

Christy Grace Health Center Inc.
2000 South Interstate 35, Suite Q8C, Round Rock, TX 78681
Tel: 512.586.9963 * Fax: 512.271.8358

New Hire Checklist

Employee
Name: _____

Date: _____



<input type="checkbox"/>	Background Check
<input type="checkbox"/>	Reference Check
<input type="checkbox"/>	HEP B Vaccine Declination
<input type="checkbox"/>	Complete I-9
<input type="checkbox"/>	Complete W-4
<input type="checkbox"/>	Copy IDs
<input type="checkbox"/>	Drug Screening
<input type="checkbox"/>	Contract Sign
<input type="checkbox"/>	Payroll/Direct Deposit Enrollment
<input type="checkbox"/>	Competency Evaluation
<input type="checkbox"/>	Emergency Contact Information
<input type="checkbox"/>	Employee Orientation
<input type="checkbox"/>	Training Manual Sign Off Sheet: Sexual Harassment Policy, Confidentiality/Professionalism, Abuse
<input type="checkbox"/>	Sit Down, One-on-One With Manager

JOB DESCRIPTION

Care-Giver/Attendant/Companion

SUMMARY

The Companion/Homemaker provides companionship to those individuals requiring socialization and/or minimum guidance to assure a protected environment and performs home management services within the client's home.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

- Maintains a safe home environment for the client.
- Accompanies patient/client on walks, community trips, doctor's office, etc.
- Reminds client to take self-administered medications.
- Informs staffing coordinator of any changes in assignment.
- Provides emotional support and promotes a sense of well-being.
- May plan light housekeeping tasks such as preparation of some meal or laundering clothes.
- May perform light housework to maintain a clean, neat environment.

This job description is not intended to be all-inclusive. The employee will be expected to perform other reasonable related duties as assigned by management.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION AND/OR EXPERIENCE

High school diploma or general education degree (GED) or equivalent preferred. Training in the topics related to human development and interpersonal relationships, nutrition, shopping, food storage, use of equipment and supplies, planning and organizing of household tasks and principals of cleanliness and safety.

LANGUAGE SKILLS

Ability to communicate effectively with patient/client, family members, clinical management, and staff. Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence.

REASONING ABILITY

Ability to apply common sense understanding to carry out simple or two-step instructions. Ability to deal with simple problems in the home setting.

OTHER SKILLS AND ABILITIES

Communication skills, light housekeeping skills, cooking, cleaning, and shopping. Good physical and mental health. Caring attitude, tact, patience, and good personal hygiene.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The work requires light physical exertion on a regular and recurring basis such as: driving, assisting patient in transfer activities, and light housekeeping. While performing the duties of this job, the employee is regularly required to stand, walk, use hands to finger, to handle or feel, and reach with hands and arms. The employee frequently is required to stoop, kneel, crouch, or crawl; talk or hear, and taste or smell. The employee is occasionally required to sit. The employee may occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. • Patient home setting, exposure to infectious diseases, automobile.

Employee Signature and Date

(Signing this document acknowledges that the job description and responsibilities have been reviewed with me, the employee.)

Applicant Acknowledgement

(NOTE: Application will not be considered complete without the applicant's signature)

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I agree that, if hired, I may be discharged if Christy Grace Health Center Inc learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration not only for this position, but future positions, as well. (NOTE: You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances such as the nature of the crime, the recency of the conviction, the type of work involved, etc.)

I understand and agree that all information concerning patients and their families is strictly confidential. I am not permitted to disclose any financial, medical or personal information related to any patient or family member to fellow employees, company administrative staff or individuals, except my supervisor at Christy Grace Health Center Inc.

I authorize Christy Grace Health Center Inc to investigate my employment history, credentials, license verification and to obtain any relevant information, including a criminal background check needed to make an employment decision. I authorize Christy Grace Health Center Inc to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize Christy Grace Health Center Inc to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Christy Grace Health Center Inc and any individual or entity providing information to Christy Grace Health Center Inc from all liability for any damage from the disclosure of this information.

I also understand and agree that passing a medical examination (which is my responsibility) and/or medical screening may be required.

If medical restrictions cannot be reasonably accommodated, I may not be hire of if hired, I may be terminated.

I understand and agree that I may be subject to pre-employment drug testing and/or alcohol testing, random testing, as well as testing where reasonable suspicion or improper usage has occurred, or where warranted by an on-the-job injury, circumstance, workplace conditions or contractual requirements.

I understand and agree nothing contained in this employment application or in granting of an interview creates an employment contract between Christy Grace Health Center Inc and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will;" that is, I will have the right to terminate my employment at any time and that Christy Grace Health Center Inc retains the same right to terminate my employment at any time.

I understand that should I become employed by Christy Grace Health Center Inc, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of Christy Grace Health Center Inc.

I understand that Christy Grace Health Center Inc is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, I may be subjected to a drug test prior being hired to assure Christy Grace Health Center Inc I do not currently have narcotics, sedatives, stimulants or other controlled substances and/or mood-altering substances in my body. I understand if I have any such substance in my body at the time of the drug test, Christy Grace Health Center Inc will not hire me.

I understand that Christy Grace Health Center Inc reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in Christy Grace Health Center Inc has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an authorized representative of Christy Grace Health Center Inc.

Applicant's Signature and Date

Pursuant to Title VII of the Civil Rights Act of 1965 (42 U.S.C., §20000d et seq.) and 45 C.F.F. Part 80, §504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §6101 et seq.), Christy Grace Health Center Inc adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment and for all persons employed by Christy Grace Health Center Inc. Christy Grace Health Center Inc offers equal employment and advancement opportunities to qualified individuals without regard to race, color, religion, sex, age, national origin, marital status, disability or any other category protected by any applicable local, state, federal law, ordinance or regulation.

APPLICATION FOR EMPLOYMENT

CONTACT INFORMATION

Name _____ Soc. Sec. # _____

Address _____

Phone _____ Email: _____

Are you legally authorized to work in the U.S.? _____

Are you able to perform this job without accommodation? _____ If no, what type of accommodation? _____

Emergency contact: _____

WORK EXPERIENCE 1: Start with your most recent job. If you have no work history, list volunteer, charitable or non-paid experiences.

Organization/Company Name _____ Title: _____

Address: _____

Dates: from _____ to _____ Reason for leaving _____

Describe what you did on this job: _____

WORK EXPERIENCE 11:

Organization/Company Name _____ Title: _____

Address: _____

Dates: from _____ to _____ Reason for leaving _____

Describe what you did on this job: _____

EDUCATION AND TRAINING

Date	School	Location	Degree/Diploma/Course of study
------	--------	----------	--------------------------------

--	--	--	--

Certificate/License Earned _____

CRIMINAL BACKGROUND

Have you ever been convicted of a Felony or misdemeanor? _____ If yes, State the basis for the conviction and date: _____

A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone.

REFERENCES

Name _____ Company _____ Title _____ Phone: _____

Name _____ Company _____ Title _____ Phone: _____

Name _____ Company _____ Title _____ Phone: _____

CHRISTY GRACE HEALTH CENTER INC.

2000 South Interstate 35, Suite Q8C, Round Rock, TX 78681. Tel: 512.586.9963 * Fax: 512.271.8358

PRIOR EMPLOYMENT REFERENCE VERIFICATION

Date _____ Method of gathering reference data Verbal Mail

TO BE COMPLETED BY CHRISTY GRACE HEALTH CENTER REPRESENTATIVE

Attention: _____ Previous Employer: _____

The individual named below is applying for a position as _____ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance.

CGHC Representative

TO BE COMPLETED BY APPLICANT

Applicant: _____
Last First Middle Maiden

Position Held: _____

I hereby release from all liability the above referenced organization and authorize release of all information requested regarding my employment. I understand that this information may be released to clients of Christy Grace Health Center Inc and other requesting third parties on a need-to-know basis. I also release Christy Grace Health Center Inc from all liability from disclosure of this information.

Applicant's signature

Date

TO BE COMPLETED BY WHOEVER IS COMPLETING THE REFERENCE

1. Please confirm the applicant's employment: From: _____ To: _____
2. Please confirm the applicant's job title and pay rate _____
3. Is applicant eligible for rehire? _____
4. Would applicant be a good match for this position with Christy Grace Health Center? _____

(Attach additional sheets if necessary)

Signature Position/Title Date Time (If verbal Reference)

**PRE-EMPLOYMENT DRUG TESTING
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Christy Grace Health Center Inc. in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Christy Grace Health Center Inc and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless Christy Grace Health Center Inc and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____

Signature: _____ Date: _____

Employment and Confidentiality Agreement

(Note: Application will not be considered complete without the applicant's signature)

This Agreement is made between hereinafter "Employee" and Christy Grace Health Center Inc and/or any affiliate of Christy Grace Health Center Inc, LLC, hereinafter referred to as the "Company." An Affiliate is defined as any person that directly or indirectly through one or more intermediaries controls or is controlled by or is under common control with Christy Grace Health Center Inc.

In consideration of employment and/or continued employment of Employee in such capacity as may be determined appropriate by the Company, and in consideration of the expense, time, and effort expended in providing the Employee specialized and unique training involving trade secrets, marketing techniques, services, and products related to the business of the Company, Employee agrees as follows:

1. Access to Trade Secrets and Confidential Information. Employee recognizes that Employee shall be employed in a sensitive position in which, as a result of a relationship of trust and confidence, Employee will have access to trade secrets and other highly confidential and sensitive information. Employee further recognizes that the knowledge and information acquired by Employee concerning the Company's customer lists and materials regarding employer/employee contracts, customers, pricing schedules, vital part of the Company's business and constitute, by their very nature, trade secrets and confidential knowledge and information. Employee

hereby stipulates and agrees that all such information and materials shall be considered trade secrets. If it is at any time determined that any of the information or materials identified above are, in whole or in part, not entitled to protection as trade secrets, they shall nevertheless be considered and treated as confidential information that is protected under this Agreement, in the same manner as trade secrets, to the maximum extent permitted by law. Employee agrees that Employee will not directly or indirectly use or cause the use of any trade secret or confidential information in a manner that conflicts with the best interests of the Company.

2. Restrictions on Use of Proprietary Information. In addition to the obligations contained in Section 1, Employee agrees that Employee will not, either directly or indirectly, or for competitive or other purposes, disclose or cause to be disclosed or make or cause any unauthorized use of any trade secret or confidential knowledge or information either during Employee's employment or at any time thereafter. Employee also agrees that all such trade secrets or other confidential information, and any copy, extract or summary thereof, whether originated or prepared by or for Employee or otherwise coming into Employee's knowledge, possession or control,

shall be and remain the exclusive property of the Company.

3. Upon termination of employment, employee shall deliver to the Company all petty cash, equipment, records, manuals, training materials, copies of records, documents, keys, and other property of whatever nature, tangible and intangible, which belong to the Company and are then in Employee's possession or control.

4. During the entire period Employee is employed by the Company, Employee agrees to devote his/her best efforts during the entire working day to advance the interests of the Company and shall not, alone or as a member of partnership, officer, director, stockholder, agent or employee of any other corporation or business, be engaged in or connected with any business that is in competition with the Company or similar to the Company's without written authorization of the Company.

5. Protection of Company's interest in Customers. Employee agrees that during the term of Employee's employment by the Company and for a period of one (1) year thereafter, Employee will not, either directly or indirectly, either for Employee or for any other person, firm, or corporation, make known or divulge the names or addresses of any of the customers of the Company at the time Employee entered the employ of the Company or with whom Employee became acquainted after entering the Company's employ, to any person, firm or corporation, and that Employee will not, directly or indirectly, whether for Employee or for any other person, firm, company or corporation, call upon, solicit, divert or take away, or attempt to solicit, call on, divert or take away any of the Company, customers, business, or clients, including but not limited to, those upon whom Employee called on whom Employee solicited or the whom Employee catered or provided services or with whom Employee became acquainted while engaged as an employee in the Company's employ.

6. Competitive Business. During the period of Employee's employment, Employee agrees that Employee will not undertake to perform any planning for, or engage in the organization of, any business activity that is actually or potential competitive with the Company's business, or combine or conspire with any other person, entity or employees or representatives of the Company for the purpose of organizing any such competitive business activity.

7. Agreement Not to Disrupt or Interfere with Company's Business. Employee specifically agrees that during the period of Employee's employment with the Company and following its termination, for any reason whatsoever, Employee shall not disrupt, damage, impair, or interfere with the business of the Company in any manner, including without limitation, either by directly or indirectly inducing or attempting to induce any employee to leave the employ of the Company, or by inducing or attempting to induce any employee, consultant, sales representative or any independent contractor to sever or modify that person's relationship or engagement with the Company, by interfering with or raiding the Company's employees, disrupting its relationships with customers, agents, representatives or vendors, or otherwise it is specifically understood that this provision shall survive and continue in effect for a period of one (1) year following employee's separation from the Company's employ, whether voluntarily or involuntarily.

8. Employee agrees that if he/she violates the covenants and agreements set forth above, the Company shall be entitled to an accounting and repayment of all profits, compensation, remuneration or benefits which Employee directly or indirectly has realized or may realize as a result of, growing out of, or in conjunction with any violation of any partial and justified liquidated damages; such remedies shall be in addition to an not in limitation of any injunctive relief or other rights or remedies to which the Company is or may be entitled at law

or in equity under this Agreement and that, in the event the Company is required to enforce the terms of this Agreement including but not limited to the enforceability of the arbitration provision contained herein and/or any award there under, through court proceedings, the Company shall be entitled to reimbursement for all legal fees,

costs and expenses incident to enforcement. The parties hereby agree that if the scope of enforceability of the restrictive covenant is in dispute, a court or other trier of fact may modify and enforce the covenant to

the extent that it believes it to be reasonable under the conditions existing at this time. In order to determine whether or not the Employee has violated the restrictive covenants of this Agreement, either party may require that the controversy be submitted to final and binding arbitration. THIS CONTRACT CONTAINS A BINDING PROVISION THAT MAY BE ENFORCED BY THE PARTIES. In the event of a dispute involving the restrictive covenants contained herein, the offended party must request a panel of five (5) arbitrators from the Federal Mediation and Conciliation Service designating a panel drawn geographically from the state in which Employee was last employed by the Company. By alternatively striking names with Employee going first and the Company going second, an arbitrator shall be selected from the panel. Said selection must occur within ten (10) days following receipt of the panel. The Company and the Employee shall split the cost of the arbitrator, including travel expenses, evenly. In the event the arbitrator finds the restrictive covenants to have been violated, the arbitrator may award damages, return of documents, cessation of Employee activities or such other relief as shall make the

Company whole. The company shall have a right to proceed to court for enforcement of the arbitrator's award.

9. Termination. It is understood that the employment relationship between Employee and the Company is at the mutual consent of both parties. Accordingly, either Employee or the Company can terminate the employment relationship at will, any time, with or without cause or advance notice. It is further understood that no employee or representative of the company, other than the president of the Company, has any authority to enter into an agreement for any specified period of time, or to make any agreement contrary to the foregoing.

Moreover, the parties agree that there are no express or implied agreements contrary to the foregoing if the president does so in a formal written agreement that is fully executed by the president and Employee.

10. Obligations Binding. Employee's obligations under this Agreement shall continue in effect beyond Employee's period of employment and such obligations shall be binding on Employee's assigns, administrators, and other legal representatives. The rights and obligations of the Company under this Agreement shall inure to the benefit of and shall be binding on the successors and assigns of the Company.

11. Purpose of Agreement to Maximize Enforceability. The parties acknowledge that they have attempted to limit Employee's rights to compete only to the extent permitted by law, including to the extent necessary to protect the Company from unfair competition. The parties hereby agree that if the scope of enforceability of the restrictive covenant is in dispute, a court or other trier of fact may modify and enforce the covenant to the extent that it believes it to be reasonable or necessary under the conditions existing at this time to make it enforceable to

the maximum extent permitted by law.

12. Separability. The provisions of this Agreement are severable, and if any one or more provisions is or may be determined by a court of competent jurisdiction to be unenforceable, in whole or in part, the remaining provisions of the Agreement shall nevertheless be binding and enforceable to the maximum extent permitted by law.

13. Employee Representations. Employee represents and warrants that Employee is free to enter into this Agreement and to perform each of the terms and covenants of the Agreement. Employee further represents and warrants that Employee is not restricted or prohibited, contractually or otherwise, from entering into and performing this Agreement, and that Employee's execution and performance of this Agreement is not a violation or breach of any other agreement between Employee and any other person or entity.

14. Non-Waiver Provision. The failure of a party to insist upon strict adherence to any term of this Agreement or to object to any failure to comply with any provision of this Agreement, shall not (a) constitute or operate as a waiver of the term or provision, (b) estop that party from enforcing that term or provision, or (c) preclude that party from enforcing that term or provision or any other term or provision by laches. The receipt of a party of any benefit from the Agreement shall not effect a waiver or estoppel of the right of that party to enforce any provision of the Agreement.

15. Final Agreement. This Agreement supersedes all previous agreements, whether written or oral, expressed or implied, relating to the above subject matter, and shall not be changed or subject to change orally.

16. Employee acknowledges that Employee has carefully read and considered the provisions above and has had an opportunity to consult independent legal counsel and accepts employment on these terms on or on Employee's hire or promotional if after.

CHRISTY GRACE HEALTH CENTER INC

By:

Oyen Borngt Iyamu, CEO

(Signature on file)

Employee Name (Please Print)

Date

Signature

Office:

Phone: 512 – 586-9963

Fax: 512 – 271-8358

E-mail: oiyamu@christygracehealthcenter.com

EMPLOYEE ORIENTATION BOOKLET FOR HOME CARE STAFF

- (1. We believe all accidents are preventable and embrace a culture of zero accidents
- (2. We believe in reporting unsafe conditions and acts
- (3. We believe in reporting accidents and incidents
- (4. We support the importance of a good return-to-work policy
- (5. We expect everyone to go home just as they arrived - everyday

I have read the "EMPLOYEE ORIENTATION BOOKLET FOR HOME CARE STAFF", and fully understand its contents.

EMPLOYEE'S NAME AND SIGNATURE

DATE

CHRISTY GRACE HEALTH CENTER INC

New Employee Training Manual Sign-Off Sheet

All staff must sign and return a copy of this memo to the Office of Human Resources no later than seven days following the receipt of this memo. The signed memo will be placed in the employee's personnel file and will serve as a record of acknowledgement of the following:

1. I acknowledge that I have received notification that the Christy Grace Health Center Inc. Staff Handbook is available at the office located at 1001 Aransas Cv., Round Rock, TX 78664 and the CGHC Policy Manual is located at the same office site. I also understand that additional HR related policies at the office too, and online at www.christygracehealthcenter.com
2. I understand that the Staff Handbook describes important information about Christy Grace Health Center Inc. and I agree to read the entire Staff Handbook. I agree to abide by all policies and procedures contained and referenced in the Staff Handbook. If I have any questions about the Staff Handbook, CGHC Policies and Procedures, or about other issues regarding my employment, I will consult my supervisor, or the Office of Human Resources.
3. I understand that it is my responsibility to notify my supervisor, or the Office of Human Resources, if I do not have access to the Internet or the actual location online. A printed copy of the Staff Handbook will be provided by your department.
4. I understand and agree that my employment with CGHC is at-will, that is, both the Employer (Christy Grace Health Center Inc.) and I are free to terminate my employment at any time, with or without cause or advance notice. I understand that while other personnel policies, procedures, and employee benefits of CGHC may change from time to time at CGHC's discretion, this at-will employment relationship can only be changed by an express written employment contract signed by the CEO.
5. I understand that the contents of the Staff Handbook are subject to changes in existing and applicable state and federal laws and regulations as well as changes by the Christy Grace Health Center Inc. Policies.

(Employee's Name-Printed – name must be legible)

(Date)

(Employee's Signature)

Please return to the Office of Human Resources

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #)
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
LRS-HCO, 5333 Getwell Rd., Memphis, TN, 38118		

Section 3. Updating and Reverification (To be completed and signed by employer.)

A New Name (if applicable)	B Date of Rehire (month/day/year) (if applicable)	
C If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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 (month/day/year)
--	-----------------------

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
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 filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • 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.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	

CHRISTY GRACE HEALTH CENTER INC

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 (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by 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

Name (Print) _____ Social Security No. _____

Signature _____ Date _____

Hepatitis B Vaccination Consent Form

Hepatitis B vaccine is usually well tolerated. The most common side effect is soreness at the local injection site and fatigue. The vaccine is administered in three doses

CONTRAINDICATIONS: Employees who are pregnant, breast-feeding mothers, have allergies to the vaccine or its components, mercury or yeast, have a fever or active infection, heart disease, Guillian-Barre Syndrome, or immune deficiency disorders will be referred to their private physician for evaluation, prior to receiving the vaccine.

POSSIBLE ADVERSE REACTIONS: Flushed face, redness, swelling, or warmth at injection site, muscle aches, fatigue and dizziness. Low-grade fever (less than 101 degrees F) occurs occasionally.

I have read the information and have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of hepatitis B vaccine and consent to vaccination.

Name (Print) _____ Social Security No. _____

Signature _____ Date _____

FIRST INJECTION	SECOND INJECTION	THIRD INJECTION
Employee Signature	Employee Signature	Employee Signature
Date Vaccinated	Date Vaccinated	Date Vaccinated
Vaccine/Lot#/Exp. Date	Vaccine/Lot#/Exp. Date	Vaccine/Lot#/Exp. Date
Site of Injection	Site of Injection	Site of Injection
Administered by	Administered by	Administered by
Time Administered	Time Administered	Time Administered

Christy Grace Health Center Inc

Home Health Aide Competency Evaluation

This certifies _____ has successfully completed the home health aide competency evaluation test as administered by Christy Grace Health Center Inc, and therefore found competent to carry on responsibilities as described in the job description as a caregiver.

Employee Signature and Date

Supervisor Signature and Date



Employee Direct Deposit Request

NAME: _____ BRANCH: _____

Complete the required information. Allow at least 2-3 weeks for processing. For checking accounts, a copy of a voided check must be provided. For savings accounts, a copy of a deposit slip must be provided.

DIRECT DEPOSIT 1

NAME OF BANK: _____

ABA#: _____ ACCOUNT #: _____

CHECKING

SAVINGS

I would like to deposit: Entire Net Pay \$ _____ % _____

ATTACH A COPY OF A VOIDED CHECK / SAVINGS DEPOSIT SLIP

In order for this direct deposit authorization to be valid, the name of the employee must be on the voided check or deposit slip. A notice from the bank authorizing the employee to deposit funds into the account will be accepted.

DIRECT DEPOSIT 2

NAME OF BANK: _____

ABA#: _____ ACCOUNT #: _____

CHECKING

SAVINGS

I would like to deposit: Entire Net Pay \$ _____ % _____

ATTACH A COPY OF A VOIDED CHECK / SAVINGS DEPOSIT SLIP

In order for this direct deposit authorization to be valid, the name of the employee must be on the voided check or deposit slip. A notice from the bank authorizing the employee to deposit funds into the account will be accepted.

I hereby authorize my employer to deposit any amounts owed me by initiating credit entries to my account at the financial institution(s) listed above. Further, I authorize the financial institution(s) listed above to accept and to credit any entries indicated by Christy Grace Health Center Inc to my account. In the event that Christy Grace Health Center Inc deposits funds erroneously into my account, I authorize Christy Grace Health Center Inc to debit my account not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Christy Grace Health Center Inc has received written notice from me of its termination in such time and in such manner as to afford Matrix Home LLC a reasonable amount of time to act on it.

Employee Signature

Date