



Thank you for contacting **One on One** Personal Homecare Services, Inc. for employment. We offer an excellent opportunity to earn a good salary while performing a necessary and meaningful job.

A JOB YOU CAN BE PROUD OF!

Our job is providing in-home care for the elderly or those who have become unable to care for themselves. You will be working in their home. In most cases, our clients are sick or disabled in some way. These are people who want the very best care for themselves or their loved ones and are willing to pay a good salary to receive proper care. Qualifications for these positions are a minimum of two years experience, a verifiable work record, strong character references, and the ability to work with the elderly or disabled. You must be kind and gentle, always showing respect and understanding to the client. Caregivers must have reliable transportation with proof of insurance. All caregivers should be bondable if the position requires such a bond or if the client requests that you be bonded.

In most cases, live-in caregivers work on a seven day on/seven days off rotation with the shift beginning at ten o'clock Tuesday morning. Each case is unique in their needs and requirements may vary depending on special arrangements made with the client. Caregivers will be made aware of any unusual requests prior to placement.

Enclosed please find an application, "Associate Work Agreement", "Policy, Ethics, and Services" agreement, criminal background check, motor vehicle report check and release of information sheet. Please fill out the application as accurately as possible including all phone numbers for your reference verifications. **Be sure to sign and date each document in the proper place and include a copy of your driver's license.**

Return the completed application packet to:

One on One Personal Homecare Services, Inc.
P.O. Box 822693
North Richland Hills, TX 76180
254-582-2800
(or upload it on our website)

ONE ON ONE PERSONAL HOMECARE SERVICES, Inc.

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE/AN EQUAL OPPORTUNITY EMPLOYER



NAME (LAST NAME FIRST) SOCIAL SECURITY NUMBER

ADDRESS CITY STATE ZIP CODE

PHONE NUMBER DRIVERS LICENSE NUMBER

MAIDEN NAME

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS	GRADUATED	STUDIES
HIGH SCHOOL			

COLLEGE

SPECIAL TRAINING

EMPLOYMENT

(LIST LAST FOUR EMPLOYERS, BEGINNING WITH THE LAST ONE FIRST)

DATE - MO/YR	NAME AND ADDRESS	PHONE	POSITION/SALARY
FROM			
TO			

FROM

TO

FROM

TO

FROM

TO

NOTE: PLEASE PROVIDE PHONE NUMBERS OF ALL EMPLOYERS

PERSONAL REFERENCES

NAME	ADDRESS	PHONE NUMBER

ONE ON ONE PERSONAL HOMECARE SERVICES, Inc.

APPLICATION FOR EMPLOYMENT



AUTHORIZATION

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.”

RELEASE OF LIABILITY

“I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.”

WAIVER

“FURTHER, I ATTEST THAT I DO NOT USE ILLEGAL DRUGS NOR AM I DEPENDANT ON ALCOHOL. I AGREE TO VOLUNTARILY SUBMIT TO A RANDOM DRUG AND/OR ALCOHOL SCREEN AT THE REQUEST OF PERSONAL HOMECARE SERVICES AND/OR ANY CLIENT THAT I AM EMPLOYED WITH THROUGH THEIR AGENCY SHOULD IT BECOME NECESSARY. I UNDERSTAND THAT ANY POSITIVE RESULTS ON THESE TESTS MAY RESULT IN DISCIPLINARY ACTION AND/OR TERMINATION OR EMPLOYMENT.

I HEREBY AGREE TO HOLD HARMLESS PERSONAL HOMECARE SERVICES AND/OR THE CLIENT OF ANY LEGAL RAMIFICATIONS OR RESPONSIBILITY FOR MY ACTIONS AS AN INDEPENDENT AGENT.”

PLEASE BE ADVISED

THERE ARE NOW LAWS IN PLACE PERTAINING TO THE “CRUELTY TO THE INFIRMED”, “EXPLOITATION OF THE INFIRMED’ AND LAWS TO PROTECT THE ELDERLY, DISABLED OR AGED PERSONS FROM ABUSE, NEGLECT, MISUSE OF FUNDS, THEFT OF MONIES, PERSONAL GOODS AND/OR PROPERTY

YOU CAN BE PROSECUTED and if found guilty you shall be fined not more than \$10,000.00 or imprisoned with or without hard labor for not more than 10 years, or both.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____



ONE ON ONE PERSONAL HOMECARE SERVICES, Inc.

PRE-EMPLOYMENT CRIMINAL BACKGROUND CHECK AND MOTOR VEHICLE REPORT CHECK

I, _____, GIVE ONE ON ONE PERSONAL HOMECARE SERVICES PERMISSION TO RUN CRIMINAL RECORDS CHECK ON MY BACKGROUND AS WELL AS A MOTOR VEHICLE REPORT AND WILL HOLD NO ONE LIABLE FOR THE RESULTS OF THIS INFORMATION. ONE ON ONE PERSONAL HOMECARE SERVICES HAS MY PERMISSION TO RUN A CRIMINAL BACKGROUND CHECK AND MOTOR VEHICLE REPORT AT ANY TIME WHILE I AM ASSOCIATED WITH THE COMPANY.

HAVE YOU EVER BEEN ARRESTED? YES ___ NO ___

IF SO LIST WHERE, WHEN, WHY AND WHAT THE CHARGES WERE

FILL OUT THE FOLLOWING INFORMATION COMPLETELY

NAME _____
LAST FIRST MIDDLE

DATE OF BIRTH _____ PLACE OF BIRTH _____

SEX ___ RACE ___ DL# _____ STATE ___ SS# ___ - ___ - ___

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSE INFORMATION WILL BE GROUNDS FOR REJECTION OF MY APPLICATION FOR EMPLOYMENT.

APPLICANT'S SIGNATURE

DATE



ASSOCIATE WORK AGREEMENT with
ONE ON ONE PERSONAL HOMECARE SERVICES

I understand that I am an independent agent and have been assigned a case provided by One on One Personal Homecare Services, Inc. (hereinafter known as One on One). I agree to adhere to all policies and instructions issued by One on One. I further agree that One on One has the right to monitor performance and report to the client on cases provided by One on One.

I also acknowledge and agree that as an independent agent I am responsible for any and all taxes, including but not limited to federal, state, local, self-employment or any other such tax or legal filings necessary by me as a self employed person. I further hold One on One and the client harmless for such sums or penalties for failure to file or incorrect filing and agree that I should contact my tax professional for filing instruction and an insurance agent for any insurance purposes including but not limited to workman’s compensation needs and the appropriate automobile liability coverage for my vehicle.

I agree that during the course of my work as an associate of One on One (Company) and for a period of eighteen (18) months immediately following the termination of my relationship with One on One for any reason, whether with or without good cause or for any or no cause, at the option either of the Company or myself, with or without notice, I will not, without prior consent from the Company, (I) serve as a partner, consultant, officer, director, manager, agent, associate, investor, or otherwise for, (ii) directly or indirectly, own, purchase, organize or take preparatory steps for the organization of, or (iii) build, design, finance, acquire, lease operate, manage, invest in, consult for or otherwise affiliate myself with any business in competition with or otherwise similar to the Company’s business. I further agree that at the time of my termination from the Company, I will not interfere, directly or indirectly, or try to secure and keep in my possession, recreate or deliver to anyone else any and all copies of contracts, records, applications, policies, forms, materials or other documentation otherwise belonging to the Company, either for myself or for any other person or entity. **Further I agree not to interfere, directly or indirectly, with the Company’s relationships, or prospective contracts and relationships, including but not limited to, customer or client contracts, nor will I solicit, induce, recruit, or encourage any of the Company’s employees to leave their employment, or take away such employees or clients, either for myself or for any other person or entity.** The foregoing non-compete covenant shall cover my activities in every part of the State of Texas (Territory) in which I may conduct business during the term of such covenant as set forth above.

I hereby verify by my herein below signature that I have read, understand and agree to all terms set forth in the above associate work agreement.

Associate

Date

One on One Representative

Date

This agreement will be governed by the laws of the State of Texas without regard or conflicts of laws principles. I hereby expressly consent to the personal jurisdiction of the State and Federal Courts located in the State of Texas for any lawsuit filed against me by the Company concerning my association or the termination of my association arising from or relating to this agreement.



ONE ON ONE PERSONAL HOMECARE SERVICES, INC.

CAREGIVER REQUIREMENTS

At One on One we strive to be professionals. Being a professional takes on many characteristics, which are projected not only in your actions but also in your appearance. The requirements for being a caregiver thru One on One are:

- 1) Responsibility: Taking the initiative to do your job and do it well without being told. Making sure the patient's needs are met while being aware of their medical condition and reporting through proper channels when changes occur. "Never Walk Off A Case!"
- 2) Dependability: Being on the job and being on time is mandatory. Please provide adequate notice if you are unable to report to or fulfill your shift of work. Contact your relief caregiver first to see if he/she can fill in for you, if not, then contact the office. Please understand that we may not be able to locate a fill in immediately due to short notice and travel time, but we will do the best we can. Remember to never leave your client unattended and only if there is an emergency situation contact a family member to come until a relief can be sent to the job.
- 3) Appearance: We now require that you wear uniforms or neatly ironed scrubs when on the job unless the client requests otherwise. This will demonstrate to family members, home health workers and visitors an assurance of professional quality in our caregivers.
- 4) Honesty: We are staying in the client's home. Never give anyone reason to doubt our honesty. Never make long distance calls using the client's telephone; always have a prepaid calling card or cell phone. Removing items or food that do not belong to us (no matter how small or minor the item) will not be tolerated and is grounds for immediate termination.
- 5) Understanding: Some cases can be stressful and some patients are not always easy to cope with. However, we must always be patient, courteous, and understanding of their situation and, above all, conscientious and respectful to the client and their family.
- 6) Integrity: Never bring your personal problems to the job. We are paid to help improve the patients and their families' situations. Never ask the client to loan you money, use their vehicle for personal needs, or impose on their privacy in any way. Never ask to bring personal pets or animals into the client's home. Always limit visits from friends or family to a minimum.
- 7) Dedication: Always remember that your appearance and your actions on the job are a direct reflection of you and the company you work for. Much of our business is generated through referrals, which are a direct result of the job we do, and the impression we leave upon others. Take pride in yourself and the company you work for.
- 8) Contract: As set forth in the contract, you may not work for that client nor any other client associated with One on One for a period of one year after the date of termination.



- 9) Services:
- a. Keep the client's house in general order. For example: Dusting, vacuuming, and keeping the bath and kitchen areas clean. Bed linens are to be kept clean.
 - b. Cook balanced meals daily according to specific diet plan. Client will provide food. However, any special diet needs of the caregiver will be the caregivers own responsibility.
 - c. Drive clients to church, the doctor, dentist, hairdresser, shopping or other outing needs. Running errands or doing necessary shopping.
 - d. Seeing that the client takes medication at proper times.
 - e. Be sure you have the phone numbers of the following: Family member in charge, doctor, paramedics (911), drug store or any other special numbers required to effectively care for the client.
- 10) Personal Appointments:
With the exception of emergencies, never make appointments on shift change day or during your work week. Always make appointments on your week off.
- 11) You as a Caregiver are not permitted to visit a client's home or return for items that you may have left at a clients home after being terminated (Voluntary or involuntarily) from that position without first personally notifying someone in this office.
- 12) Schedule Changes:
Do not make any changes whatsoever in your work schedule without contacting the office first.

I hereby verify by my herein below signature that I have read, understood, and agree to all of the terms set forth hereinabove.

Associate

Date

One on One Representative

Date