el formulario si no desea responder la encuesta

EEO-1 Survey

1. Tilde uno:

- ☐ Varón
☐ Mujer

2. Etnia:

¿Usted es hispano o latino?

- ☐ No, no soy hispano ni latino.
☐ Sí, soy hispano o latino.

Raza. Solo complete esta sección si usted respondió “No, no soy hispano ni latino”.

3. Raza:

¿Cuál es su raza? Seleccione UNA de las siguientes opciones:

- ☐ Blanca
☐ Negra o afroamericana
☐ Hawaiana o de otra isla del Pacífico
☐ Asiática
☐ Pueblos nativos de los Estados Unidos o de Alaska
☐ Dos o más razas

4. Nacionalidad: _____



¡Bienvenido al equipo de 24Hr HomeCare!

Con su firma, usted acepta una oferta de empleo con 24Hr HomeCare, así como seguir las reglas, normas, políticas y procedimientos de 24Hr HomeCare que se le informaron oralmente los representantes autorizados de 24Hr HomeCare y que están escritas en el Manual de 24Hr HomeCare. Antes de que esta oferta sea válida, usted debe de haber hecho lo siguiente.

- Completar toda la documentación necesaria que contiene el paquete de solicitud.
- Completar/cumplir con todos los requisitos necesarios para el empleo.
 - o Presentar todos los documentos de identidad que exige el formulario I-9 (un pasaporte estadounidense o licencia de conducir/documento de identidad estadual y tarjeta de la seguridad social).

La oferta de empleo no se activa hasta el primer día de trabajo con los clientes de 24Hr Home Care, y no es vinculante, ya que los empleados de 24Hr HomeCare se emplean bajo la modalidad del empleo a voluntad . 24Hr HomeCare se reserva el derecho de terminar el empleo con la empresa en cualquier momento por un motivo específico/no específico, con o sin aviso. Si el empleado brindó información falsa o incorrecta en cualquiera de los documentos de 24Hr HomeCare o con respecto a los requisitos necesarios para el empleo, 24Hr HomeCare se reserva el derecho de sancionar al empleado o terminar la relación laboral. 24Hr HomeCare se reserva el derecho de realizar una averiguación de antecedentes o un análisis de drogas en cualquier momento mientras dura el empleo, con o sin justificación.

¡Bienvenido al equipo de 24Hr HomeCare! Esperamos desarrollar una relación duradera con usted y sabemos que usted aprovechará las oportunidades que presenta 24Hr HomeCare.

Firma del empleado

Fecha

Nombre del empleado (en letra de imprenta)

Nombre del cliente/consumidor

Firma del representante de 24Hr HomeCare

24HR HOMECARE

Employee Handbook

Policies, Rules, and Procedures

01/20/2015

The information contained in the 24Hr HomeCare Employee Handbook is the intellectual property of 24Hr HomeCare and contains information proprietary to the operations of 24Hr HomeCare. To the maximum extent permitted by law, unauthorized redistribution, copying, or usage of any information in this Employee Handbook is a violation of 24Hr HomeCare's policies and will be subject to disciplinary action and or civil or criminal prosecution.

Welcome new member of 24Hr HomeCare!!!

We are glad to have you as part of the 24Hr HomeCare team. At 24Hr HomeCare, we strive to provide our employees with the necessary tools and information needed to excel in a career in caregiving.

This Employee Handbook (the “Handbook”) is intended to provide employees with a general overview of the policies, benefits and rules of employment of 24Hr HomeCare (“24Hr HomeCare” or the “Company”). We expect each employee to read this Handbook carefully, as it is a valuable reference for understanding your job and the Company.

This Handbook cannot anticipate every situation. If employees have questions or concerns about their employment, they should promptly contact Company management. Failure to adhere to Company policies may result in discipline up to and including termination.

The Company reserves the right to unilaterally change, rescind, delete or augment the provisions of this Handbook – other than the employment at-will provision – in the Company’s sole discretion. The Company will reasonably attempt to notify employees of policy changes if and when they occur. This document supersedes all previous Handbook editions, updates, amendments and addendums.

We are elated to have you as part of the 24Hr HomeCare team and look forward to creating a successful and long lasting relationship.

Employment

At-Will Employment

All employment with the Company is at-will. Either the Company or the employee can terminate employment with the Company with or without cause, and with or without notice, at any time.

No one except the Company's three co-founders acting together has the authority to enter into any employment agreement with an employee for a specified period of time. Additionally, the Company's three co-founders acting together can alter an employee's at-will status only by all three co-founders signing a written agreement with the employee that expressly specifies the Company's intent to employ the employee for a specified period of time.

This Handbook provision regarding at-will employment shall not be construed as a change in policy but merely as an express statement of past and present policy. This provision constitutes an integrated and binding agreement with respect to the at-will nature of the employment relationship. No prior or other oral or written understanding shall be of any force or effect with respect to the at-will nature of the employment relationship.

Equal Employment Opportunity

The Company is committed to equal employment opportunity. The Company does not make work-related decisions – including but not limited to hiring, training, assignment, promotion, transfer, compensation, discipline or termination – based on any legally protected characteristic or in an unlawful manner.

Additionally, as required by applicable law, the Company will engage in a prompt, good faith, interactive process with applicants and employees who require reasonable accommodations, and will attempt to reasonably accommodate such applicants and employees as required by law. 24Hr HomeCare encourages applicants and employees to initiate this interactive process promptly with 24Hr HomeCare whenever such accommodations may be required.

Any applicants or employees with concerns about equal employment opportunities should contact Company management. The Company does not permit retaliation against individuals who make complaints or cooperate in investigations.

Policy Against Harassment, Discrimination and Retaliation

The Company maintains a strict policy against all forms of unlawful harassment, discrimination and retaliation. Any employee who becomes aware of offensive conduct by a supervisor, co-worker, vendor, supplier, client or other person doing business with the Company should report the offensive conduct immediately to his or her supervisor.

If for any reason the employee does not feel that it would be appropriate to report the complaint to his or her supervisor, the employee should immediately report it to any member of Company management. 24Hr HomeCare prohibits retaliation against any employee for reporting incidents of unlawful harassment, discrimination or retaliation.

Workplace Violence and Threats of Violence

The Company does not tolerate any violence or threats of violence in the workplace. Employees who have experienced or know of violence, abuse, threats or other improper conduct on Company property or at clients' homes or facilities should report this information immediately to Company management. Further, the Company prohibits retaliation against any employee who makes a complaint or cooperates in an investigation regarding any such improper conduct. Any employee who engages in such improper conduct may be subject to discipline up to and including termination.

Compliance with Laws and Driving Policy

Employees must to obey all applicable laws, regulations and 24Hr HomeCare's policies in the conduct of their employment for 24Hr HomeCare. This requirement includes but is not limited to complying with all applicable vehicle code and traffic laws, rules and regulations. If an employee drives in the course of his or her employment with 24Hr HomeCare, he or she must drive safely and in compliance with all laws, codes, rules, regulations and 24Hr HomeCare's policies, including but not limited to not using a cellular telephone; not texting or e-mailing; and not engaging in other distractions, while driving. Employee further agrees that if he or she drives in the course of his or her employment with 24Hr HomeCare, he or she will maintain a valid and current driver's license and insurance as required by law, as well as an acceptable driving record, and provide proof of these items to 24Hr HomeCare upon 24Hr HomeCare's request. Further, if he or she drives his or her own vehicle in the course of his or her employment with 24Hr HomeCare, Employee agrees to maintain a valid and current registration on the vehicle and properly maintain the vehicle, and provide proof of these items to 24Hr HomeCare upon 24Hr HomeCare's request. Employee agrees to immediately notify 24Hr HomeCare of any changes to his or her driving record, driver's license, registration, insurance, vehicle maintenance or ability to drive for any reason.

Work Scheduling

Employees should provide the Company with a schedule of availability, and the Company will make reasonable efforts according to applicable law to provide employees with work which meets the Company's, employees', and clients' needs.

On occasion an employee's confirmed work assignment may be cancelled due to a client's emergency, death, major illness, or other situation. If this circumstance occurs, the Company will make reasonable efforts according to applicable law to find new work for the same time frame within the same area of

the employee's cancelled assignment. However, either initially or in cases of cancellations, the Company does not guarantee employment, assignments, schedules, or days or hours of work.

Employees are required to keep the Company up to date on any changes in their availability and contact information.

Employment of Relatives

The Company does not prohibit employment of relatives. However, the Company may prohibit one relative from supervising another relative for legitimate business reasons including but not limited to safety, security, morale, or avoiding conflicts of interest. Further, the related employees' relationship must not adversely affect the Company's workflow, processes or operation.

Substance Abuse and Testing Policy

The Company is committed to workplace safety and the health and safety of its employees and clients. Accordingly, the Company prohibits employees' use or possession of alcohol during work hours; on Company property; at a client's home or facility; or while conducting Company business at any location. The Company also prohibits employees' possession, use, distribution, purchase, sale, transfer, manufacture, or working under the influence of illegal drugs during work hours; on Company property; at a client's home or facility; or while conducting Company business at any location. Employees who violate this policy may be subject to discipline, up to and including termination. The prohibition against the use or possession of alcohol does not apply to Company sponsored events where the Company may serve alcohol.

To ensure compliance with this policy, the Company reserves the right to conduct pre-employment screening for illegal drugs, as well as to conduct post-accident, reasonable suspicion, and random or other employee tests for alcohol and illegal drugs as allowed by law.

- **Pre-Employment Testing:** If the Company conducts pre-employment screening for illegal drugs, failure to pass the drug screening examination may result in the termination of the hiring process for the prospective employee as allowed by law.
- **Post-Accident Testing:** As allowed by law, the Company may require an employee to undergo testing for alcohol or illegal drugs when an employee has been involved in a work-related accident that is (1) of a serious nature; or (2) which requires medical attention; or (3) results in injury to the employee or another person or property damage to the employer, client, the employee, or another person or entity.
- **Reasonable Suspicion Testing:** If the Company has a reasonable suspicion that during working hours (1) an employee possesses illegal drugs, drug paraphernalia or alcohol; (2) illegal drugs, drug paraphernalia, or alcohol are found in or near the employee's work area; or (3) the employee is impaired by alcohol or illegal drugs, the Company may test the employee for alcohol or illegal drugs according to applicable law. "Reasonable suspicion" may arise from but

is not limited to observation of an employee's physical symptoms, erratic behavior, lapses in performance, or inability to appropriately respond to questions, or a complaint or report of the same or similar behavior or a policy violation.

- **Random or Other Testing:** Some client facilities may require random or other testing for alcohol or illegal drugs as a condition of working in the facility. Employees working at such facilities may be required to submit to random or other tests for alcohol or illegal drugs as allowed by law.

Employees with a positive test for alcohol or illegal drugs result may be subject to discipline up to and including termination according to applicable law. Additionally, refusal to comply or fully cooperate with the Company's request for alcohol or illegal drug screening or investigation, interfering with such screening or investigation, or tampering with the results of any such screening or investigation, may be grounds for discipline up to and including termination.

Smoking

Our Company is committed to providing a safe and healthy environment for employees, clients and visitors. Smoking is not allowed in clients' homes or facilities, or in the Company's office.

Solicitation and Distribution

For the purposes of an efficient business operation and the aversion of imposing an inappropriate and awkward burden on others, to the maximum extent permitted by law, solicitation for any purpose during working time is prohibited. Similarly, to the maximum extent permitted by law, distribution of literature for any purpose, other than that required for normal business operation, during working time and or on working areas of Company property is prohibited. To the maximum extent permitted by law, persons not employed by the Company may not solicit for any purpose or distribute literature on Company property at any time.

For the purposes of this policy, the phrase "working time" includes the work time of both the person doing the solicitation or distribution, and the person to whom it is directed. However, "working time" does not include break or meal periods, if any, or other periods during the work day when employees are not performing their job duties.

Bulletin Boards

To the maximum extent allowed by law, Company bulletin boards are to be used exclusively for Company business and advisories about applicable federal, state and local laws, regulations and requirements. Accordingly, to the maximum extent allowed by law, employees who wish to post any materials or notices on Company bulletin boards must specifically request advance permission from the Company in writing prior to posting anything on the bulletin boards, and employees cannot post anything on Company bulletin boards without receiving express written permission from Company management before posting any such materials or notices.

Dress Code and Grooming

Dress Code

Employees should maintain a professional appearance and wear attire that represents 24Hr HomeCare within the community in the best possible light. Employees are expected to dress professionally and appropriately for their work environments.

Acceptable Attire- Shirts, knit tops, sweaters, blouses, vests worn over a shirt, top or blouse, skirts, slacks, pantsuits, suits, dresses, sports jackets, footwear covering the majority of the foot, and non excessive jewelry.

Unacceptable Attire- Tank tops, halter tops, cutoffs, strapless or tops revealing the midriff, running shoes, sandals, work boots, flip flops, athletic, gym or beachwear, hats or head covering unless required for religious purposes, pierced body parts other than earrings worn on the ears, or any clothing that is, or borders on being provocative or excessive. Provocative may include but is not limited to garments which are very tight fitting such as those made of spandex or similar materials, revealing or sheer fabrics, low-cut tops or excessively short garments or garments worn without appropriate undergarments.

Grooming

All employees are expected to maintain the highest level of cleanliness, personal grooming and hygiene. Hair should be worn at a professional length and facial hair must be trimmed and groomed in a manner reflecting a professional image. Portions of the feet exposed in footwear must be clean and well groomed. Perfume, cologne, and aftershave should be used in moderation. Employees attending to the personal care of a 24Hr HomeCare client should not wear artificial nails. Employees may wear artificial nails, but must take them off when working a shift involving a client's personal care; if the employee does not remove the artificial nails, the employee cannot complete any personal care on the client, and if personal care is needed, the employee will be sent home and another employee will be assigned. Employees dealing in person with the public, clients or anyone outside of 24Hr HomeCare must cover any visible tattoos to the maximum extent allowed by law.

Company management in its sole discretion as allowed by law will make the final determination as to the appropriateness of an employee's dress, appearance and hygiene. Employees should consult with Company management if they have questions as to what constitutes appropriate attire, appearance, hygiene or this policy in general. Non- compliance with this policy may be grounds for discipline up to and including termination of employment.

Note: No element of this policy is intended to or will be enforced to violate any legally protected characteristic or practice. If employees have concerns or questions about the use or enforcement of this policy, they should contact Company management as soon as possible.

Attendance and Punctuality

The Company expects employees to be at their designated work location on time and on schedule. Personal issues requiring time away from your work, such as doctor's appointments or other matters, should be scheduled during your non-working hours if possible.

To the maximum extent permitted by law, if an employee will be late, must leave early, or is unable to work as scheduled, the employee must call an authorized 24Hr HomeCare representative 72 hours before the scheduled shift time, so the representative can find a suitable replacement. 24Hr HomeCare is a 24 hour operation and the Company maintains a phone for all calls any time of the day or night. Unexcused absences or tardiness may subject the employee to discipline, up to and including termination. Additionally, if an employee has three consecutive unexcused absences and has not provided proper notification to the Company, to the maximum extent permitted by law, the Company may assume that the employee has abandoned his or her position and may be treated as having voluntarily terminated employment with the Company.

If an employee shows up late to an assignment, the employee should stay only for the scheduled timeframe; the employee should not extend his or her shift due to tardiness unless the client permits. In such circumstances where a client requests that a caregiver stay beyond his or her scheduled the shift, the caregiver must obtain permission from the Company to extend the employee's shift before the end of the shift.

To the maximum extent permitted by law, if an employee will be absent for a significant amount of time or has a pre-scheduled appointment/family visit/personal matter, he or she is required to notify the 24Hr HomeCare representative within seventy-two hours (72) of the scheduled shift time and provide documentation. The employee (not a friend or a family member) must notify the Company regarding any tardiness and or missed shifts. To the maximum extent allowed by law, the employee must also provide a written doctor's note or other note explaining tardiness and or missed shifts.

On Call Procedures

As our name implies, we are available twenty-four hours a day, seven days a week, three hundred and sixty five days a year for all inquiries, schedule changes, and or emergencies. To limit the amount of unnecessary calls, only call the emergency on call phone for the following:

- Client emergency
- Employee emergency
- Any information that needs to be discussed immediately and cannot wait until the next business day
- When a 24Hr HomeCare representative has called you for work outside of office hours

Job Requirements/General Information/Personnel Files

When beginning employment with 24Hr HomeCare, employees may be required to fulfill certain requirements necessary for employment. In such cases, it is the employee's responsibility to keep the requirements up to date and inform the office of any changes/updates/renewals of the requirements. The Company will make reasonable efforts to inform employees before their requirements are about to expire, in an attempt to provide enough time to update the requirement before the expiration date. It's 24Hr HomeCare's responsibility to keep the information given by the employee confidential and follow all applicable federal, state, and or local laws. If the employee does not maintain the requirements, 24Hr HomeCare may terminate employment with the employee. If the employee cannot be contacted or if the employee does not contact the Company concerning expiration or overlap of the requirements, 24Hr HomeCare may consider the employee to have voluntarily resigned.

The Company will maintain and allow access to employee personnel files as required by law. The Company reserves the right to audit employee personnel files, and may require employees to update their records. Employees are required to provide updated information to the Company and to keep their contact and other information with the Company current.

Performance

Employee growth and success is a top priority of our Company. 24Hr HomeCare is committed to encouraging positive performance while providing quality care for clients.

Employees are encouraged to meet with their supervisor or Company management as soon as possible if they have concerns or require additional guidance in performing their job duties. Supervisors and or Company management will attempt to meet with each employee as often as the Company feels is reasonable and necessary to review the employee's performance, goals and any concerns the employee may have.

Employees also may be rewarded through the Company's Time for Rewards Program by receiving points for positive performance which can be redeemed for various prizes.

Personal Phone Calls and Sleeping

Employees should not use a client's phone or the employee's personal cellular phone for personal calls during a work shift except in cases of emergency.

Additionally, employees should not sleep during working hours.

Violations of these rules may subject employees to discipline, up to and including termination.

Rules of Conduct

Each employee has an obligation to observe and follow the Company's policies and to maintain proper standards of conduct at all times. If an individual's behavior interferes with the orderly and efficient operation of a department, corrective disciplinary measures may be taken.

Disciplinary action may include but is not limited to verbal warnings, written warnings, suspension with or without pay, and/or discharge. The appropriate disciplinary action imposed will be determined by the Company as allowed by law. The Company does not guarantee that one form of action will necessarily precede another or that any or all forms of discipline will occur prior to termination.

The Company may impose any discipline, up to and including immediate termination, if an employee's conduct warrants such action. The following actions, although not an inclusive list, may constitute grounds for discipline, up to and including immediate termination from the Company: unsatisfactory, unprofessional or unethical work performance; insubordinate behavior; theft, unauthorized removal, unauthorized use, or intentional destruction or damage of the Company's, clients' or others' property, including but not limited to computers, telephones or vehicles; violation of this Handbook's Confidential Information or other policies; falsifications, misrepresentations, tampering with, or material omissions in reports, time-keeping or other records, employment applications, or other documents; using or possessing alcohol while at work, or possessing, using, distributing, manufacturing, dispensing, purchasing or selling illegal drugs while at work, or reporting to work under the influence of alcohol or illegal drugs; unlawful harassment or actual or threatened violence or other altercations; unexcused tardiness, absenteeism, leaving work early, or other unexcused deviations from the work schedule; leaving a worksite without permission of the client and an authorized 24Hr HomeCare representative; failure to notify or document client issues; failure to respond to communications from clients or the Company; violations of laws, regulations or Company policies while working; bringing family, friends, or other individuals or pets to a client's home or facility while working for the client; possession or use of a firearm or dangerous weapon that can cause harm to a client or staff member during work hours or while on the Company's or a client's property; or other misconduct.

Note: The specific instances of misconduct listed in this Handbook are only examples and do not constitute a complete list of the reasons the Company may discipline or terminate an employee. Rather, in the sole discretion of the Company, an employee who engages in misconduct or whose performance is unsatisfactory may be subject to disciplinary action up to and including termination. Moreover, employment with the Company is at-will and may be terminated for any or no reason with or without notice.

Workplace Injuries and Reporting Procedures

If an employee is injured while working for 24Hr HomeCare, the employee must report the injury to the office as soon as the injury occurs. It's the Company's policy to address all workplace injuries in an expedient manner and in accordance with our worker's compensation insurance procedures. 24Hr

HomeCare will comply with all legal requirements regarding worker's compensation procedures and benefits.

In addition to reporting any workplace injury, employees must report any unsafe condition in any location where the employee works to Company management immediately. Compliance with this policy is essential.

This Handbook section is not a substitute for, nor does it list all aspects of, the Company's Injury and Illness Prevention Program. Please see Company management for additional information about worker's compensation and the Company's Injury and Illness Prevention Program.

Privacy-Health Insurance Portability and Accountability Act

24Hr HomeCare will provide the employee with a training module concerning policies, procedures, and rules/regulations of the Health Insurance Portability and Accountability Act ("HIPAA"). Employees will also need to complete a quiz regarding HIPAA. Due to the nature of the homecare business, 24Hr HomeCare employees may be exposed to confidential patient health information, and will need to follow the guidelines of HIPAA throughout employment with the Company. Any violation of HIPAA may result in disciplinary action up to and including termination of employment with 24Hr HomeCare.

Any HIPAA violations must be reported to Company management immediately. The Company does not permit retaliation for reporting HIPAA violations or cooperating in an investigation of such violations, and any retaliation may result in discipline up to and including termination. The Company will investigate claims of violations as required by law.

Exit Interviews, Return of Property, Repayment of Debts, and Rehire Policy

24Hr HomeCare may require exit interviews for employees leaving the Company. Further, either during the exit interview or at any time, the Company encourages employees to raise any concerns about their employment, or their reasons for leaving the Company with Company management.

Upon an employee's termination of employment with 24Hr HomeCare or at any time upon 24Hr HomeCare's request, the employee must return all 24Hr HomeCare and client property – in whatever form, medium or format (paper, electronic or otherwise) – to 24Hr HomeCare. This return of property requirement includes but is not limited to all client, employee, referral source, or other files, memoranda, documents, records, contact information, databases, spreadsheets, computer programs, passwords, copies or notes of the aforementioned, credit or debit cards, keys, and identification cards or badges in the employee's possession or control.

Employees also must not retain copies or notes of such property or information. Specifically, employees must destroy and permanently delete all copies or notes (in whatever format) of 24Hr HomeCare's and clients' confidential, proprietary or trade secret information in their possession, including but not limited

to such information on their personal computers, cellular telephones, tablets or other electronic equipment.

Additionally, upon the termination of employment with the Company, employees must clear all expense accounts and repay everything they owe to the Company.

A departing employee also must provide the Company with the name and contact information of his or her subsequent employer after the employee's employment with the Company terminates.

Employees with a good performance record and who meet the requirements for employment with the Company at the time of requested rehire may be eligible for rehire at the Company's discretion according to applicable law.

Employee Ethics and Avoiding Conflicts of Interest

24Hr HomeCare considers ethics to be one of the attributes highly valued within the Company, and we expect our employees to be ethical when dealing with clients, other employees, and 24Hr HomeCare. Our employees may be exposed to confidential health information concerning our clients, and we expect our employees to keep the information private and confidential. We also expect our employees to keep any confidential, proprietary or trade secret information learned about 24Hr HomeCare's business operations confidential, and adhere to the Company's Confidential Information policy as well.

Employees owe a duty of loyalty to 24Hr HomeCare in performing work for 24Hr HomeCare. Accordingly, during their employment with 24Hr HomeCare, to the maximum extent permitted by law, employees must avoid any actual, perceived or potential conflicts of interest, including but not limited to working privately for an existing 24Hr HomeCare client; working for a competing business or starting employee's own business to compete with 24Hr HomeCare; working with or advising a competing business or vendor of 24Hr HomeCare; or holding an ownership interest in any entity (except publicly traded companies) that does or seeks to do business with 24Hr HomeCare, without first disclosing and receiving express written permission from 24Hr HomeCare's management. To the maximum extent permitted by law, 24Hr HomeCare in its discretion will determine what constitutes an actual, perceived or potential conflict of interest, and employees should contact 24Hr HomeCare with any questions about actual, perceived or potential conflicts of interest.

Confidential Information

Employees may have access to 24Hr HomeCare confidential, proprietary or trade secret information. This information may include but is not limited to client contact, medical, financial or other information; company procedures, pricing or other financial information; employee contact, payroll and other information; computer files, programs and software; legal opinions or memoranda; referral contacts, sources and information; and business development and marketing strategy.

These types of information, and any information not generally known outside 24Hr HomeCare and that would be valuable to a competitor, are valuable, confidential and the exclusive property of 24Hr HomeCare. Employees must not use or disclose this information either during or after their employment with 24Hr HomeCare. **This prohibition includes but is not limited to the requirement that employees may not use 24Hr HomeCare's confidential, proprietary or trade secret information to solicit 24Hr HomeCare's clients, employees or referral sources during or after their employment with 24Hr HomeCare.**

Employees also must not use or disclose any confidential, proprietary or trade secret information of any of their former or concurrent employers in the employees' performance of their work with 24Hr HomeCare. 24Hr HomeCare strictly prohibits any such use or disclosure of others' confidential, proprietary or trade secret information.

Right to Inspect and Monitor

The Company reserves the right to inspect any property found in or on Company property. To the maximum extent permitted by law, the Company also reserves the right to inspect any employee property at clients' homes or facilities.

The Company reserves the right to monitor, access, copy and delete information – including but not limited to passwords and codes – and communications received by, transmitted from or stored in Company computers, personal electronic devices (including but not limited to cell phones or tablets), voicemail systems, emails and text messages. The Company also reserves the right to monitor employees' internet usage.

All telephones, voicemail systems, computers, hardware, software and programs are the property of the Company. Use of telephones, computers, and other communications devices should primarily be for the Company's legitimate business purposes. Messages sent or received via Company communication devices including but not limited to those referenced in this policy are not private and should not be considered confidential by employees.

The Company reserves the right to override passwords or codes. Passwords do not ensure employee confidentiality.

Employees should not send, receive or store any harassing, discriminatory, retaliatory, inappropriate, offensive or illegal messages or material, or any material that violates another person's or entity's intellectual property or other rights.

Employees who refuse to cooperate in any inspection request from the Company may be subject to discipline up to and including termination.

Timekeeping and Compensation

The Company's work week will start at 08:01 a.m. on Monday through 08:00 am the following Monday.

Accurately recording time worked is the responsibility of every non-exempt employee. Federal and state laws require the Company to keep an accurate record of time worked for non-exempt employees in order to calculate employee pay and benefits. Time worked is all the time actually spent on the job performing assigned duties.

Non-exempt employees should accurately record the time they begin and end their work, as well as the beginning and ending time of any non-compensated meal, or other non-working period(s) if applicable, on their timesheets or when calling the Company's telephone system. They also should record the beginning and ending time of any split shift or departure from work for personal reasons. The Company prohibits employees from working "off the clock;" employees must record all the time they work. Failing to record your time could subject employees to discipline, up to and including termination.

Altering, falsifying, tampering with time records, or recording time for another employee may result in disciplinary action, up to and including termination of employment.

Employees must provide the Company with their timesheets or proper telephony log in and off records on a timely basis. The Company will make reasonable efforts to have employee paychecks available on Friday. If the scheduled payday falls on a holiday, the Company will pay employees on the next working day. If an employee does not receive his or her paycheck or the paycheck is lost, the employee must report it to the office immediately so that the office can issue a new check.

The rate of compensation for each shift will be set depending on the employee's experience, needs of the client, the amount of hours per day, days per week, and other factors to be determined by the Company as allowed by law. The compensation will be set by the Company before the shift is confirmed with the client, and if the amount is not agreeable, the employee has the right to refuse the shift.

Travel Time

24Hr will pay employees for travel time and reimburse employee expenses for travel in the course and scope of employment. This generally does not include paying for travel time or reimbursing for expenses for commuting from home to the employee's worksite or from the employee's final worksite to home unless required by law.

24Hr will use reputable internet mapping services, including but not limited to Google Maps, to determine the amount of travel time and the number of miles driven. 24Hr recommends employees log the amount of travel time accrued (for example, the amount of time necessary to travel from Client A to Client B) for employee's own recordkeeping. If the employee disagrees with 24Hr's calculations based on

the internet mapping service, the employee must contact 24Hr immediately and provide the employee's actual time and mileage or other expenses, and 24Hr will pay and reimburse the employee according to the employee's actual time and mileage/expense figures.

If an employee takes public transportation to travel during the course and scope of employment, the employee should submit the cost of public transportation for reimbursement.

Overtime

Company management may ask employees to work beyond their regularly scheduled hours. Although Company management may attempt to provide employees with advance notice of required additional hours, this may not always be possible.

An employee must have approval in advance from Company management before performing any unscheduled or overtime work. Working any additional hours other than those previously scheduled without advance approval from Company management may subject the employee to discipline up to and including termination.

The Company will pay non-exempt employees overtime as required by law. Overtime pay is based on actual hours worked. Paid or unpaid time off, including but not limited to holidays, sick leave or vacation days, or leaves of absence will not be considered hours worked for purposes of performing overtime calculations. To the maximum extent allowed by law, any holiday pay premium, if and when applicable, will not be included in a non-exempt employee's regular rate for overtime calculation purposes.

Job Duties for Caregivers

Personal Attendant Companion Caregivers Working In Private Homes

Personal attendant companion caregivers work in the private homes of 24Hr HomeCare's clients. Such a caregiver is referred to herein as a "PAC Caregiver." PAC Caregivers perform non-medical companionship care for clients who by reason of advanced age, physical disability, or mental deficiency need supervision. When working in the private home of a 24Hr HomeCare client, PAC Caregivers serve as personal attendants under California Wage Order 15, as companions under the federal Fair Labor Standards Act.

During every shift that PAC Caregivers work for 24Hr HomeCare, they ALWAYS must spend at least 80% of their work time supervising, feeding and dressing 24Hr HomeCare's clients. Additionally, during every shift PAC Caregivers work for 24Hr HomeCare, they must NEVER spend more than 20% of their work

time on work other than supervising, feeding or dressing 24Hr HomeCare's clients. Any housekeeping should only relate to areas of the residence that the client uses, and regardless, PAC Caregivers must never spend more than 20% of their working time per shift on housekeeping.

From January 1, 2014 through January 1, 2017, PAC Caregivers are entitled to overtime of 1.5 times their regular hourly rate for all hours worked above 9 in a day and for all hours worked above 45 in a week pursuant to California law. PAC Caregivers are not entitled to meal or rest periods or any other overtime not listed in this section.

Other Caregivers

A caregiver who does not work in a client's private home and or who is not performing the duties of a PAC Caregiver is referred to as a non-personal attendant companion caregiver (a "NPAC Caregiver"). NPAC Caregivers are entitled to overtime under both California and federal law, as well as meal and rest periods. NPAC Caregivers are entitled to (1) overtime of 1.5 times their regular hourly rate for work of more than eight hours in a day, 40 hours in a week, and or for the first eight hours of work on a seventh consecutive day of work for 24Hr HomeCare; and (2) overtime of twice their regular hourly rate for work of more than 12 hours in a day or for work of more than eight hours on a seventh consecutive day of work for 24Hr HomeCare.

Every NPAC Caregiver must take a paid rest break of at least 10 minutes during every four hours (or major fraction thereof) that the NPAC Caregiver works for 24Hr HomeCare. This rest period insofar as practical shall be in the middle of each four hour period or major fraction thereof.

Additionally, every NPAC Caregiver must take an unpaid meal period, during which the NPAC Caregiver shall be relieved of all duties, of at least 30 minutes for every five hours the NPAC Caregiver works for 24Hr HomeCare. NPAC Caregivers who are eligible for meal periods agree to take a first meal period no later than the end of the NPAC Caregiver's fifth hour of work. If a NPAC Caregiver works 10 hours in a day, the NPAC Caregiver agrees to take a second meal period no later than the end of the NPAC Caregiver's 10th hour of work.

However, when a work period of not more than six hours will complete the day's work, the meal period may be waived by mutual consent of 24Hr HomeCare and a NPAC Caregiver. NPAC Caregivers wishing to waive such a meal period should contact 24Hr HomeCare management.

Additionally, when the nature of the work prevents a NPAC Caregiver from being relieved of all duty, 24Hr HomeCare and a NPAC Caregiver may enter into a written agreement providing for an on-duty meal period. A NPAC Caregiver may revoke such an on-duty meal period agreement in writing at any time. Please contact 24Hr HomeCare management if you believe that an on-duty meal period is appropriate for your work circumstances.

Policies Relating To All Caregivers

All caregivers (PAC Caregivers and NPAC Caregivers) must comply with the following policies. Caregivers must not perform medical procedures for clients and must not administer controlled or prescription medication to or for clients. Similarly, caregivers may not offer medical, nursing or skilled services. No caregiver has any responsibility to diagnose or medically treat a Client's illnesses, injuries or changes in medical condition. Additionally, if a caregiver is a nurse, a certified nursing assistant ("CNA") or certified home health aide ("CHHA") employed as a caregiver by 24Hr HomeCare, the caregiver may only provide non-medical companionship care, and may not use his or her nurse, CNA or CHHA title; act as a nurse, CNA or CHHA; or perform nursing, CNA or CHHA duties as a caregiver.

Caregivers should leave a client's home or other worksite when the caregiver's shift ends. Caregivers should not remain at a client's residence or other worksite during non-working hours. However if a caregiver remains at a client's residence during non-working hours, the caregiver understands and agrees that (1) the caregiver is not working or on call during this time; (2) the caregiver is relieved of all duties and not required to remain on the premises or respond to the client during non-working hours; and (3) the caregiver can leave the premises at any time and for any duration during the caregiver's non-working hours. Caregivers agree to notify 24Hr HomeCare immediately and record on their time record any time worked during non-working hours. 24Hr HomeCare will pay caregivers for any hours worked during non-working hours.

On a daily basis, caregivers agree to track the beginning and ending times of their work shifts, as well as the beginning and ending times of any unpaid meal or other unpaid non-working time, if any, and their total hours worked. Caregivers also agree to document any expenses they incur in the course and scope of their employment with 24Hr HomeCare, including but not limited to mileage, and to submit weekly all records and receipts for those expenses to 24Hr HomeCare for reimbursement. **If any of the terms or working conditions described in this Job Duties for Caregivers policy are not followed during any shift an employee works for 24Hr HomeCare, the employee agrees to immediately notify 24Hr HomeCare.** If the employee does not promptly notify 24Hr HomeCare otherwise, the employee and 24Hr HomeCare agree that all the working conditions described in this Job Duties for Caregivers policy were met during every shift the employee works for 24Hr HomeCare.

Finally, employees must comply with all applicable laws and regulations, and all 24Hr HomeCare policies and procedures during the course and scope of their employment with 24Hr HomeCare.

Exempt Employees (Other Than Caregivers)

Employees who are exempt from overtime under applicable federal and state law will receive a fixed salary. This fixed salary is designed to compensate exempt employees for all hours worked per week. This fixed salary is generally not subject to deductions except as allowed by law. Exempt employees also are not entitled to the meal and rest periods required for non-exempt employees.

Non-Exempt Employees (Other Than Caregivers)

Employees who are not exempt from federal and state overtime will be paid hourly. Additionally, non-exempt employees will receive overtime as required by law.

Every non-exempt employee must take a paid rest break of at least 10 minutes during every four hours (or major fraction thereof) that the non-exempt employee works for 24Hr HomeCare. This rest period insofar as practical shall be in the middle of each four hour period or major fraction thereof.

Additionally, every non-exempt employee must take an unpaid meal period, during which the non-exempt employee shall be relieved of all duties, of at least 30 minutes for every five hours the non-exempt employee works for 24Hr HomeCare. Non-exempt employees who are eligible for meal periods agree to take a first meal period no later than the end of the non-exempt employee's fifth hour of work. If a non-exempt employee works 10 hours in a day, the non-exempt employee agrees to take a second meal period no later than the end of the non-exempt employee's 10th hour of work.

However, when a work period of not more than six hours will complete the day's work, the meal period may be waived by mutual consent of 24Hr HomeCare and a non-exempt employee. Eligible employees wishing to waive such a meal period should contact 24Hr HomeCare management.

Additionally, when the nature of the work prevents a non-exempt employee from being relieved of all duty, 24Hr HomeCare and a non-exempt employee may enter into a written agreement providing for an on-duty meal period. A non-exempt employee may revoke such an on-duty meal period agreement in writing at any time. Please contact 24Hr HomeCare management if you believe that an on-duty meal period is appropriate for your work circumstances. Non-exempt employees must clock in and out for meal period breaks, and or other unpaid non-working time. Non-exempt employees shall immediately notify the Company if on any working day they do not take all the aforementioned required rest and meal periods within the specified time periods and for the required duration of such rest and meal periods.

Non-exempt employees will receive all applicable rest and meal periods, if any, as required by law.

Holidays

The Company will pay non-exempt caregivers 1.5 times their regular hourly wage, plus overtime as applicable, for work performed on the following holidays: New Year's Day, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas. To the maximum extent allowed by law, any holiday pay premium, if and when applicable, will not be included in a non-exempt employee's regular rate for overtime calculation purposes.

To the maximum extent allowed by law, the Company will not pay holiday pay to an employee who is on an unpaid status, not assigned to work on a holiday, or on any leave or absent due to worker's compensation.

Paid Sick Time

As of July 1, 2015, if an employee works for 30 or more days within one year from the commencement of his or her employment for 24Hr HomeCare, the employee will be eligible for paid sick time. Eligible employees will accrue one hour of paid sick time for every 30 hours the employee works for 24Hr HomeCare. An employee may begin to use paid sick time beginning on his or her 90th day of at-will employment with 24Hr HomeCare, but no earlier than July 1, 2015.

An employee may use a maximum of 24 hours of accrued paid sick time per year beginning on July 1, 2015. An employee must use the paid sick time in increments of no fewer than two hours. An employee's total accrued paid sick time is capped at 48 hours during the entire tenure of the employee's employment with 24Hr HomeCare. An employee will not and cannot accrue any paid sick time of more than 48 hours.

If and when an employee is eligible to take paid sick time, if the need for paid sick leave is foreseeable, the employee shall provide reasonable advance notification to 24Hr HomeCare. If and when an employee is eligible to take paid sick time, if the need for paid sick leave is unforeseeable, the employee shall provide notice of the need for the leave as soon as practicable to 24Hr HomeCare.

Timesheets

If a client requires a timesheet be turned in every week, then the employee can either fax, mail, or email his or her timesheet to the closest 24Hr HomeCare office by 12:00 a.m. on Sunday of payroll week.

Paycheck Deductions

The Company is required by law to make deductions from employees' pay for Social Security, Medicare, and California State Disability Insurance. Additionally, employees and the Company may mutually agree to withhold the employee's share of personal federal and or state income tax. Changes in filing status and the number of claimed allowances must be made by signing and completing new federal and or state tax forms and submitting these forms to the Company.

The Company makes reasonable, good faith efforts to pay employees accurately and promptly according to applicable law, and to avoid improper or unlawful deductions from employees' paychecks. If there is an error in an employee's paycheck or if an employee believes there has been an improper deduction from his or her paycheck, the employee should bring it to the immediate attention of his or her supervisor. The Company will investigate the situation and remedy the matter if necessary, including by reimbursing the employee if appropriate, as quickly as possible.

Jury Duty

24Hr HomeCare is dedicated to serving the community which includes government service, so if an employee has to attend jury duty then the Company will offer unpaid time off for however long it takes to serve on the jury. However, employees on jury duty must return to work during the employee's regularly scheduled workday if the employee's presence is not required in court and whenever the employee's jury schedule permits. Employees should provide the Company with as much advance notice as possible of their jury service. The Company also may require employees to provide documentation from the court confirming their jury service.

Leaves of Absence – General Policies

Employees may be eligible to take leaves of absence for medical, disability or other reasons under applicable laws. To the maximum extent allowed by law, employees who are interested in taking a leave of absence must provide Company management with at least 30 days' notice (or more notice if allowed or required by law) if the need for leave is reasonably foreseeable, or as soon as possible if the need for leave is not reasonably foreseeable. Employees in military service and their family members will be granted leaves of absence as required by law.

To the maximum extent allowed by law, employees requesting a leave of absence may be required to provide a certification (medical or otherwise) as to the reason for the leave, the estimated beginning date of the leave, and estimated duration of the leave. Employees should report any changes in this information to Company management as soon as possible.

The Company reserves the right to request and obtain from the employee additional certifications during the employee's leave in order to obtain updates on the reason for and duration of the leave of absence according to applicable law. To the maximum extent allowed by law, any employee requests for extensions of leave must be made in writing with documentation as to the reason for the requested extension prior to the termination of the leave.

The Company requires employees on leaves of absence to use any paid time off available, if any, to them during the leave of absence to the maximum extent allowed by law. Unless required by applicable law (and after the exhaustion of any paid time off required to be used during the leave), leaves of absence will be unpaid.

Unless required by applicable law, employees will not accrue any benefits, including but not limited to paid time off and holiday pay, if any, during unpaid leaves of absence. However, subject to the terms, conditions, and limitations of the applicable plans, if and as required by law, the Company will continue to provide otherwise eligible employees with health and other insurance benefits, if any, for the full period of the approved leave, subject to any employee contribution normally required for coverage for the employee and other eligible persons.

Employees may not accept other employment while on leave according to applicable law. To the maximum extent permitted by law, acceptance of other employment while on leave is grounds for discipline, up to and including termination. Any misrepresentations in an employee's leave application also may subject the employee to discipline, up to and including termination.

Employees on leaves of absence should provide as much notice as possible to Company management of the date of their expected return to work. Although the Company will make reasonable efforts to reinstate employees to their same or comparable positions for which they are qualified upon their return from a leave of absence, unless required by applicable law, the Company does not guarantee employees reinstatement to employment from leaves of absence.

To the extent permitted by law, the Company reserves the right to request a fitness for duty certificate from employees before they return to work from a leave of absence. Subject to applicable law, the Company may terminate employees who do not return to employment at the end of their leave of absence.

Family Care and Medical Leave (CFRA Leave) and Pregnancy Disability Leave

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with your employer and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse.

Even if you are not eligible for CFRA leave, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take pregnancy disability leave (PDL) of up to four months, or the working days in one-third of a year or 17½ weeks, depending on your period(s) of actual disability. Time off needed for prenatal or postnatal care; doctor ordered bed rest; gestational diabetes; pregnancy-induced hypertension; preeclampsia; childbirth; postpartum depression; loss or end of pregnancy; or recovery from childbirth or loss or end of pregnancy would all be covered by your PDL. Your employer also has an obligation to reasonably accommodate your medical needs (such as allowing more frequent breaks) and to transfer you to a less strenuous or hazardous position if it is medically advisable because of your pregnancy.

If you are CFRA-eligible, you have certain rights to take BOTH PDL and a separate CFRA leave for reason of the birth of your child. Both leaves guarantee reinstatement to the same or a comparable position at the end of the leave, subject to any defense allowed under the law. If possible, you must provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or a family member). For events that are unforeseeable, you must to notify your employer, at least verbally, as soon as you learn of the need for the leave.

Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

Your employer may require medical certification from your health care provider before allowing you a leave for:

- your pregnancy;
- your own serious health condition; or
- to care for your child, parent, or spouse who has a serious health condition.

See your employer for a copy of a medical certification form to give to your health care provider to complete.

When medically necessary, leave may be taken on an intermittent or a reduced work schedule. If you are taking a leave for the birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. Contact your employer for more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). The FEHA prohibits employers from denying, interfering with, or restraining your exercise of these rights. For more information about your rights and obligations, contact your employer, visit the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov, or contact the Department at (800) 884-1684. The text of the FEHA and the regulations interpreting it are available on the Department's Web site.

Family and Medical Leave Act

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered

active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of “serious injury or illness” for current service members and veterans are distinct from the FMLA definition of “serious health condition”.**

Benefits and Protections

During FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions; the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

In order to achieve consistency in its administration of FMLA/CFRA leave, the Company has adopted a “rolling year” definition of the twelve-month period during which FMLA/CFRA leave can be taken. Under the “rolling year” definition, each time an eligible employee takes FMLA/CFRA leave, the remaining FMLA/CFRA leave entitlement would be any balance of the leave time which has not been used during the preceding twelve months. For example, if an eligible employee entitled to only twelve weeks of FMLA/CFRA leave takes the twelve weeks of FMLA/CFRA leave starting on July 1, 2014, that employee would not be entitled to any additional FMLA/CFRA leave until July 1, 2015. Similarly, if an eligible employee entitled to only twelve weeks of FMLA/CFRA leave used four weeks of FMLA/CFRA leave beginning July 1, 2014, four weeks beginning November 1, 2014, and four weeks beginning May 1, 2015, the employee would not be entitled to any additional FMLA/CFRA leave until July 1, 2015. Beginning on July 1, 2015, the employee would be entitled to four weeks of FMLA/CFRA leave; on November 1, 2015, the employee would be entitled to an additional four weeks of FMLA/CFRA leave; and finally on May 1, 2016, the employee would be restored to his or her full twelve week FMLA/CFRA leave balance, assuming the employee had not taken any additional FMLA/CFRA leave since July 1, 2015.

Time Off to Vote

California Election Code Notice to California Employees:

If an employee does not have sufficient time outside of working hours to vote at a statewide election, the employee may take off enough working time that, when added to the voting time available outside of working hours, will enable the employee to vote.

No more than two hours of the time taken off for voting shall be paid. The time off for voting shall be only at the beginning or end of the regular working shift, whichever allows the most free time for voting and the least time off from the regular working shift, unless otherwise mutually agreed between the Company and the employee.

If the employee knows or has reason to believe that time off will be necessary to be able to vote on election day, the employee shall give the Company at least two working days notice that time off for voting is desired.

Important Note Regarding Benefits

The descriptions of benefits in this Handbook are intended only as summaries, and do not constitute recitals of all terms, conditions, limitations and exclusions of such benefits or plans. If the summaries contained in this Handbook conflict in any way with the official plan documents, the provisions of the official plan documents will control. Employees may obtain and inspect complete policies or official plan documents from Company management.

Safety Measures

Before beginning an assignment, a 24Hr HomeCare authorized representative will conduct an in-home assessment to make reasonable efforts to determine that the home environment is safe for Company employees. The home environment can change throughout the remainder of the case, so the Company needs employees to report any major changes within the home that may affect the mental and or physical health of the employee as well as the client. The Company needs employees to follow certain precautions when working within the home, including but not limited to

- **Home Safety**
 - All emergency phone numbers are posted in a visible location
 - All stove and oven areas are clean of debris
 - There is an easy exit for a fire emergency
 - Fire alarms have fresh batteries and work
 - No electrical appliances are near water
 - Shower and bath have non slip matting or the appropriate material
 - All electrical outlets are hooked in properly
 - Rooms are kept clutter free
 - All furniture is stable
 - Garbage must be taken out on a regular basis
 - Refrigerator is working properly
 - Phone system is working properly
 - Make sure there are no areas in the home that the client can trip on
 - Employees must notify their immediate supervisors of any unsafe conditions
- **Personal Safety**
 - Always wash your hands before providing personal care for a client
 - Follow universal precautions when dealing with any personal care
 - Use the proper techniques when moving or transporting a client
 - Gloves are not to be reused

- Make sure to wear a mask if necessary
- Use proper techniques when assisting with bathing or showering
- Use proper protective gear when doing any light housekeeping that may involve cleaning solutions
- If transporting a client, make sure to always use a seatbelt for both you and the client
- Employees are not expected to take unnecessary risks
- Do not rush, take the time to do things safely and correctly
- Do not under any circumstances do a full lift
- Practice good posture, body mechanics, and environmental awareness at client's residence
- While driving, employees must obey all traffic rules and regulations
- Must wear personal protective equipment (PPE) as needed

Material Safety Data Sheets

While working for 24Hr HomeCare within the client's home, employees may be exposed to various materials which may or may not be hazardous. In the office, 24Hr HomeCare has Material Safety Data Sheets which list the specific implications and precautions for handling of household materials. Employees should contact Company management for information regarding cleaning supplies and materials located within the home.

Family/Friends/Children

An employee is not allowed to bring any of the employee's family, friends or children to a client's home or facility.

Reporting

24Hr HomeCare employees are required to report any of the following that occurs within the client's home or facility environment, the Company's office, and or while working as an employee for 24Hr HomeCare:

Elder Abuse

If an employee sees any elderly adult being abused, neglected, or taken advantage of, the employee must report the situation immediately to the Company.

Violence

The Company does not tolerate any violence or threats of violence in the workplace. Employees who have experienced or know of violence, abuse, threats, violations of the Company's Workplace Violence or Threats of Violence policy, or other improper conduct on Company property or at clients' homes or facilities should report this information immediately to Company management.

Incidents to be Reported

Employees also should document and report any of the following types of incidents to 24Hr HomeCare as soon as possible:

- Client injury
- Employee injury
- Missing medication
- Improper behavior
- Changes in the home environment
- Changes in the people living within the home
- Insufficient supplies needed in caring for a client
- Client death
- Any other information deemed important to patient care

Emergency Procedures

If an emergency occurs at a client's home or facility, employees should follow these steps:

1. Call 911 immediately (UNLESS on hospice, then please call hospice company)
2. Begin Cardio Pulmonary Resuscitation on the client if needed
3. Provide First Aid if needed
4. Contact 24Hr HomeCare
5. Wait until the proper emergency personnel arrive and take the client
6. Contact family members located on Emergency On Call Guide
7. Document the emergency/situation

Feedback

24Hr HomeCare has created a Caregiver Feedback Hotline for our employees. This toll-free number goes directly to our Director of Quality Assurance, Chelsea Passamano. Please contact during office hours, Monday –Friday, 8:30am – 6:00pm at (844) 870-7074 with any feedback. Feel free to also send an email to Feedback@24hrcares.com to let us know how we are doing and if we can improve upon things.

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Handbook Acknowledgement

I acknowledge and agree that I have received the 24Hr HomeCare Employee Handbook, and that the policies in this Handbook govern my employment with the Company.

I acknowledge and agree that the Company may unilaterally change, rescind, delete or augment the provisions of this Handbook – other than the employment at-will provision – in the Company’s sole discretion with or without advance notice. However, the Company will reasonably attempt to notify employees of policy changes if and when they occur.

I further acknowledge that this Handbook supersedes and replaces prior versions of the Handbook. No prior or other oral or written understanding shall be of any force or effect with respect to the subjects referenced in this Handbook.

I also understand and agree that the Handbook cannot and does not address every situation that may arise. Thus, I understand and agree that it is my responsibility to immediately report any questions or concerns regarding my employment with the Company to Company management.

I understand, acknowledge and agree that my employment with the Company is at-will. Either the Company or I can terminate my employment with the Company with or without cause, and with or without notice, at any time. I understand that no employee except the Company’s three co-founders acting together has the authority to enter into any employment agreement with an employee for a specified period of time. Additionally, I understand that the Company’s three co-founders acting together can alter an employee’s at-will status only by all three co-founders signing a written agreement with the employee that expressly specifies the Company’s intent to employ the employee for a specified period of time.

I acknowledge, understand and agree that I have an obligation to read and understand the policies, rules and information in the Handbook, and that I will review the material in the Handbook. I agree to adhere to the terms, conditions and policies in the Handbook. I specifically certify that I have read, understand and will abide by 24Hr HomeCare’s Substance Abuse and Testing policy as listed in this Handbook. Finally, I understand and agree that my failure to follow the policies outlined in the Handbook, including but not limited to the Substance Abuse and Testing Policy, may result in disciplinary action against me up to and including possible termination of employment, and pursuit of civil or criminal prosecution if warranted.

Date: _____

By: _____
(Signature)

By: _____
(Print Name Here)