



TLC IN ACTION LLC

Employment Application

APPLICANT INFORMATION													
Last Name				First				M.I.		Date			
Street Address								Apartment/Unit #					
City				State				ZIP					
Phone				E-mail Address									
Date Available				Social Security No.				Desired Salary					
Position Applied for													
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION													
High School				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
REFERENCES													
<i>Please list three professional references.</i>													
Full Name				Relationship									
Company				Phone									
Address													
Full Name				Relationship									
Company				Phone									
Address													
Full Name				Relationship									
Company				Phone									
Address													



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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in TLC in Action LLC. I understand all information on this application is subject to clarification and I consent to criminal history and background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this applications. I further authorize the TLC in Action LLC to rely upon and use, as it sees fit any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need to know basis for good cause shown determined by the agency head or designee.

Signature	Date
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SWORN STATEMENT OF AFFIRMATION & BACKGROUND CONSENT

APPLICANT'S NAME: _____ DATE: _____

DATE OF BIRTH: _____ SSN: _____

- I, _____, have had no prior convictions of an offense described in 32.1-162.9:1 code or Virginia (Barrier Crimes), which would potentially bar employment.
- I UNDERSTAND THAT THE HOME HEALTH AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK BEFORE OFFERING ME THE EMPLOYMENT AT TLC IN ACTION LLC.
- I, the undersigning, hereby authorize TLC in Action LLC to conduct and verify my criminal history by performing a criminal history check.

Please respond to all the questions:

1. Have you ever been convicted of or are you subject of pending charges of any crime within the Commonwealth of Virginia? If yes, specify crimes:
2. Have you ever been convicted of or are you subject of pending charges of any crime outside Virginia? If yes, specify crimes:
3. Have you ever been subject the subject of a founded complaint of child abuse or neglect within or Virginia? If yes or pending specify.

I hereby to affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making materially false statement of affirmation is class 1 misdemeanor.

Employee Signature and Date: _____

Manager Signature and Date: _____



NON-COMPETE AGREEMENT

As an employee of TLC in Action LLC, the employee acknowledges that they will be in receipt of confidential information. This information shall include but not be limited to, procedures manuals, in house policies, patient lists, patient's medical records, financial information and billing records, certifications and applications, actual and prospective markets an patient's, business plans and marketing strategies, customer projections and any other confidential information gathered, revealed, acquired or generated by or for TLC in Action LLC. Each employees shall protect and hold in confidence the confidential information to anyone except with the express written consent of Murugavel Chengalvarayan. The employee acknowledges and understands the competitive sensitivity of the confidential information and the potential for significant material harm that could result to TLC in Action LLC in the event that confidential information is disseminated to others, in particular competitors. Therefore, the employee agrees that the appropriate remedy would be an immediate injunction against the violating employee in joining and prohibiting the use and continued dissemination of the confidential information. Further, each employee agrees that the dissemination of the confidential information would cause damages for which damages could not be readily ascertained and would constitute a breach of duty owed by the employee to TLC in Action LLC. Each employee agrees to pay TLC in Action LLC in any action to enforce this confidentiality agreement or cost of litigation, including attorney's fees and other damages found by the Trier of fact.

As consideration for employment and for the release of this confidential information, employee agrees not to compete against TLC in Action LLC or to utilize any of the confidential information for the period of 24 months form the date of their employment terminated with TLC in Action LLC. This Non-compete Agreement is not intended to prohibit employee from working as a nurse, therapist or other position in the health service industries but is intended to prohibit employee from working with a competitor of TLC in Action LLC in the home health industry and utilizing any of the confidential information of TLC in Action LLC or contacting any of TLC in Action LLC patients. Employee agrees and warrants that they will not contact, engage, discuss, negotiate or contract with any patient or family member of a patient for those purpose of developing or promoting home health care services of said patient. All parties acknowledge that this confidential information is of a proprietary nature to TLC in Action LLC and if the confidential information was revealed to the general public or to a competitor, the revelation would destroy or impair the expected success of TLC in Action LLC.

ANY CONTROVERSY OR CLAIM RAISING OUR OF OR RELATING TO AGREEMENT SHALL BE SUBMITTED TO ARBETRATION BEFORE ONE (1) ARBITRATOR IN Fairfax, Virginia, IN ACCORDANCE WITH THE COMMERCIAL ARBITRATION RULES OF BY AMERICAN ARBITRATION ASSOCIATION JUDGEMENT UPON THE AWARD RENDERED BY THE ARBITRATOR MAY BE ENTERED BY ANY COURT HAVING JURISDICTION THEREOF. ARBITRATION SHALL BE THE EXCLUSIVE, FINAL AND BINDING METHOD OF RESOLUTION OF ANY CLAIM OR CONTROVERSEY BETWEEN TLC IN ACTION LLC AND EMPLOYEE ARISING FROM THIS AGREEMENT.

I have read and understand the above and will comply with this agreement.

Employee Signature/Date: _____

TLC in Action LLC Administrator Signature/Date: _____



SEXUAL ABUSE/HARASSMENT POLICY

TLC IN ACTION LLC prohibits and does not tolerate sexual harassment/ abuse in the workplace or in any organization related activity. No employee, volunteer, patient, or third party, no matter his or her title or position has the authority to commit or allow sexual abuse. TLC in Action LLC has a zero tolerance policy for sexual abuse, neglect or exploitation committed by an employee, volunteer, board member or third party. Upon completion of the investigation, disciplinary action up to and including termination of employment and criminal prosecution may ensue.

GOALS:

Our goal is to prevent any incidents of sexual harassment/ abuse. TLC in Action LLC will carefully screen all employees, will create awareness and enforce compliance on a no-exception, zero tolerance basis.

DEFINITION:

Sexual abuse – “inappropriate” sexual contact including interaction for gratification of the adult which is caregiver and responsible for the patient or child’s care or any inappropriate sexual contact of a criminal nature. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation or sexual injury.

PHYSICAL AND BEHAVIORIAL SIGNS OF SEXUAL ABUSE:

Physical evidence of abuse:

- Difficulty in walking
- Torn, stained or blood underwear
- Pain or itching in genital area
- Bruises or bleeding of the external genitalia
- Sexually transmitted diseases

Behavior signs of sexual abuse:

- Reluctance to be left alone with a particular person
- Wearing lots of clothing especially in bed
- Fear of touch
- Nightmares or fear of night
- Apprehension when sex is brought up

Screening:

TLC in Action LLC employees who work directly with patients or children during normal operations will undergo a comprehensive background check that includes:

- Social Security number validation
- Home phone verification (if applicable)
- Residency information



- Present employment and previous employer verification
- Education and professional licensing verification
- Driver License information
- State criminal background check

All TLC in Action LLC employees will be issued a photo ID and copy of all identifying documents will be kept on their HR file for duration of the employment/contract.

Reporting/Investigation:

If you are aware of or suspect abuse taking place, you must report it to your Direction of Nursing or Administrator. The reporting of sexual abuse, neglect or exploitation is highly confidential. All reported allegations will be documented and following procedure will be followed.

1. All reported allegations of suspected abuse; neglect or exploitation will be processed and recorded by the TLC in Action LLC Direction of Nursing or Administrator.
2. If the suspected abuse is to an adult, you should report the abuse to your local or state Adult Protective Services Agency (APS). Here are the contacts:

Adult Protective Services Hotlines:

- Alexandria: 703-838-0778
- Arlington: 703-228-1700
- Fairfax County: 703-324-7450
- Prince William County: 703-792-4200
- Loudoun County: 703-777-0353

3. If the suspected abuse is to a child, you should report the abuse to the local state child abuse agency.

Child Abuse Hotlines:

- Alexandria City : 703-838-0800
- Arlington:703-228-1500
- Fairfax County:703-324-7400
- Loudoun County:703-771-5437
- Prince William: 703-792-4200

4. TLC in Action LLC Director of Nursing or Administrator will notify the appropriate family members of alleged instances of sexual abuse.
5. TLC in Action LLC will report the alleged abuse incident to the appropriate insurance agent.

ANTI-RETALIATION

TLC in Action LLC prohibits against any employee, volunteer, board member or patient who reports a good faith complaint of sexual abuse or participates in any related investigation. Making false accusations of sexual abuse in bad faith can have serious consequences for those who are wrongly accused. TLC in Action LLC prohibits making false or malicious sexual



abuse allegations as well as to deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action up to and including termination.

INVESTIGATION AND FOLLOW UP

- TLC in Action LLC will take all allegations of sexual abuse seriously and will promptly and thoroughly investigate whether sexual abuse has taken place.
- TLC in Action LLC will use outside party to conduct an investigation. TLC in Action LLC will cooperate fully with any investigation conducted by law enforcement or other regulatory agencies.
- It is TLC in Action LLC’s objective to conduct a fair and impartial investigation.
- TLC in Action LLC has the option of placing the accused on a leave of absence to a non-patient contact.
- TLC in Action LLC will make every responsible effort to keep the matters involved in the allegations as confidential as possible while still allowing for a prompt and thorough investigation.

EMPLOYEE ACKNOWLEDGEMENT OF SEXUAL ABUSE AND REPORTING POLICY:

I acknowledge that I have received, read and understand the TLC in Action LLC sexual abuse policy and procedure. I understand that TLC in Action LLC will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy including retaliating against my employees/volunteer exercising his or her rights under the policy.

Employee Name: _____

Employee Signature: _____ Date: _____



TUBERCULOSIS SCREENING FORM

ANNUAL TUBERCULOSIS (TB) SCREENING TOOL FOR EMPLOYEES WHO HAVE HAD A PREVIOUS POSITIVE SKIN TEST RESULT

Applicant's Name: _____ Date of Birth: _____

In the past twelve months, have you experienced any of the following symptoms?

Persistent cough (for more than 3 weeks in duration)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fever or chills	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unexplained aches and pains	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hoarseness	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Malaise (generalized weakness)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Night Sweats	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Prolonged or excessive fatigue	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Loss of appetite	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unintentional weight loss (greater than 10 pounds)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please explain any 'Yes' responses (if you answered 'yes' to any of the items above, a physician evaluation is required).

I understand that the above symptoms are associated with active tuberculosis disease and I hereby agree to notify TLC in Action LLC Administration if I begin to experience any of these symptoms.

Applicant Signature: _____ Date: _____

Initial Screen only (please check appropriate responses)

- I have a past history of a positive TB skin test. Date: _____ Size: _____ mm
- I have had a Chest X-Ray taken, and the results were negative.
- I have completed a course of preventive TB treatment. Date Started: _____ Completed: _____
- I am currently taking preventive TB treatment. Date Started: _____
- I have never taken any preventive TB treatment following my positive test result.
- I was previously treated for TB and cured. Start Date: _____ Completed: _____

Employee Signature: _____ Date: _____



HEPATITIS B VACCINE CONSENT/DECLINATION FORM

All eligible (Hepatitis B at risk) employees must sign **ONE** portion of this form stating whether they do or do not want Hepatitis B vaccine at this time or have records of prior vaccination.

HEPATITIS B VACCINE CONSENT

I do wish to receive the Hepatitis B Virus (HBV) vaccine. I have read the attached information memorandum and understand it thoroughly. If I had further questions or concerns, I spoke with _____ or my personal physician about them.

Print Name _____ Social security Number _____

Signature _____ Date _____

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccination at this time. I understand that by me declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name _____ Social Security Number _____

Signature _____ Date _____

PRIOR VACCINATION OR IMMUNITY

I have completed the series of Hepatitis B vaccine (attach record of dates) or have attached documentation of prior immunity to Hepatitis B and do not wish to receive the vaccine at this time. I understand that I will be offered a booster free of charge if they are later recommended by the U.S. Public Health Service.

Print Name _____

Signature _____ Date _____



REFERENCE FORM

Applicant's Name: _____

- I hereby authorize any person, company, or organization to furnish answers to the questions regarding my employment record.
- I hereby release all liability created by this inquiry into my employment record, by the communication of the requested information, or by any action taken based on that information and from any other claim for relief of any kind and from any and all causes of action which I might otherwise assert based upon said inquiry, communication, or action.

Signature of Applicant and Date: _____

COMPLETED BY PERSON CONDUCTING/PROVIDING THE REFERENCE CHECK:

Reference Provided by: _____ Date: _____

Please Mail to: **TLC in Action LLC, 9066 Galvin Lane, Lorton VA 22079**

Name of Applicant: _____

Position Held: _____ **Dates of Employment:** _____ **to** _____

Assessment of Work Ethic/ Work Performance:

Work Attributes	Excellent	Good	Poor
Quality of Work			
Reliability			
Conduct & Standards of Behavior			
Ability to work with others			

Would you rehire this individual? Yes _____ No _____

Comments:



FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION STATEMENT

1. In connection with my application and or continued employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination with past employment. I understand that as directed by TLC in Action LLC policy and consistent with the job described, you may be requesting information from public and private sources about my: court records, driving records, workers compensation injuries, education, credentials, credit and /or references.
2. Medical and Workers' Compensation information will only be requested in compliance with the Federal Americans and Disabilities Act and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
3. I acknowledge that a facsimile or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by an agent of TLC in Action LLC to furnish the information described in section 1.

I understand that my personal information is used and required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

I hereby release TLC in Action LLC and all persons, agencies, and entities providing information or reports about me from any liability arising from the request for, or release of, any of the mentioned information or reports.

CRIMINAL RECORD CHECK FEE

I understand that TLC in Action LLC must comply with the state of Virginia laws governing criminal history record investigation and that this request must be made directly to the Virginia State Police at a cost of Twenty Dollars (\$20). TLC in Action LLC requires that I pay for this report prior to being hired.

CONFIDENTIALITY

Information about client and their families shall be shared only with the individuals who have the need to know. All information about TLC in Action LLC about its clients and their families shall be kept confidential. This information shall not be disclosed to any party outside TLC in Action LLC, its employees and contractors providing patient care, except in aggregate form and without identifiers, unless there is written release signed by the client or client's responsible representative. The only exception to this prohibition on disclosure is that essential information necessary to making TLC in Action LLC prior to a visit to the client, may be disclosed to appropriate agencies for the sole purpose of making



arrangements for the Client's care. Any question regarding disclosure shall be referred to the Administrator or the Director of Nursing.

Employee Signature: _____ Date: _____

NON-COMPETE AGREEMENT:

If I join TLC in Action LLC, I agree Not to accept employment (whether temporary or permanent, full time or part-time) from or on behalf of any person who is or was a client of TLC in Action LLC.

This restriction shall apply only to employment for the provision of services similar to those offered by TLC in Action LLC and shall be in effect for a period of one year following termination of services with TLC in Action LLC. This restriction applies to employment in the service geographical services by TLC in Action LLC. In the event of a breach of this restrictive covenant, the employee/contractor shall be to TLC in Action LLC liquidation damages in the nature of placement fee in the amount of \$2500.

Employee Signature: _____ Date: _____

- I, _____ have received my job description. The Director or Nursing or his/her representative has reviewed and explained to me the TLC in Action LLC policies and procedures. I further understand that if I need further information about the stated policies and procedures, I, on my own time can review the TLC in Action LLC written policy and procedure manual.
- I understand my pay rate is: \$ _____ per hour, \$ _____ per visit, live-in rate \$ _____ per day weekdays, \$ _____ per day weekends.
- I fully understand that my employment/contract may be temporary and that client may determine my assignment status.
- I, _____ have read and understand TLC in Action LLC policies and procedures. I have also been given an orientation of what I expected of me.

Employee/Contractor Signature _____ Date _____

TLC in Action LLC Representative: _____ Date: _____



Employee Acknowledgement of Drug Policy

Drug and Alcohol use at work Prohibited

TLC in Action LLC has zero tolerance policy regarding any use of restricted non-prescription drugs or alcohol during work hours. TLC in Action LLC strictly prohibits the use of drugs or alcohol in the workplace and will take disciplinary action against any employee found using drugs or alcohol during working hours. In addition, if the employee arrives at work under the influence of drugs or alcohol, the employee will be sent home for the day, without pay. Repeated instances of arriving at work under the influence of drugs or alcohol will result in disciplinary action up to and including termination.

Posting

Besides being outlined here, TLC in Action LLC drug policy is kept in the office and this signed copy of acknowledgement by employee will be kept in the personnel file.

Reasonable Suspicion

Reasonable Suspicion is explained as when an employee exhibits any signs and symptoms, or reasons to suspect/believe that the employee is working while under the influence of an illegal drug and/or alcohol.

Adverse Employment Action

If there is a reason to suspect that the employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended (with or without pay until the results of a drug and alcohol test are made available to TLC in Action LLC by the testing laboratory). TLC in Action LLC may choose to perform a drug screening based on the clarity/lack of clarity of signs and symptoms exhibited by the employee at the time of suspicion to be working under the influence of an illegal drug and/or alcohol. All positive results from drug testing shall be reported to the health regulatory boards responsible for licensing, certifying, or registering the person to practice pursuant to 32.1-162.9.1 of the code of Virginia.

Safeguards

TLC in Action LLC's policy is intended to comply with all state laws governing drug and alcohol testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

Employee Signature: _____

Date: _____

Agency Staff Signature _____

Date: _____



Confidentiality/Conflict of Interest Statement

I understand and agree to refrain from unauthorized disclosure or use of confidential information from all patients. This includes any information concerning patients, another employee, or TLC in Action LLC operations. I recognize that the unauthorized release of confidential information may subject me to a civil action under provision of federal and/or state law and may result in the termination of employment.

I acknowledge, by means of this statement, that I am not involved in any transaction, investment, or other legal or personal relationship in which I would profit directly or indirectly as a result of my position. I agree to disclose to the Office any actual, apparent, or potential conflicts of interest that may arise in the future. I agree to abide by the determination of such matters made by TLC in Action LLC management.

I agree to hold harmless and indemnify TLC in Action LLC for any damages or costs associated with the defense of any claim arising out of any conflict of interest created knowingly or unknowingly on my part.

Employee Name: _____

Signature and Date: _____



Annual Review Policies and Procedures Signature Sheet

I acknowledge that I have received, read and understand the following documents and TLC in Action LLC home health care policies and procedures:

- **Criminal Records**

Employment Barrier of Crimes stating which criminal convictions for offenses involving abuse or neglect may disqualify me from employment with TLC in Action LLC.

- **HIPPA** policy and procedures regarding the privacy of individual's identifiable protected health information (PHI), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the State of Virginia.

- **Sexual Abuse Policy and Procedures**

- I understand that TLC in Action LLC will not tolerate any employee, volunteer, or board member of third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.
- I understand that it is my responsibility to abide by rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retailing against any employee/volunteer exercising his right or her rights under the policy.

Employee Name (print): _____

Employee Signature: _____ Date: _____