



Employment Application

Applicant Information

Full Name: _____
Last First M.I

Address: _____
Street Address Apartment/Unit#

_____ *City State Zip*

Date Available: _____ Social Security No.: _____ Desired Salary: _____

Position Applied for: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the US? Yes No

Have you ever worked for a home health care company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you Graduate? Yes No Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Previous Employment

Company: _____ Phone: _____
Address _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Previous Employment

Company: _____ Phone: _____
Address _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Couture Care Personal Care Services, LLC

Patient Information Access and Confidentiality Agreement

As an employee of Couture Care Personal Care Services, LLC you may have access to confidential information for certain clients. The purpose of this agreement is to help you understand your duty regarding confidential information.

Confidential information is valuable and sensitive and is protected by law (HIPAA) and by strict Healthcare policies. The intent of these laws and policies is to assure that confidential information will remain confidential - that is, it will be used only as necessary to accomplish the company's mission. As a Couture Care Personal Care Services employee, you are required to conduct yourself in strict conformance to applicable laws. Your principal obligations in this area are explained below.

As a Couture Care Personal Care Services employee, you understand that you will have access to confidential information which may include, but is not limited to, information relating to:

- Patients (such as records, conversations, patient/member financial information, etc)
- Healthcare information (such as memos, communications, etc.)

Accordingly, as a condition of and in consideration of your access to confidential information, you agree that:

- You will use confidential information only as needed to perform your legitimate duties as a caregiver affiliated with Couture Care Personal Care Services, LLC. This means that:
- You will access and use patient information only in connection with Couture Care Personal Care Services, LLC.
- You will keep confidential all patient information to which you gain access.
- You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your professional activities affiliated with Couture Care Personal Care Services.
- You will not discuss patient information in public places or outside of work.
- You will take all necessary precautions to ensure that the access and handling of patient information are conducted in ways that protect patient confidentiality to the greatest degree possible which will include:
- You will safeguard and not disclose patient access codes, User ID, and/or passwords or any other authorization that allows you access to confidential information.

I understand that it is my obligation and responsibility to maintain the confidentiality of all patient information. I understand that any violation of confidentiality as outlined in this agreement will result in disciplinary action, which may include, but is not limited to, loss of access to patient confidential information, loss of privileges and/or loss of ability to work for Couture Care Personal Care Services, LLC.

My signature below indicates that I have read, understand and agree to abide by the HIPAA Patient Privacy Rules and the Patient Information Access and Confidentiality Agreement and agree to be bound by them.

Signature: _____ Date: _____

Printed Name: _____

Employee Information

Personal Information

Full Name: _____
Last *First* *M.I*

Address: _____
Street Address *Apartment/Unit#*

_____ *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Job Information

Education: _____ Certifications: _____

State Date: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I*

Address: _____
Street Address *Apartment/Unit#*

_____ *City* *State* *Zip*

Home Phone: _____ Cell Phone: _____

Relationship: _____