

Date of Application: \_\_\_\_\_

Date of Hire: 1 \_\_\_\_\_

## **Nova Private Homecare LLC.**

### **Application:**

#### **Personal Information:**

Name (Last, First, Middle): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Emergency Contact Information Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you agree to be bonded?    Yes    No    Do you have your own liability insurance?    Yes    No

Position applied for: \_\_\_\_\_

List Handicaps or ailments which could prevent you from performing the assigned duties:

\_\_\_\_\_

#### **Work History (Provide info on most recent jobs)**

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title/Duties: \_\_\_\_\_ Manager's Name: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title/Duties: \_\_\_\_\_ Manager's Name: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

#### **Business References**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### **Education:**

High School (Name, City, State): \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Degree earned (if Applicable) \_\_\_\_\_

College (Name, City, State): \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Degree earned (if Applicable) \_\_\_\_\_

Business/ Trade school (Name, City, State): \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Degree earned (if Applicable) \_\_\_\_\_

## Nova Private Homecare LLC. Orientation Checklist:

As an employee of Nova Private Homecare, it is expected that you.....

- Provide professional, advanced medical services to the patients.
- Comply with the "Client Service Plan" to fulfill the agreed-upon responsibilities.
- You are not permitted to divulge or knowingly allow the disclosure of any information contained in a client record to anyone other than the regulatory department, the client responsible part (if applicable), the client's physician or other health care provider, the appropriate provider staff, or any other person the client has expressly authorized in writing or by subpoena.
- In the event of an emergency at a client's residence, immediately contact the client's emergency contact (as listed in the client file) and let Nova Private Homecare know.
- Report any changes in the client's condition to Nova Private Homecare and the accountable party.
- Please notify the office of any modifications that could enhance the standard of care the patient is receiving in keeping with our dedication to delivering high-quality care.
- Make sure to note any services rendered on the completed time sheets. The service rendered must be noted, dated, and initialed.
- Notify Nova Private Homecare of any known hepatitis or tuberculosis exposure.

**Kindly initial, sign, and date each item:**

1. Read and understand the policies and procedures guidebook. \_\_\_\_\_
2. Review and sign the client confidentiality document. \_\_\_\_\_
3. Familiarize yourself with emergency protocols. \_\_\_\_\_
4. Consent to monthly completing the CLTC task sheet and submitting it to the office. \_\_\_\_\_
5. Agree to fill out and submit a weekly timesheet to the office. \_\_\_\_\_
6. Take responsibility for informing the nursing supervisor of changes to the client's status, environment, or service quality. \_\_\_\_\_
7. Report any changes to the phone number or address to the supervisor. \_\_\_\_\_
8. Keep the office informed of any changes to address or phone number. \_\_\_\_\_
9. Immediately notify the nursing supervisor in emergencies and provide at least three hours' notice for planned home visits. \_\_\_\_\_
10. Participate in company in-service training. \_\_\_\_\_
11. Maintain current PPD (yearly) and CPR (every two years) documentation and submit it to the office. \_\_\_\_\_

I certify that I have read and understand the above requirements:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Nova Private Homecare LLC.****Job Description:****QUALIFICATIONS:**

- Proficient in reading, writing, comprehending, and executing directions.
- Provide documentation of nurse aide certification from the Department of Medical Assistance or complete 40 hours of training within six months of employment, covering agency policies, state requirements, and client care.
- Display compassion, maturity, sympathy, and professionalism consistently.
- Successfully complete required pre-employment evaluation test(s) according to policy.
- Demonstrate physical capability for job-related duties, including lifting, standing, bending, transferring, stooping, stretching, walking, pushing, and pulling.

**RESPONSIBILITIES:**

- Assist with personal care functions, including skin care, toileting, grooming, oral hygiene, dressing/undressing, and feeding.
- Aid in turning, positioning, and transferring clients.
- Demonstrate knowledge of the safe use of medical equipment.
- Maintain cleanliness of client's room and living area.
- Make and change beds as needed.
- Assist clients with Activities of Daily Living (ADLs).
- Ambulate residents requiring minimal assistance.
- Immediately report any changes or incidents to the Office Manager and Nursing Supervisor.
- Participate in case conferences with the healthcare team.
- Maintain confidentiality regarding clients, healthcare staff, and documentation.
- Meet annual in-service requirements and attend staff development training.
- Maintain a professional appearance in compliance with the agency's dress code.
- Foster a cooperative manner with clients, families, and the healthcare team.
- Encourage client decision-making and independence.
- Involve and encourage family members in the care of the client.
- Report changes in client condition to the nurse supervisor.
- Document changes, service problems, and additional client needs in progress notes.
- Complete PSS service documentation (Time Sheets) bi-weekly for each client.
- Apply information acquired through training.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Nova Private Homecare**  
**Confidentiality Pledge for Personal Health Information/Clients:**

I, \_\_\_\_\_ acknowledge that personal health information belonging to the client is confidential and should not be released without valid client consent. I understand my obligation to maintain confidentiality extends beyond my employment or association with Nova Private Homecare.

I hereby commit to accessing only the client information necessary for fulfilling my contracted responsibilities. I pledge not to disclose, communicate, or utilize any client information beyond what is essential for providing care. Information within the scope of my contracted services will be shared solely with those who have signed confidentiality agreements and possess a legitimate need to know.

I am aware that non-compliance with these policies, including any unauthorized use or disclosure of information, may result in disciplinary action, such as termination of employment, fines, and potential legal consequences.

By signing below, I affirm that I have read, understood, and agree to abide by the terms of this confidentiality agreement.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Nova Private Homecare LLC.**  
**Procedure guidelines:**

As an agent/contractor/representative of Nova Private Homecare, you are required to adhere to a payroll schedule.

To ensure timely payment for completed hours, it is your responsibility to submit all Time Sheets to our office by the specified due date. Our pay periods follow a bi-weekly cycle, commencing on a Saturday and concluding on a Friday.

Direct deposit payments will be processed one week after the end of each pay period. For instance, for the pay period concluding on 01/15/2024, payment will be received on the following Friday, 01/22/2024. **Please submit time sheets by the deadline on the payroll calendar to avoid delayed payment until the time sheets are received in our office.**

If proximity prevents you from delivering time sheets in person, it is strongly recommended that you mail them by the Saturday preceding payday to allow sufficient transit time.

Please be aware that blank time sheets will not be sent via mail. Extra copies can be obtained by visiting the office, or we can email you a copy for your convenience. If you opt to print your own time sheets, ensure they are printed on a single page, front and back.

By signing below, I acknowledge that I have been informed of the submission process, understand the outlined procedures, and commit to following the payroll calendar provided by Nova Private Homecare.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Nova Private Homecare LLC

## Direct Deposit Form

Caregiver Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:    Checking                  Savings

\*Please update your account information for payroll processing\*



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

**ACKNOWLEDGEMENT OF APPLICANT'S NON-CRIMINAL JUSTICE  
PRIVACY RIGHTS AND CONSENT TO BE INCLUDED  
IN THE CAREGIVER PORTAL**

**SECTION I – PRIVACY RIGHTS - TO BE COMPLETED BY INDIVIDUAL BEING FINGERPRINTED:**

APPLICANT TYPE: ☐ Owner (Facility)  
☐ Applicant for Employment/Direct Access Employee (Facility)  
☐ Non-Employee (Facility Volunteer)  
☐ Contractor/Direct Access (Facility)

PRINT FULL NAME \_\_\_\_\_  
Last First Middle Date of Birth  
(mm/dd/yyyy)

Home Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Street City State Zip

I hereby authorize the Georgia Department of Community Health (DCH), Office of Inspector General, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand a State and Federal fingerprint criminal background check will be conducted. By signing below, I am indicating that I have read and understand the terms and conditions of the attached Non-Criminal Justice Applicant's Privacy Rights and Policy Act Statements.

\_\_\_\_\_  
Applicant Signature Date

**SECTION II – CAREGIVER PORTAL - TO BE COMPLETED ONLY BY AN APPLICANT OR EMPLOYEE BEING  
FINGERPRINTED AS PART OF FACILITY LICENSURE. DOES NOT INCLUDE OWNERS OR FAMILY EMPLOYERS.**

APPLICANT TYPE ☐ Applicant for Employment/Direct Access Employee (Licensed Facility)  
☐ Non-Employee (Volunteer at Licensed Facility)  
☐ Contractor/Direct Access Employee (Licensed Facility)

The Georgia Caregiver Portal only contains the eligibility status of applicants and employees who have successfully passed the background screening process. The Caregiver Portal does not contain the names of applicants and employees who are ineligible. Family employers can access the Caregiver Portal to view a prospective applicant or current employee's eligibility to determine their suitability for employment to provide personal care services to that employer's elderly family member or wards. All services are performed at locations not licensed by DCH. Individuals should check one of the boxes below.

- ☐ I agree to the results of my background check determination being available to family employers in the Georgia Caregiver Portal.
- ☐ I am seeking employment only by licensed healthcare employers. I do not want or agree to the results of my background check determination being available to family employers.

\_\_\_\_\_  
Applicant Signature Date



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number (if any)	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
		<input type="checkbox"/> 1. A citizen of the United States			
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)			
		If you check <b>Item Number 4.</b> , enter one of these:			
USCIS A-Number		OR	Form I-94 Admission Number		OR Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>  <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



**Employee's Withholding Certificate**

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2025****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
Employee's signature (This form is not valid unless you sign it.)

\_\_\_\_\_  
Date

**Employers**  
**Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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## Nova Private Homecare LLC. Employee Code of Conduct

### Policy

Nova Private Homecare policy expects all employees to adhere to the Health system's standards of behavior and performance. If an employee doesn't adhere to these expected standards, the employee will be subject to disciplinary actions up to and including termination. Nova Private Homecare reserves the right to discipline and terminate employees based on conduct that, at its discretion, is deemed inappropriate.

### Guidelines

At its sole discretion, Nova Private Homecare maintains the right to impose disciplinary action. Nova Private Homecare will make every effort to discipline fairly and, if necessary, implement progressive discipline.

- General Guidelines
  - All discipline will be administered without respect to disability, race, color, gender, age, religion, nationality, or any other factor unrelated to Nova Private Homecare operations or employment.
  - Work rules and discipline administration apply to all personnel.
  - Discipline will be administered in an equitable and just manner.
- Types of Discipline- The extent of disciplinary action taken in misconduct cases is entirely at Nova Private Homecare's discretion.
  - The types include but are not limited to verbal warnings, written warnings, up to five-day suspensions, and, in some cases, termination.
  - A verbal warning report should be conducted whenever the nursing supervisor discusses a conduct problem with the employee. This report should be placed in the specified employee's file.
  - When severe disciplinary action is necessary, the supervisor must prepare an employee warning report, which will then be reviewed with the employee and forwarded to the designated employee file.
  - Nova Private Homecare will review all actions that can possibly result in a suspension or termination if all prior disciplinary actions fail to be taken seriously.
  - If an employee is terminated, a nursing supervisor must consult with the Administrator and President/CEO of Nova Private Homecare before concluding a decision.
  - In some cases, an investigation of the offenses may be conducted by management. The following procedure will be used in the event of an investigation:
    - Being suspected of violating regulations, and was informed of the nature of the interview.
    - The employee cannot have a representative with him/her during the interview.
    - The person conducting the investigation must take notes on comments made by the employees during the interview.

- Rules of Personal Conduct- Personal behavior rules for all Nova Private Homecare personnel are essential for the safety and orderly operation of Nova Private Healthcare. Employees should use sensible judgment and adhere to the same norms of honesty and decency that all good citizens do. Nova Private Healthcare maintains the right to take disciplinary action if it deems it necessary.
  - Rules that, if broken, may result in immediate termination- the following are instances of unacceptable behavior. Other similar events, in addition to these, may result in an immediate termination.
    - Committing negligent activities that may result in injury to clients or other staff
    - Violation of safety practices
    - Careless actions
    - Revealing confidential information/ violating HIPPA
    - Unauthorized removal/possession of Nova Private Homecare's or another private property/theft
    - Altering or falsifying patient medical records, Nova Private Homecare data, employee time records, employment applications, registering for another employee's time, or making false statements
    - Working in an intoxicated condition/ under the influence
    - The possession/ consumption of drugs or alcohol with a client or on Nova Private Homecare's premise
    - Possession of weapons, firearms, ammunition, firecrackers, etc. with any client or on Nova Private Homecare property
    - Intentional vandalization of a client's property or Nova Private Homecare's property
    - Severely injuring mentally or physically a client or anyone in the client's home/property
    - Insubordination
    - Failure to follow instructions or duties
    - Refusal to comply with requests made by their superior/ supervisor
    - Usage of profane, abusive, or racist language towards clients, supervisors or employees
    - Being absent from work for three days in a row without giving adequate notice to the administration
    - Gambling on any clients or Nova Private Homecare's property
    - Leaving the assigned workplace during designated hours without proper notification and approval from the supervisor
    - Immoral conduct
    - Bribing, coercing, inciting, or otherwise inducing employees to engage in violation of Nova Private Homecare's rules
    - Sleeping during working hours

- Failing to comply with general standards or employee conduct
  - Conviction of a criminal offense involving the effectiveness of the performance of the employee's job
  - Actions that may result in severe harm or loss
  - Operating a vehicle in a dangerous/ careless manner
  - Failing to report any disease that may endanger any other person
  - Engaging in any form of sexual harassment or any other forms
  - Stealing a client's money or property by force or threat
  - Taking a power of attorney from the client by force, threat, or deceit
  - The use of client/caregiver's or property against one's will/knowledge
- activities for which an employee may face discipline other than termination are other activities that Nova Private Homecare will not allow. These behaviors may result in disciplinary action, up to and including termination. A breach of one of these regulations usually results in a written warning. A second offense will result in the employee receiving a final warning. After the third offense, the employee may be fired. However, depending on the gravity of the offense, more harsher punishment may be imposed for any of the following violations:
    - Making adjustments to their work schedule without proper authorization
    - Violation of attendance or tardy standards
    - Failure to notify supervisor or administrator of absence from work.
    - Failure to report an accident, injury, or violation of the safety rules.
    - Smoking in any client's home or Nova Private Homecare's property
    - Failure to follow the dress code.
    - Violation of any other policies and procedures listed.
    - Unsatisfactory quality of work performance
    - Excessive usage of telephone for personal use
  - Discipline implementation- the restrictions are examples of generally tolerated behavior and do not limit Nova Private Homecare's power to discipline or dismiss an employee for any behavior, depending on the circumstances.
  - Nova Private Homecare reserves the right to add to or change its standards of behavior and performance at any time. Nothing in this policy limits the types of behavior that may result in disciplinary action.
  - Nothing under these policies implies that Nova Private Homecare must provide pre-disciplinary processes. There is no right to pre- or post-disciplinary processes for any employee.

Signature\_\_\_\_\_

Date:\_\_\_\_\_

## Nova Private Homecare LLC.

### Applicant Authorization and Consent for Release and Disclosure

Note to applicants: Nova Private Homecare LLC conducts criminal background checks for all new hires. A criminal conviction or pending criminal charge may factor in the hiring decision. The information requested below is required to conduct a criminal history background check.

Discrimination based on age, gender, race, or any other protected class status under federal or state law is prohibited by Nova Private Homecare LLC policy.

A conviction record and/or pending criminal charges is not an absolute bar to employment. Such information will be considered only if there is a substantial relationship between the circumstances of the conviction and/or pending charge and the position being applied for. Your completion of this form is part of your application process. You must fill out the requested information accurately and completely, disclosing all convictions and/or pending criminal charges for any felony or misdemeanor crimes.

Applicants who fail to complete and return this form, or provide their own Criminal Background Check, will not be further considered for employment. An applicant's failure to accurately and completely disclose his or her criminal conviction history may be grounds for removal from further consideration for a position.

**Please provide all requested information and provide addresses for the last seven- (7) years**

Applicant's Name:	FIRST	MIDDLE	LAST	Maiden Or Other Name(s)
Current Address - Street, City, State, Zip				How Long
Previous Address - City, State, Zip				How Long
Previous Address - City, State, Zip				How Long
Social Security Number			Date of Birth (for confirmation of ID only)	
Drivers License Number		State		Name - exactly as it appears on Driver's License
Email Address			Phone Number	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Criminal History

Have you been convicted or plead guilty to a crime in the last 7 years? ☐ Yes ☐ No

- Brief description of crime: \_\_\_\_\_ 
☐ Misdemeanor / ☐ Felony  
Please Circle
- Date: \_\_\_\_\_ Place of conviction: \_\_\_\_\_  

City
State
County

List additional convictions: \_\_\_\_\_

**Nova Private Homecare LLC.**  
**Employee Statement of Commitment**

I, \_\_\_\_\_, have read and understand the policies outlined in the Nova Private Homecare LLC Personnel Policy Manual. In compliance with those policies, I agree to adhere to the following:

- I will always maintain professionalism in the home to which I am assigned.
- I will promptly contact the agency regarding any discrepancies between the client's assessment of the assignment requirements and my understanding of my specific performance level as designated by the agency.
- I will comply with the agency's Standard Code of Dress described in the Personnel Policy Manual.
- I will arrive on time for the assignments I have accepted. In an emergency causing potential lateness, I will notify the agency office of the situation and expected arrival time.
- I will not accept any money, gifts, or other monetary favors from the agency's clients. Payment for services rendered will be received directly from the agency.
- I will only access clients' funds or vehicles if obtaining prior authorization from the agency.
- I will promptly notify the agency if I am unable to arrive for my assignment within the specified time or if I am unable to meet my assignment commitment. Failure to contact the agency when unable to meet my assignment commitment will be grounds for immediate termination.
- I will refrain from making or accepting personal telephone calls in the client's home.
- I will not transport a patient or family member in my personal vehicle.
- I will not smoke in a patient's home.
- I understand my role as the caregiver for the agency's client and will provide services as per my job description and the Service Plan of the respective client.
- I will not be authorized to provide services not covered by the service plan.
- I will promptly update the agency if the client requires any services outside the scope of the service plan.

I understand that violating the company's policies may result in immediate termination.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Nova Private Homecare LLC.**  
**Agency Zero Fraud Tolerance Policy**

**Purpose:**

To ensure employees participate in Nova Private Homecare LLC's efforts to avoid and prevent any FRAUD activity that may conflict with the agency's interests and any State/Federal/Private programs.

**Policy:**

Nova Private Homecare LLC expects all of its employees to understand and be aware of potential situations where FRAUD will not be tolerated.

**Procedure:**

- All employees will report to their immediate supervisor any actions/omission in/or employment services that interact with Nova Private Homecare LLC's Fraud prevention Policy, but not limited to:
  - Employee participation in any business transactions where there might appear to be a conflict between the employee's personal interest and that of the agency's effort to prevent fraud.
  - Employee participation in any activity/cover for services not provided.
  - Outside employment interferes with the satisfactory performance of an employee's duties and responsibilities for the agency.
  - Any outside relationship, financial interest, or participation in a business transaction that might influence the performance of an employee's duties and responsibilities for the agency.
  - Acceptance/giving of gifts/kickbacks, including cash payments, fees, services, discounts, valuables, privileges, or other favors that would or might appear to improperly influence an employee in performing the employee's duties and responsibilities for the agency. (Illegal remuneration)
  - Participation in any action to alter costs.
  - Use of un-licensed persons to perform their duties or licensed without authorization (misrepresentation).
  - Not reporting any signs of abuse: verbal, physical, economic, or any other form.
  - Participating in any act of identity/insurance ID theft.
  - Permitting unnecessary or duplicate services.

- Altering claims, billing forms, invoices, expenses, or other accounting-related issues. (Over-billing)
- Non-compliance with approved/ordered schedules of visits and reporting guidelines, including technically corrected transcribing services if used.
- Participating in fraudulent records, notes, signatures, and reports.
- If a fraud action is discovered or suspected, the supervisor/manager and employee will discuss its impact with the administrator.
- After the above discussion, a recommendation may be made for the employee to end his/her association with the entity or the agency within a specified period, including the corresponding report to any Regulatory Agency.
- The failure of an employee to cease the activity that management determines to be a fraud action will subject the employee to disciplinary action up to and including termination.
- Upon hire, agency staff signs Nova Private Homecare LLC's Zero Fraud Tolerance Statement.

I, \_\_\_\_\_ - have read and understand the Nova Private Homecare LLC Zero Fraud Tolerance Policy.

Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Nova Private Homecare LLC. Code of Ethics

As an agent/contractor/representative of Nova Private Homecare LLC, I am subject to a code of ethics that binds those in the field in which I work. I assume certain responsibilities and am expected to account for what I do in terms of what I am expected to do. I recognize and adhere to the following points of ethics and will commit to:

- Participate in efforts to maintain and promote the integrity and credibility of the program.
- Recognize the boundaries of my own level of training and skills and consult with the appropriate staff when needed.
- Maintain competence in relevant areas.
- Provide services with respect for human dignity unrestricted by considerations of age, social or economic status, personal characteristics, or lifestyle choices.
- Continually safeguard the confidentiality of program participants and not divulge any information obtained in the course program activities without proper written consent.
- Act in accordance with the standards and practices of Nova Private Homecare LLC.
- Avoid any conflict of interest or appearance of conflict of interest, including financial gain, in the provision of services.

As an agent/contractor/representative of Nova Private Homecare LLC, I acknowledge that I am prohibited from the following activities:

- Using the member's car for personal reasons
- Consuming the member's food or beverage
- Using the member's telephone for personal calls
- Discussing political or religious beliefs, or personal problems with the client
- Accepting gifts or financial gratuities (tips) from the member or member's representative
- Lending money or other items to the client
- Borrowing money or other items from the client or client's representative
- Selling gifts, food, or other items to or for the member
- Purchasing any items for the client unless directed to in the client's care plan
- Bringing other visitors (e.g., children, friends, relatives, pets, etc.) to the client's home
- Smoking in the client's home
- Reporting for duty under the influence of alcoholic beverages or illegal substances
- Sleeping in the client's home
- Remaining in the client's home after services have been rendered

I will do my utmost to uphold this Code of Ethics, as I understand the effectiveness and credibility of Nova Private Homecare LLC depends, in part, on the way I carry out my responsibilities.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby affirm and attest that I have never been proven through credible evidence (such as a court of law or jury, a department investigation, or other reliable sources) to have engaged in acts of abuse, neglect, sexual assault, exploitation, or caused serious injury to any individual due to intentional or grossly negligent misconduct, as substantiated by oral or written statements obtained during the application process. I commit to promptly informing Nova Private Homecare LLC if any of these circumstances arise.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Nova Private Homecare LLC.**  
**Tuberculosis (TB) Assessment**

Patient name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Date: \_\_\_\_\_

**Do you have any of the following symptoms? (Please indicate by circling yes or no to each)**

Yes	No	Cough (Longer than 3 weeks)
Yes	No	Fever
Yes	No	Coughing up blood
Yes	No	Loss of weight
Yes	No	Loss of appetite
Yes	No	Night sweats
Yes	No	Fatigue

**Were you born in another country? (Please indicate by circling yes or no)**

Yes No Please indicate the country: \_\_\_\_\_

**Have you? (Please indicate by circling yes or no to all)**

Yes	No	Had a recent contact with someone with active TB?
Yes	No	Recently or currently been homeless? (within the past 2 years)
Yes	No	Visited another country for 2 months or more?
		Please indicate the country: _____
Yes	No	Lived in another country?
		Please indicate the country: _____
Yes	No	Taken the BCG vaccine?
Yes	No	Have you ever been screened for TB
		If yes, when? _____
		If TB test is positive:
		Date of Chest X-ray: _____
		Results of Chest X-ray: _____

I, \_\_\_\_\_ am obligated to report any known exposure to tuberculosis and Hepatitis to my employer, Nova Private Homecare LLC

Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Nova Private Homecare LLC.

## 2025 Payroll Calendar

<b>Pay Period (Sat-Fri)</b>	<b>Timesheets Due (Mondays)</b>	<b>Pay Date (Friday)</b>
Dec 21, 2024 – Jan 03, 2025	Jan 06, 2025	Jan 10, 2025
Jan 04 – Jan 17, 2025	Jan 20, 2025	Jan 24, 2025
Jan 18 – Jan 31, 2025	Feb 03, 2025	Feb 07, 2025
Feb 01 – Feb 14, 2025	Feb 17, 2025	Feb 21, 2025
Feb 15 – Feb 28, 2025	Mar 03, 2025	Mar 07, 2025
Mar 01 – Mar 14, 2025	Mar 17, 2025	Mar 21, 2025
Mar 15 – Mar 28, 2025	Mar 31, 2025	Apr 04, 2025
Mar 29 – Apr 11, 2025	Apr 14, 2025	Apr 18, 2025
Apr 12 – Apr 25, 2025	Apr 28, 2025	May 02, 2025
Apr 26 – May 09, 2025	May 12, 2025	May 16, 2025
May 10 – May 23, 2025	May 26, 2025	May 30, 2025
May 24 – Jun 06, 2025	Jun 09, 2025	Jun 13, 2025
Jun 07 – Jun 20, 2025	Jun 23, 2025	Jun 27, 2025
Jun 21 – Jul 04, 2025	Jul 07, 2025	Jul 11, 2025
Jul 05 – Jul 18, 2025	Jul 21, 2025	Jul 25, 2025
Jul 19 – Aug 01, 2025	Aug 04, 2025	Aug 08, 2025
Aug 02 – Aug 15, 2025	Aug 18, 2025	Aug 22, 2025
Aug 16 – Aug 29, 2025	Sep 01, 2025	Sep 05, 2025
Aug 30 – Sep 12, 2025	Sep 15, 2025	Sep 19, 2025
Sep 13 – Sep 26, 2025	Sep 29, 2025	Oct 03, 2025
Sep 27 – Oct 10, 2025	Oct 13, 2025	Oct 17, 2025
Oct 11 – Oct 24, 2025	Oct 27, 2025	Oct 31, 2025
Oct 25 – Nov 07, 2025	Nov 10, 2025	Nov 14, 2025
Nov 08 – Nov 21, 2025	Nov 24, 2025	Nov 28, 2025
Nov 22 – Dec 05, 2025	Dec 08, 2025	Dec 12, 2025
Dec 06 – Dec 19, 2025	Dec 22, 2025	Dec 26, 2025
Dec 20, 2025 – Jan 02, 2026	Jan 05, 2026	Jan 09, 2026