



Mission:

Caring for all people for the glory of GOD

HealthKeeperz exists for the glory of God. We imitate HIS character and attributes by intentionally caring for each other, our patients, and our community. We believe caring for all people brings glory to God. It is our desire that everyone touched by HealthKeeperz will encounter a loving, gracious God and give HIM glory.

Vision:

HealthKeeperz will be a community of caregivers who deliver value as measured by:

- Wise Stewardship
- Business Growth
- Excellent outcomes and customer satisfaction
- Culture of Encouragement

Barnabas Culture

HealthKeeperz will be an organization filled with people who are caring, selfless, humble and who encourage each other.

Performance Behavior Standards

Attitude

- Promptly welcome your customers/team member in a friendly manner, smiling warmly and introducing yourself. Do not allow anyone to feel ignored.
- Meet the customer's /team member's need or gladly take him or her to someone who will.
- Thank our customers for choosing our agency.

Appearance

- Dress in a manner that is professional, tasteful, tidy, and discreet.
- Always wear your identification badge properly.
- Return all equipment/supplies to its proper place.

Communication

- Use "please" and "thank you," "sir," and "ma'am" in all conversations when appropriate.
- All employees must know how to operate the telephones in their areas.
- When transferring a call, first provide the caller with the correct number in case the call is disconnected.
- Use easily understood and appropriate language when giving patients information about health, special diets, procedures, medications, and so on. Avoid technical or professional jargon.

Telephones

- All team members are responsible for answering telephones.
- At the office telephones will be answered by the 3rd ring.
- Address the patient by name and ask, "How may I help you."

Commitment to Coworkers

- Treat one another as professionals deserving courtesy, honesty, and respect. Welcome newcomers.
- Show consideration. Be sensitive to a fellow team member's inconvenience by avoiding last-minute requests.
- Show consideration by communicating with all staff that is providing care to the patient or assisting in the office.

- Never chastise or embarrass a team member in the presence of others.

Customers Waiting

- Provide a comfortable atmosphere for waiting customers.
- Call all patient/family upon receipt of referral and set appointment time for visit. Apologize if there is a delay, and always thank customers for waiting.
- Update patient/ family members if unable to meet set appointment time.

Office Etiquette

- Use the office as an opportunity to make a favorable impression.
- Smile and speak to fellow team member.

Privacy

- Use discretion in telephone conversations with customers.
- Use discretion during examinations, procedures, and during patient visit.
- Use discretion when disclosure of information about team members and patients.

Safety Awareness

- Report all accidents and incidents promptly and completely to supervisor.
- Protect your back when lifting, pushing, pulling or carrying. Get help when necessary.
- Use protective clothing and equipment when appropriate, and be prepared for emergencies.

Sense of ownership

- Keep your work area and surrounding environment clean and safe.
- Look beyond your assigned tasks. When it is appropriate for you to perform a service, do so.
- Do not say, "It's not my job." If you are unable to meet a request, be responsible for finding someone who can.
- Utilize agency resources wisely, eliminating waste.

Sign _____

Date ____/____/____



HEALTHKEEPERZ EMPLOYMENT APPLICATION

Applicant Information							
Last Name			First		M.I.	Date	
Street Address					Apartment/Unit #		
City			State		ZIP		
Telephone No.		Mobile No.		Work No.			
E-mail Address							
Social Security No.							
Position Applied For							
Referral Source	<input type="checkbox"/> Advertisement		<input type="checkbox"/> Employee		<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Other
	<input type="checkbox"/> Walk-in		<input type="checkbox"/> Relative				
Name of source (if applicable)							
Date Available			Desired Salary				
If necessary best time to call you at home							
May we contact you at work		<input type="checkbox"/> Yes <input type="checkbox"/> No		Work number and best time to call:			
Type of Employment Desired			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Educational Co-Op
Type of work schedule desired			<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Rotating Shifts	<input type="checkbox"/> Weekends	
Are you able to meet the attendance requirements of the position?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you relocate if job requires it		<input type="checkbox"/> Yes <input type="checkbox"/> No		Will you travel if job requires it		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Driver's License number if driving is an essential job function					State		

Education							
High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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	

EMPLOYMENT HISTORY			
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>			

SKILLS AND QUALIFICATIONS List any special training that may qualify you as being able to perform job-related functions in the position for which you are applying:

LICENSE AND CERTIFICATION INFORMATION List Licenses/Certification, #(if applicable), date issued, and expiration date.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer’s service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
 I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Sign _____ Date ____/____/____



To Whom It May Concern:

The applicant named below submitted an application for employment with us. Please use this sheet to verify his/her employment. All Comments Will Be Kept Strictly Confidential.

NAME _____

EMPLOYED FROM _____ TO _____

SOCIAL SECURITY # _____

*Authorization of Applicant _____

Signature

EMPLOYMENT EVALUATION (CHECK APPROPRIATE BOXES)

	Excellent	Good	Satisfactory	Fair	Poor
Attendance					
Attitude					
Dependability					
Job Knowledge					
Quality of Work					

Additional Comments: _____

Eligible for Re-hire YES NO If NO, please explain _____

Reason for Leaving: _____

Sign: _____

Title: _____

Date: _____

VOLUNTARY INFORMATION FORM

The completion of this form is strictly voluntary

Healthkeeperz is committed to equal opportunity and affirmative action in education and in employment. An important employment component of Healthkeeperz' Affirmative Action Program is a careful evaluation of the recruitment efforts of the agency. To meet this objective and to comply with applicable federal laws, regulations and executive orders, Healthkeeperz must collect and analyze the information requested below. **Safeguards have been instituted to ensure that the information cannot be used as a basis for discrimination.** Your co-operation in supplying the requested information will be greatly appreciated.

Date: _____ Name: _____
(Please Print)

Position Applied For: _____

Racial/Ethnic Background:

- Black, non-Hispanic:** A person having origins in any of the Black racial groups of Africa (Except, those of Hispanic origin).
- Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central, or South America, or other Spanish culture or origin, **regardless of race.**
- Asian or Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- White, non-Hispanic:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East

Gender: _____ Male _____ Female

Disability: **Are you a person with a disability?** _____ Yes _____ No
(A qualified disability is defined as "... a physical or mental impairment that substantially limits one or more of the major life activities...")

Veteran Status:

Are you a Vietnam-Era Veteran? _____ Yes _____ No
Are you a disabled veteran? _____ Yes _____ No

How did you learn about this position? _____

Position Number Applied for: _____ Department: _____
(To be completed by hiring department)

Thank you for your application to Healthkeeperz and for your cooperation in submitting this Voluntary Information Form.

NOTIFICATION AND RELEASE

Sales Representative _____

Company Name Healthkeeperz (Pembroke)

Access ID _____

BeeCheck ID _____

CAC Code _____

The information contained in my application for employment with (company name) Healthkeeperz (Pembroke) (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect at (910) 815-3880 or toll free at (888) 520-0520. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

Please Print

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____ / _____ / _____
 Maiden Name or "AKA" (First, Middle, Last) _____ Dates Used (yr) from _____ to _____
 Social Security # _____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street _____ From _____
 City, State, Zip, County _____ To _____
 Street _____ From _____
 City, State, Zip, County _____ To _____
 Street _____ From _____
 City, State, Zip, County _____ To _____

Sign _____ Date _____
 signature required

For Employer Use Only: Please mark (✓) the searches to be conducted.

Contact **Dennis Lowry**
 Phone **1-910-522-0001**

Email **dennis.lowry@healthkeeperz.com**
 Fax **1-910-521-1049**

<input type="checkbox"/> Standard Package	<input type="checkbox"/> County-Criminal	<input type="checkbox"/> NW-Database	Notes
ST-Criminal Residency History	County-Criminal	NW-Database	

Fax to (910) 815-3881 or call (910) 815-3880