



HEALTHCARE CONNECT SERVICES LLC

TEL: (443) – 210– 6578

Website: <https://healthcareconnectservices.com> Email: admin@healthcareconnectservices.com

EMPLOYMENT APPLICATION

HealthCare Connect Services LLC is committed to providing equal employment opportunities for all persons regardless of race, color, creed, gender identity, freedom of expression, religion, sex (including pregnancy), age, ancestry, marital status, national origin, sexual orientation (perceived or actual), mental or physical ability, genetic information or veteran status. **Criminal Background, alcohol, and substance abuse screenings are required before hiring and during employment with HEALTHCARE CONNECT SERVICES LLC**

PERSONAL DATA

FIRST NAME	MIDDLE	LAST	
DAYTIME TELEPHONE	DAYTIME TELEPHONE	CELL/TELEPHONE	
PRESENT ADDRESS IN FULL	CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP

POSITION INFORMATION

REASON FOR APPLYING: _____

POSITION DESIRED: _____ FULL-TIME PART-TIME

MOST POSITIONS REQUIRE WORKING OVERNIGHTS AND WEEKENDS. ARE YOU AVAILABLE TO WORK OVERNIGHTS AND WEEKENDS? YES ____ NO ____ IF NO, STATE YOUR AVAILABILITY. _____

ARE YOU AVAILABLE FOR ON-CALL WORK? YES ____ NO ____

PREFERRED START DATE IF EMPLOYED _____ MINIMUM SALARY: \$ _____ PER _____

WERE YOU PREVIOUSLY EMPLOYED WITH THIS COMPANY BEFORE? YES NO

IF YES, STATE POSITION _____ DURATION OF EMPLOYMENT _____

DO YOU HAVE RELIABLE TRANSPORTATION? YES ____ NO ____

DO YOU HAVE A VALID DRIVER'S LICENSE: YES ____ NO ____

STATE THE NUMBER OF POINTS AND/OR VIOLATIONS ON YOUR DRIVING RECORD _____

ARE YOU ABLE TO SHOW VALID WORKING PAPERS? YES NO

IF No, Explain _____

ACADEMIC DATA

LIST ACADEMIC HONORS, AWARDS, OR SPECIAL ACHIEVEMENTS:

LIST SKILLS OR ADDITIONAL INFORMATION THAT COULD INFLUENCE A HIRING DECISION



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LICENSES AND CERTIFICATIONS: (Copies are required) CMT, FIRST AID/ CPR, MANDT and DDA Trainings.

DRIVER'S LICENCE: TYPE _____ STATE _____ NUMBER _____ EXPIRATION DATE _____

LICENSES: TYPE _____ STATE _____ NUMBER _____ EXPIRATION DATE _____

LICENSES: TYPE _____ STATE _____ NUMBER _____ EXPIRATION DATE _____

CERTIFICATIONS: TYPE _____ STATE _____ NUMBER _____ EXPIRATION DATE _____

CERTIFICATIONS: TYPE _____ STATE _____ NUMBER _____ EXPIRATION DATE _____

Has your license or certification EVER been revoked or suspended? YES NO

If Yes, Explain _____

REFERENCES

NAME	
ADDRESS	
RELATIONSHIP	
TELEPHONE	

NAME	
ADDRESS	
RELATIONSHIP	
TELEPHONE	

NAME	
ADDRESS	
RELATIONSHIP	
TELEPHONE	

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CONDITIONS AND RELEASES

EQUAL OPPORTUNITY EMPLOYER: HealthCare Connect Service LLC does not unlawfully discriminate in employment and no question on this application is used to limit or excuse any employment applicant from consideration for employment on a basis prohibited by local, Maryland State, or Federal law. Health Care Connect Service LLC does not refuse to hire a qualified individual with a disability because that person needs reasonable accommodation as required by the ADA.

EMPLOYMENT AT WILL: If hired, I understand that I am free to resign anytime, with or without cause and without prior notice, and Health Care Connect Service LLC reserves the same right to terminate my employment at any time, with or without cause and without prior notice; except as may be required by law. This application does not constitute an employment agreement or contract for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary and such assurances must be in writing and signed by an authorized officer.

IDENTITY: I understand if I am hired, I must provide proof of identity and legal work authorization.

TB SCREENING: As a condition of employment, I understand I must provide proof of a negative TB screening conducted within the last six (6) months.

MEDICAL EXAMINATION: Certain job classifications require employees to have a physical examination and vaccinations. If hired before passing ALL medical requirements of your job classification, I understand that my continued employment will be dependent upon my providing written proof of passing these requirements.

DRUG TESTING: Pre-employment drug testing is required for all employment applicants.

DRIVING RECORD CHECK: Applicants are subject to a check of their driving record. You must have less than 4 points on your driving record.

SIGNATURE _____ **DATE** _____

PAYROLL DEDUCTION RELEASE: I hereby authorize HealthCare Connect Service LLC to deduct from my pay the following as applicable:

Cost of any damaged or unreturned training course materials.

Cost of Licensing and certification fees (if employee has non).

The cost of unauthorized personal calls on Agency-issued phones exceeds the current limit.

Cost of keys, cell phones, petty cash funds, advances, and equipment damaged or unreturned.

SIGNATURE _____ **DATE** _____

REFERENCE RELEASE: Health Care Connect Service LLC is authorized to request references from all persons and former employer's references in this application. I hereby release all persons and former employers from any liability regarding my seeking or receiving employment at HealthCare Connect Service LLC. Health Care Connect Service LLC hereby authorized to release copies of this application, the findings of all employment screens, checks, interview information, and other employment-related information to resource coordinators, other agencies, State officials, individuals receiving services, their representatives, and other team members.

SIGNATURE _____ **DATE** _____

I understand that if I am employed, any misrepresentation or material omission made by me on this application is sufficient cause for cancellation of this application or immediate discharge from Health Care Connect Service LLC whenever it is discovered. I represent and warrant that I have read and fully understand the foregoing conditions stated in this application and seek employment under these conditions. Applications remain active for one year. However, applicants must contact Health Care Connect Service LLC to update their application if they wish to be considered for employment.

SIGNATURE _____ **DATE** _____

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POLICIES AND GUIDELINES

- Mask-wearing is compulsory.
- Must wear an appropriate work outfit to the client's house/unit.
- Employees must complete a TB Screening. If positive, A chest x-ray is required. Physical and TB Screening must be completed and submitted within 30 days of hire.
- Time Clock Policy
 - There is a 5 to 10 minutes grace period for lateness.
 - No early clock-in or out is allowed without prior approval.
 - No more than 3 missed clock-ins or outs in a month.
 - All Time clock-related emergencies or errors must be communicated with the office manager for approval.
 - OTP time clock devices must remain in the client's house (personal support staff)
 - Do not ask a client to clock in/out for you. Do not clock in if the client is hospitalized or absent.
- Probation Period Policy
 - 3 months' probation upon hire
 - No lateness is allowed.
 - No unexcused absences are allowed in general.
 - Emergency situations are permitted; the program coordinator must be made aware of the emergency and additional documentation may be required as a show of proof said emergency.
- Must give a proper two weeks quit notice.
- Must give 12 hours proper prior notice for callouts, no texting is allowed.
- Pay Period Policy
 - Pay period is bi-weekly (Fridays)
 - No Holiday pay
 - No Overtime pays

Employee Signature _____ Date _____

REQUIRED CERTIFICATIONS/PAPERWORK

- ADP paperwork
- W-2 form
- Copy of Valid Driver's License/ID Card
- Copy of SSN Card/ TIN Verification/EIN
- CPR/First Aid
- CMT
- Physical, TB-Screening and /or Chest X-ray (If positive)
- Mandt Training Certificate, DDA 1 & DDA
- Resume (Preferred)

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WORK REGULATIONS:

- Provide individual assistance and support to individuals with developmental disabilities. Remains actively involved to ensure all programs and activities are carried out for the benefit of the individual in both the residential and community setting.
- Completed required documentation i.e., monthly reports, incident reports, seizure records, program activity logs, fire drill reports, etc. in a clear and concise manner.
- Use of approved crisis intervention techniques in emergency situations where immediate health and/or safety concerns are present. Utilizes approved behavior plans and intervention strategies to enhance the progress of achieving goals and objectives.
- Communicates concerns/incidents related to the persons served and house operations need to the House Manager or Division Manager in a timely manner. Communicates medical concerns to Registered Nurse and supervisor within the appropriate time frame.
- Uses technology for the completion of specified job duties. Use a home computer daily for information and for the completion of specified job duties.
- Attends work regularly according to the assigned work schedule and in accordance with the company's policy. Based on the company's need may be required to work at other residential homes as assigned.
- Knows the location of important house records: fire drills, water temps, medical records, menus, and other files. Cleans home with the person served where appropriate, completes laundry, and prepares food according to approved menus, special diets, and food consistencies.
- Contribute to an environment that is consistently positive, enthusiastic, responsible, and courteous. Never leave the client unsupervised.

Employee Signature _____ Date _____

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