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EMPLOYEE APPLICATION FORM

HELPING HEART, LLC

EMPLOYEE FILE CHECKLIST

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

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Zero Tolerance

HIPAA

HIV / AIDS / Infection Control

Choices & Right of Individuals

Incident Reporting

Use of Personal Outcomes to Establish a Person Centered Approach

Medicaid Waiver Services Agreement

Development and Implementation of Required Documentation for

Name of the Waiver Service

9.

Other Training

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Application for Employment

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

Address: _____
Street Address Apt / Unit #

_____ City State Zip Code

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

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

Position Applied for: _____

Are you a citizen of the United States? Yes No

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

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

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

Education

High School: _____ Address: _____

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

College: _____ Address: _____

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

Other: _____ Address: _____

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

References

Full Name: _____ Relationship: _____

Company: _____ Phone: _(____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _(____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _(____) _____

Address: _____

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Previous Employment

Company: _____ Phone: _(____)_____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _(____)_____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _(____)_____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Experience – not related to paid employment

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

Services Provided: _____

Disclaimer and Signature

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

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

Signature: _____ Date: _____

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Employer Reference Check Form

Name of Applicant: _____ SSN: _____

Employer Name: _____

Person providing reference information: _____ Title: _____

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

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

Applicant's Title: _____ Description of Duties: _____

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

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

Comments: _____

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

Comments: _____

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

Comments: _____

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

Comments: _____

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

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

If no, please state why? _____

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

If yes, please give specific details: _____

Signature of Person Completing Reference

Date Form Completed

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Local Law

Dear Sheriff _____

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

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

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

Your Name and Address

Sincerely,

Your Name

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

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AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of Hillsborough _____

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

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

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

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

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

Offenses Relating to:

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

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

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ONE OF THE FOLLOWING STATEMENTS MUST BE SIGNED:

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

Signature of Affiant

OR

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

Signature of Affiant

OR

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

Signature of Affiant

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

My commission expires

NOTARY PUBLIC, STATE OF FLORIDA

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

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Compliance of HIPAA by Staff

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

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

Staff Signature

Date

Administrative Staff Signature

Date

HELPING HEART, LLC

Conditions of Employment

Employee: _____

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

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

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Notice of Non-Involvement in Medication Administration and Medication Monitoring

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

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

Sub-contractors' Signature

Date

Helping Heart, LLC. Staff Signature

Date