

Nananom Assisted Living Employee File

Name: _____

Date of Hire: _____

Nananom Assisted Living

NEW HIRE CHECK LIST

Name: _____ Phone: _____
Address: _____ Date of birth: _____
City, State and Zip code _____ SS # _____
Emergency contact: _____ Phone # _____

Pre-Hire check list:

Food Handler's card #: _____ Yes ___ No ___ Not Applicable
Confidentiality Agreement: _____ (Initial)

Application Form _____ Freedom from criminal conviction statement _____
Drug screen testing _____ Criminal Record Statement _____

Finger print

Finger Print Card: Valid ___ Yes ___ No (Phone # 602-223-2279)
Date checked: _____ DPS Worker's Name: _____ Badge # _____
Online check: Date: _____ Status: _____ Printed copy: _____

Two Steps Test: 1st Step Date: _____ Result ___ (Negative) ___ Positive
2nd Step Date: _____ Result ___ (Negative) ___ Positive

Certificate/Card

Caregiver Certificate Issued by: _____ Date: _____
Verified: ___ Yes ___ No (Name of school) Phone _____

Current CPR Card Issue date: _____ Expire Date: _____
Current 1st Aid Card Issue Date: _____ Expire Date: _____

2 work references 1. _____ Phone: _____
2. _____ Phone: _____

2 Personal references 1. _____ Phone _____
2. _____ Phone _____

POST HIRE:

- Job description (to be signed)
Orientation checklist
Skills and knowledge skills
Qualification Form must be signed
TB risk assessment (Two- steps test)
Fall prevention and Fall Recovery Initial Training

Date of Hire: _____ Start Date: _____

Manager Signature: _____

Nananom Assisted Living

Employment Application Form

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Date: _____

Name: _____ DOB: _____
 First Middle Last

Address: _____

Email: _____ Phone # _____

Have you applied here before? () Yes () No When? _____

Position applying for: _____ When can you start? _____ () FT () PT

Are you either a US citizen or an Alien authorized to work in the U.S.? () Yes () No

Have you been convicted of a felony or misdemeanor in the last five years? () Yes () No

If yes, explain: _____

Requirements:

Please enter the date of completion for each item the caregiver supplied during the interview

Date Verified

Caregiver Certificate	_____	Date Issued: _____
TB Test	_____	_____
CPR and First Aid	_____	_____
Fingerprint card	_____	_____
Can we check your references?	_____	Names and Phone #
2 Professional	_____	_____
2 Personal	_____	_____

Education:

High School: _____ Graduated: ___ Year: _____

Associate Degree: _____ Graduated: ___ Year: _____

College: _____ Graduated: ___ Year: _____

Vocational School/Other: _____ Graduated: ___ Year: _____

Nananom Assisted Living

Work Experience

Please list last five years of work history. *Caregivers* must be 18 years of age and have a minimum of 3 months health related experience. *Managers* must be 21 years of age and have 12 months health related experience.

<i>To be completed by Caregiver</i>					<i>To be completed by Manager</i>	
Dates Employed:	Position:	Employer's Name:	Address:	Phone #:	Date & Time Verified:	Comments:

Nananom Assisted Living

Character References

All employees of an assisted living facility must submit to a background check by fingerprinting. You must be willing to submit to fingerprinting to assure you have not been convicted of any crime of abuse of a vulnerable adult, sexual abuse, incest, first or second degree murder, kidnapping, arson, sexual assault, sexual exploitation of a minor, contributing to the delinquency of a minor, felony offenses involving distribution of marijuana or narcotic drugs, theft, robbery, a dangerous crime against children, child abuse, sexual conduct with a minor, molestation of a child, manslaughter, aggravated assault, domestic violence, fraud and fraudulent schemes, assault within the last five years or possession of a dangerous narcotic within the last five years.

You must have verifiable character references that are unrelated to you.

<i>To be completed by Caregiver</i>			<i>To be completed by Manager</i>	
Reference Name:	Address:	Phone #:	Date & Time Verified:	Comments:

To the best of my knowledge all information provided on this application is true. I understand that providing false information on this application is grounds for termination.

Applicant Signature: _____ Date: _____

Nananom Assisted Living

For Personnel Use Only

Remarks:

Interviewer's impression:

Applicant accepted for employment? () Yes () No If yes, what is the start date? _____

Manager's Signature: _____ Date: _____

Interviewed by: _____ Date: _____

Position: _____

Nananom Assisted Living

Caregiver Job Description

General Statement of Responsibility

The certified caregiver is responsible for providing care to the resident(s) according to their Service Plan, Policies and Procedures, Home Rules and the philosophy of Nananom Assisted Living. They will maintain the cleanliness and safety of the residents and the home environment and offer and providing meals and snacks to the resident(s) according to the approved diet menus and the resident preferences.

Typical Duties:

1. Assist with the personal hygiene of the residents as outlined in the Service Plan including showering, bathing, dressing, mouth care, shampooing, shaving, nail care and applying toiletries and makeup.
2. Provide ambulation, exercise and range of motion to the resident consistent with the Service Plan.
3. Obtain and record vital signs (temperature, pulse, respiratory, and blood pressure) as prescribed by established Policy and Procedure or the Service Plan.
4. Distribute medication or mediset to the appropriate resident and, if needed, assist the resident with determining the correct compartment and opening the compartment for the resident.
5. Document medications taken by the resident on the Medication Administration Record.
6. Document care provided to the resident on the appropriate form according to established Policy and Procedures for documentation.
7. Provide emotional and spiritual support to the residents while catering for their physical needs.
8. Assist with bowel and bladder training as outlined by the Service Plan and established Policies and Procedures.
9. Assist Hospice staff, as requested, in providing care to the resident.
10. Complete non-skilled treatments per the Service Plan, established Policies and Procedures and after adequate training.
11. Assist with laundering, folding and storing the residents clothing.
12. Offer and give snacks and nourishment according to the posted menu, resident preferences and Service Plan.
13. Record the residents' response to and tolerance of the meal on the appropriate record.
14. Maintain the cleanliness and safety of the kitchen and dining area of the home according to established Policy and Procedure and cleaning schedules.
15. Obtain and record the resident's weight according to the Service Plan or established Policy and Procedure.
16. Assist and participate in quarterly fire, evacuation and safety drills.
17. Participate in social activities arranged for the residents.
18. Complete incident reports and submit to the manager in a timely manner.
19. Complete any other related duties as assigned by the manager.

Employee's Signature

Date

Manager's Signature

Date

Nananom Assisted Living

Employee Orientation Form

Employee's Name: _____

Date of Hire: _____

The licensee or manager of the facility will ensure that new employees complete orientation to the following areas BEFORE start of employment.

Orientation Subjects Area	Caregiver Initial	Date	Manager Initial
Internal facility requirements and the assisted living facility's policies and procedures. DHS Rules and Regulations			
Orientation to the characteristics and needs of the assisted living facility's residents.			
The assisted living facility's philosophy and goals. Business best practices			
Promoting of resident dignity, independence, self-determination, privacy, choice and resident rights.			
The significance and location of resident service plans and how to read and implement a service plan. Procedure for medication processes & documentation.			
Medication: Disposing, verbal order, treatments, Medication Rights, Control substances			
Confidentiality of resident records and resident information. Understanding Service Plan and Activities of Daily Living			
Infection Control/Orientation to drug/toxicology guide Emergency safety and Evacuation/Disaster procedure			
Food preparation, service and storage, if applicable. Documenting Substitution			
Abuse, neglect, and exploitation prevention and reporting requirements.			
Accident, incident and injury procedures Reporting Procedures			
Facility Quality control procedures Maintenance Reporting			
In Service requirements training for special acuity Continuing Education			
Mobility Processes (i.e transferring, mobility devices)			
Fall Prevention and Fall Recovery Training			
TB Risk Assessment (Two steps- test)			

Note: The employee's signature on this document is verification that the employee has read and understands the policies and procedures of this facility. The employee is also advised that all resident and family information is confidential. The facility's forms and policies are copyrighted and cannot be duplicated for use outside this facility.

Employee

Date

Manager

Date

Nananom Assisted Living

Confidentiality Agreement

The undersigned employee acknowledges that one of the policies of Nananom Assisted Living is to keep resident records, resident information and facility financial and resident selection strictly confidential. Malicious gossip about residents or other employees are prohibited.

Any disclosure or use of confidential information by any employee may cause a job termination, and/or may be considered violation of Nananom Assisted Living's Confidentiality Policy.

This confidentiality agreement must be immediately submitted upon acceptance as an employee of Nananom Assisted Living.

I acknowledge and agree to the above statement.

Signature

Name (Printed)

Date

Nananom Assisted Living

Criminal Record Statement

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in Arizona? () Yes () No

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? () Yes () No

If you answered YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

- It happened a long time ago.
- It was only a misdemeanor.
- You didn't have to go to court (your attorney went for you).
- You had no jail time, or the sentence was only a fine or probation.
- You received a certificate of rehabilitation.
- The conviction was later dismissed, set aside or the sentence was suspended.

Note: If the criminal background check reveals any conviction(s) that you did not disclose on this form, your failure to disclose the conviction(s) will result in an exemption denial, license application denial, license revocation or exclusion from a licensed facility.

I declare under penalty of perjury under the laws of the State of Arizona that I have read, and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

Employee's Signature: _____ Date: _____

Manager/Designee's Signature: _____ Date: _____

Nananom Assisted Living

**Acknowledgement of Random Drug Testing
and
Drug Testing Prior to Employment**

Employee/Prospective Employee Name: _____

The safety and welfare of the residents residing within Nananom Assisted Living is the primary concern of the manager/owner of this facility. To that end, Nananom Assisted Living has a “ZERO TOLERANCE” policy related to drug and alcohol abuse.

By signing this agreement, it is agreed upon by all parties involved that a drug test prior to employment engagement will be taken by the prospective employees at the expense of Nananom Assisted Living owner. A test result showing drug and/or alcohol abuse will immediately eliminate the prospective employee from hire at Nananom Assisted Living..

By signing this agreement, it is also agreed upon by all parties involved that during employment with Nananom Assisted Living, the employee agrees to random and/or periodic drug testing at the expense of Nananom Assisted Living owner. A test result showing drug or alcohol use will be cause for immediate dismissal with no opportunity for rehire.

Employee or Prospective Employee Signature Date: _____

Manager Date: _____

Nananom Assisted Living

DPS TELEPHONE FINGERPRINT VERIFICATION
(<http://www.azdps.gov/Services/Fingerprint/>)
PHONE: 602-223-2279

Employee: _____
(Include middle name or initial, if available)

Date of Birth: _____ SS#: _____

ID number on Fingerprint Card: _____

Issue Date: _____ Expiration Date: _____

Name and title of person verifying card: _____

DPS personnel doing verification: _____

Badge # _____ Verification Date: _____

Is the card: ___ Valid ___ Good standing ___ Pending ___ Suspended

<http://www.azdps.gov/Services/Fingerprint/>

Online Verification: _____ Date: _____

Is the card: ___ Valid ___ Good standing ___ Pending ___ Suspended

Other: _____

Signature of person doing the verification: _____ Date: _____

Nananom Assisted Living

CAREGIVER SKILLS and KNOWLEDGE DOCUMENTATION

Employee's Name: _____

Start Date: _____

SKILLS

COMPETENT

Patient Care:

Yes No N/A

- ❖ Basic Caregiver Skills: Changing beds and linens, Transfer, mobility, Bed positioning, skin care toileting, and bowel/bladder management

___ ___ ___

- ❖ Activities of Daily Living: Grooming, hygiene, eating and feeding, dressing, bathing and shampooing,

___ ___ ___

Resident Rights: Confidentiality, abuse, neglect, and exploitation
Mandatory Reporting, legal and ethical issues

___ ___ ___

Advance Directives: Power of Attorney, Living Wills and
Do Not Resuscitate (DNR)

___ ___ ___

CPR/FIRST AID

___ ___ ___

Infection Control: Hand washing, gloving, PPE (Personal Protective Equipment)
Disinfecting, Disposing of sharps and other waste.

___ ___ ___

Emergency Preparedness: Disaster drill for Employees
(every 3 months on each shift)
Evacuation Drill for Residents
(every 6 months)

___ ___ ___

Service Plans: Initiating, changing, up dating
(Must be reviewed and signed by RN within 14 calendar days)

___ ___ ___

MEDICATION MANAGEMENT:

___ ___ ___

1. Self- administration
2. Assistance in self-administration
3. Eight Rights: (Residents, Medications, dosage, Route, Time)
(Documentation, Right to know, Right to refuse)
4. MAR (Routine Meds) PRN (as needed)

Proper Documentation: Progress Notes
Incident Reporting

___ ___ ___

Fall Prevention and Fall Recovery Training

___ ___ ___

TB Risk assessment Training

___ ___ ___

Caregiver Signature: _____

Date: _____

Nananom Assisted Living

ASSISTANT CAREGIVER Skills and Knowledge

Employee's Name: _____ Date of hire: _____

(Please check all that apply and sign your name below.)

- Interacts with residents under the supervision of a manager or certified caregiver.
- Assistant Caregiver provides service to ensure clean, sanitary, orderly and satisfying surroundings for the residents, employees and the public.
- Promotes sanitary conditions which prevent the spread of contamination and odors.
- Assistant Caregiver may be required to perform tasks, which involve exposure to visible blood contamination or reasonably anticipated blood contamination.
- Assistant caregiver is responsible for ensuring that service is delivered in a caring and respectful manner, in accordance with relevant Facility's policies and procedures.
- Assistant Caregiver cannot be left alone with residents.
- Assistant Caregiver will not and cannot administer medications to residents.
- Knowledge of general cleaning, meal preparation and how to operate household electrical equipment such as: washer and dryer, vacuum, kitchen gadget, etc.
- Knowledge of safety precautions.
- The ability to identify problems and determine effective solutions.
- The ability to understand written and oral instructions.
- The ability to communicate information orally.
- The ability to listen and understand the spoken word.

I acknowledged and affixed my signature of the above skills and knowledge.

Assistance Caregiver's Signature: _____ Date: _____

Manager/Designee: _____ Date: _____

Nananom Assisted Living

Personal Reference Statement

Date: _____

To Whom It May Concern:

This is to certify that _____ whose address is located at _____, is personally known to me to be of good moral character and a law-abiding citizen.

_____ has been a family friend for the last _____ years and is known to be hospitable, efficient and a very compassionate care provider.

Print your name: _____

Signature: _____

Phone number: _____

Address: _____

Nananom Assisted Living

Professional References Statement

Attention: _____

Fax #: _____

Your institution has been listed as a prior employer for _____.
It is necessary we receive the following information to evaluate the applicant. We would sincerely appreciate your cooperation in answering the questions. All information will be kept in strict confidence. Thank you.

I give my permission for the listed previous employer to furnish the following information to Nananom Assisted Living.

Applicant's name: _____ Date: _____

Applicant's signature: _____

To be completed by the previous Employer:

Dates of Employment: From: _____ To: _____ Position held: _____

Company Name: _____

Phone # _____ Fax # _____

Reason for Leaving: _____

Eligible for Rehire? () Yes () No (if no, please explain) _____

To the best of your knowledge, has the applicant ever been convicted of felony, exploitation, abuse or neglect? () Yes () No () Unknown

	Excellent	Good	Fair	Average
Quality of work				
Cooperation				
Dependability				
Job Knowledge				
Work Relations				
Initiative				
Attendance				

Reference Check Via: () Telephone () Fax () Mail () Other: _____

Person Verifying Information: _____

Signature: _____ Date: _____

Nananom Assisted Living

Professional Reference

The person named below has applied for the position as a caregiver for our facility. We have been referred to you for information concerning his/her qualifications. We would appreciate your reply to the questions asked. All information is confidential. Thank you for your assistance.

Facility: _____

Address: _____

Phone Number: _____ Manager/Director: _____

To: _____ Phone: _____

I hereby authorize the release of any information requested on this form.

Applicant's signature: _____ Date: _____

Applicant's name: _____

1. How well do you know the applicant? () Very well () Well () Acquaintance

2. What is your relationship to the applicant? _____

3. How long have you known the applicant? _____

4. Have you had any contact with the applicant in the last 12 months? () Yes () No

Please rate the applicant on the following:

	Above Average	Average	Below Average	Not Known
Adaptability				
Appearance				
Dependability				
Honesty				
Initiative				
Judgment				
Maturity				
Responsibility				

Signature

Date

Nananom Assisted Living

Facility Use of a Camera

Employee: _____ Date: _____

Please be advised that the owner of Nananom Assisted Living has installed cameras/monitors within the facility. These cameras allow the owners/manager and caregivers of this facility to monitor activity within the home.

Cameras are in common areas and resident's rooms, with prior authorization from the resident/representative. A resident's right to privacy is a priority in Nananom Assisted Living. That right will not be violated by cameras without prior authorization from the resident/representative. Cameras are not located in resident's bathrooms.

The addition of this monitoring system will enhance the safety of the residents of Nananom Assisted Living.

As an employee of Nananom Assisted Living and by signing below, you acknowledge and accept the usage of cameras within this facility.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Nananom Assisted Living

Former Employee Policy

Date: _____

Employee: _____

It is the policy of Nananom Assisted Living that former employees, regardless of the terms of their employment termination, are not allowed on the facility premises without prior permission from the facility manager.

By signing this form, you acknowledge and accept the terms as stated above.

Employee signature: _____ Date: _____

Manager signature: _____ Date: _____

CURRENT CPR

Date received: _____

Date to be renewed: _____



CURRENT FIRST AID

Date received: _____

Renewal Date: _____

(Note: Copies of Card Attached)

CURRENT TB CLEARANCE Two- Steps Test

First Step: Date: _____

Result: _____

Second Step: Date: _____

Result: _____

Notes: (if any)

Nananom Assisted Living

Qualifications:

- Must have completed a State Approved Caregiver/Manager Course or be a Certified Nursing Assistant with Caregiver Bridge Training Certification in good standing with the NCIA Board.
- Must hold a current CPR Certificate and proof of completion of a First Aid Training Course. (Not an online training)
- Must provide proof of freedom from tuberculosis (TB). Follow Baseline testing: Two step Tests
STEP 1 - Administer first TST following proper protocol: Review result and Document result
Positive — consider TB infected, no second TST needed; evaluate for TB disease.*
Negative — a second TST is needed. Retest in 1 to 3 weeks after first TST result is read.
STEP 2 - Administer second TST 1 to 3 weeks after first test: Review results and Document result
Positive — consider TB infected and evaluate for TB disease.
Negative — consider person not infected.
- Must not have a conviction record which demonstrates violence, drug abuse or physical abuse.
- Must provide four (4) non-related references. (2 Professional, 2 Personal).
- Must have current and valid fingerprinted clearance card.
- Must have an initial Fall prevention and Fall recovery initial training

Employee's Signature

Date

Manager's Signature

Date

Nananom Assisted Living

Accident, Incident or Injury Affecting a Resident Policy and Procedure

Policy: Accident, incident or injury that affects the resident's health and safety **Policy #:** 325

Responsible Persons: Manager, Certified Caregivers, Owner

Purpose: Specific actions to take, whom to notify and documents to prepare whenever there is an accident, incident or injury that affects the resident's health and safety that happens in **Nananom Assisted Living.**

Procedure:

- A. Manager/designee/caregiver or nurse (staff on duty) immediately notifies the representative, and if applicable:
 - 1. The primary care provider (PCP).
 - 2. An emergency response team.
 - 3. The resident's case manager.
 - 4. The resident's emergency contact.
- B. The manager or nurse documents the following:
 - 1. Date and time of the accident, incident or injury.
 - 2. Description of the accident, incident or injury.
 - 3. Names of the individuals who observed the accident, incident or injury.
 - 4. Actions taken by employees, support staff or volunteers.
 - 5. Individuals notified by employees, support staff, or volunteers.
 - 6. Action taken to prevent the accident, incident or injury from occurring in the future.
- C. Manager or hospice nurse checks and documents vital signs.
- D. If applicable, manager and hospice nurse provide, and documents first aid given.

By signing below, I indicate that I have read, received training and understand my responsibilities regarding this policy. I understand that failure to follow **Nananom Assisted Living** Policies and Procedures will be cause for progressive disciplinary action up to and including termination of employment.

Signature: _____ Date: _____

Nananom Assisted Living

Quarterly Caregiver Review

Name: _____ Date: _____

Job Related Duties & Working Independently	Meets Expectation	Needs Improvement	Comments and Suggestions
Complete understanding of company's policy and operations			
Supervising and assisting residents			
Meets resident's individual needs			
Accomplishing daily ADL's			
Accountability of paper flow			
Understanding medication management			
Computer/phone skills			
Making decisions			
Working independently on tasks assign			
Interaction with residents or family members			
Follow through on assigned duties			
Solving problems, team player			
Promoting an atmosphere of confidence			
Presenting new ideas			
Physical appearance			

Employee's Signature

Manager's Signature

Nananom Assisted Living

Progressive Disciplinary Action Form

Employee's Name: _____ Date: _____

Job/Shift: _____

_____ Written warning

_____ Final written warning

_____ Suspension with pay

_____ Suspension without pay

_____ Termination

The intent of this notice is to inform you that your performance has not been satisfactory for the reasons indicated below and to provide you with an opportunity to correct this situation. If this situation is not corrected, you will be subject to further disciplinary action.

Specific incident leading to this disciplinary action:

Consequence of failure to improve performance or correct behavior:

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Continuing Education Units

Nananom Assisted Living

Caregiver Performance Evaluation

Caregiver's Name _____ Date _____

Skill or Knowledge	0 Points	1 Point	2 Points	3 Points	4 Points	Score
Clinical Knowledge	Practically None	Very Limited	Average	Extensive and In Depth	Expert Level	
Quality and Accuracy of Work	Poor and Inaccurate	Makes Multiple Errors	Generally Acceptable	Good and Accurate	High Quality	
Quantity of Work	Never Completes Work Assignments	Rarely Completes Work Assignments	Does Only What is Assigned	Does More Than What is Assigned	Requests Added Responsibility and Work	
Dependability	Can't Work Without Constant Supervision	Needs Frequent Supervision	Needs Occasional Supervision	Needs Very Little Supervision	Requires No Supervision	
Cooperation	Does Not Cooperate with Coworkers	Reluctant to Cooperate with Coworkers	Will Cooperate if Asked	Offers to Help Others	Eager to Help Coworkers	
Initiative	Cannot Cope with Problems	Tries, Can Cope with Some Problems	Able to Handle Most Problems	Solves and Handles Problems Easily	Assumes Leadership, Excellent Problem Solver	
Attendance	Missed More Than 12 Days in Past Year	Missed 9-12 Days in Past Year	Missed 4-8 Days in Past Year	Missed 2-3 Days in Past Year	Missed 1 Or No Days in Past Year	
Certification Requirements (TB Test, CEU's, CPR/First Aid)	Requires Weekly Reminding	Requires Monthly Reminding	Requires Reminding 3-4 Times a Year	Requires Reminding 1-2 Times A Year	Never Needs Reminding	

Nananom Assisted Living

Add up scores and divide by 8 and round off to the next highest number to obtain the employee's average score.

The average performance score for this evaluation is _____.

Score of 0 – Means employee must begin showing signs of improvement in all areas immediately or termination could result. No increase in salary is given for this score. Will be reevaluated in 3 months without a wage increase at that time.

Score of 1 – Must the Employee is substandard but solvent. This employee must show signs of improvement over next three months continuing to next evaluation in 6 months. No salary increase is given at this time but may be given at next review if significant improvement is noted.

Score of 2 – Means the employee is average and will receive the minimal wage increase of 2%. The next evaluation will be in one year.

Score of 3 – Means the employee is above and doing a good job. Wage increase will be 4%. The next evaluation will be in one year.

Score of 4 – Means the employee is exceptional and genuine asset to the facility. A 6% merit increase is awarded, and the employee could be eligible for review as early as 6 months if the pattern continues.

Manager's Goal(s) for the Employee:

Manager's Comments:

Employee's goal(s) for Next Year:

I, _____, do hereby acknowledge that I have been fully orientated to the Policies and Procedures of Nananom Assisted Living including the topics listed above. I understand and agree to abide by all the Policies and Procedures of this home, and I understand that failure to abide by these may result in disciplinary actions up to immediate termination.

Employee's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Nananom Assisted Living

FREEDOM FROM CRIMINAL CONVICTION STATEMENT

I, _____ do hereby state that I am not awaiting trial on, nor ever been convicted of, nor ever admitted committing assault, battery, or any crime involving physical violence, abuse, neglect, a felony drug offense, theft, extortion or exploitation.

Employee Signature

Date

Witness

Date