

Carelink Services, Inc.

7 Kendall Drive, Northborough, MA 01532. Tel: (508) 709-0909 Fax: (508) 709-0444

Please provide copies of the following document/information:

- Current Massachusetts License – Nursing, CNA, HHA
- Current Dementia Training certificate
- Copy of Driving License
- Copy of social security card
- Signed and completed I-9 Form
- Void Check/ACH Authorization form for Direct Deposit
- Copy of last physical
- Current immunization/health screening documentation including negative tuberculosis test and/or X-ray as well as Hepatitis B vaccination
- Current CPR, BLS, ACLS, PALS certification
- I.V. Certificate
- Individual professional liability insurance (www.nso.com)
Approximately \$100/year for 6M/1M
- Signed orientation and training for Abuse, Mistreatment and Neglect statute
- E-mail address for correspondence

From: Panna Siddiqui (Managing Director)
7 Kendall Drive,
Northborough,
MA 01532

Part 4. EMPLOYMENT HISTORY

Start with your present or last position then work backward.

1	Present Employer			Employer's Phone Number
Your Title	From	To	Avg. Hrs. Per Wk	Last Salary
Supervisor's Name	Reason for Leaving:		Volunteer <input type="checkbox"/> YES <input type="checkbox"/> NO	No. of Employees Supervised
Specific Duties				

2	Previous Employer			Employer's Phone Number
Your Title	From	To	Avg. Hrs. Per Wk	Last Salary
Supervisor's Name	Reason for Leaving:		Volunteer <input type="checkbox"/> YES <input type="checkbox"/> NO	No. of Employees Supervised
Specific Duties				

3	Previous Employer			Employer's Phone Number
Your Title	From	To	Avg. Hrs. Per Wk	Last Salary
Supervisor's Name	Reason for Leaving:		Volunteer <input type="checkbox"/> YES <input type="checkbox"/> NO	No. of Employees Supervised
Specific Duties				

Part 5. TWO REFERENCES

Name	Address	Tel No.
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1)

2)

Part 6 DATE AND SIGN

TO BE ACCEPTED, YOU
MUST SIGN AND DATE
THIS APPLICATION.

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.



Date

Signature

CORI REQUEST FORM

Carelink Services, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for employment, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER RACE
(Requested but not required)

FATHER'S NAME: Last Name _____ First Name: _____

MOTHER'S NAME: Last Name _____ First Name: _____

MOTHER'S MAIDEN NAME: _____

FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

Applicant Signature: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (<i>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.</i>)					
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town	State ▼
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

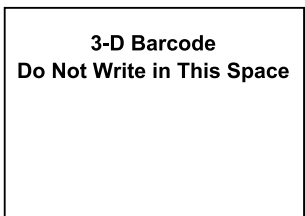
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____ ▼

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
------------------------	-----------------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (<i>mm/dd/yyyy</i>):	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		City or Town	State ▼	Zip Code



Employer Completes Next Page



Carelink Services, Inc.

7 Kendall Drive, Northborough, MA 01532.

Tel: (508) 709-0909 Fax: (508) 709-0444

NONCOMPETITION AGREEMENT

In consideration and as a condition of my employment with Carelink Services, Inc (the "Company"). I hereby agree with the Company as follows:

I am not a full time, part-time or temporary employee of Carelink Services, Inc. I only pick up extra time/shifts with Carelink Services, Inc. when my regulars schedule/employment permits. I understand Carelink Services, Inc. does not pay any over-time and solely relies upon local facilities for work and has no control on availability of shifts, work, schedule or the way tasks are performed at various facilities.

During the term of this agreement and for a period of 6 months following the termination of this agreement, I shall not directly or indirectly enter the employ of, or render any services to, any person, or facility whereby Company has already contracted an agreement for services.

Signature

Date

Carelink Services, Inc.

7 Kendall Drive, Northborough, MA 01532. Tel: (508) 709 0909 or (508) 393 4639 Fax: (508) 709 0444
Email: carelinkservicesincorporated@gmail.com

NURSING SKILLS CHECK LIST

Medication Administration:

- Oral
- Eye med
- Ear med

Different types of injection:

- Intramuscular
- Subcutaneous
- Intradermal

- Insulin Therapy
- Blood sugar monitoring
- IV therapy management
- G tube/ NG tube Management/care
- Oxygen therapy
- Ventilator care
- Tracheostomy care
- Wound care
- Wound vac care

Bowel Care

- Colostomy /Ileostomy /nephrostomy care

- Foley Cather care
- CPR certified
- IV certified

Signature..... Name

Signs of Nursing Home Abuse, Mistreatment and Neglect

Physical abuse

Some of the more commonly observed signs include:

- Assault
- Battery
- Sexual Assault
- Sexual Battery
- Rape
- Unreasonable physical restraint
- Prolonged or continual deprivation of food or water
- Use of a physical or chemical restraint or psychotropic medication for any purpose not consistent with that authorized by the physician
- Giving too much medication
- Not giving needed medication
- Unexplained injuries
- Caretaker cannot adequately explain condition
- Open wounds, cuts, bruises or welts
- Elder reports of being slapped or mistreated
- Slapping, pushing, shaking, beating
- Forcing an older person to stay in a room

Neglect

Some of the more commonly observed signs include:

- Physical neglect: disregard for the necessities of daily living
- Medical neglect: lack of care for existing medical problems
- Failure to prevent dehydration, malnutrition, and bed sores
- Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter
- Unsanitary and unclean conditions
- Infections
- Failure to protect from health and safety hazards
- Poor access to medical services

Verbal and emotional abuse

Creating situations harmful to the resident's self-esteem.

Possible signs of verbal or emotional abuse may include resident behavior such as:

- Emotionally upset or agitated
- Extremely withdrawn and non-communicative
- Unusual behavior (sucking, biting, rocking)
- Humiliating, insulting, frightening, threatening or ignoring behavior towards family and friends
- Wanting to be isolated from other people

Other warning signs

Other signs to look for if you think nursing home abuse or negligence has occurred include the following:

- Injuries requiring emergency treatment or hospitalization
- Any incident involving broken bones, especially a fractured hip
- Any injury or death occurring during or shortly after an episode of wandering (including outside the facility) when the staff is not aware that the resident is missing for some period of time
- Heavy medication or sedation
- Rapid weight loss or weight gain without physician or family notification and a change in treatment being provided
- Unexplained or unexpected death of the resident
- One nursing home resident injures another resident
- Resident is frequently ill, and the illnesses are not promptly reported to the physician and family

Name:solemnly takes the oath that I have read the above notes regarding Nursing home Abuse, Mistreatment and Neglect and agree to follow and honor the guidelines written.

.....
Signature

.....
Date

Social Security #
Email:

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5		
6	Additional amount, if any, you want withheld from each paycheck	6	\$	
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9	Office code (optional)	10 Employer identification number (EIN)



Carelink Services Inc

7 Kendall Drive, Northborough MA 01532 Tel:(508)709 0909 Fax: (508)709 0444

Email:carelinkservicesincorporated@gmail.com **Specialists in Home Care & Nursing Services**

Carelink Services, Inc. provides temporary staffing services to various nursing and assisted living facilities and as such does not have fixed hours of commitment or staffing requirements.

I, _____, understand that I am temporary staff and Carelink Services, Inc. may, from time to time, offer shifts to me for which I have the choice to accept or decline. I am not entitled to any holidays, sick days, overtime, medical or any other benefits as I agree to the hourly rates offered in lieu through any shifts I choose to pick up.

Signature

Name.....

-

Proficiency Exam

Employee Name

CIRCLE THE MOST APPOROPRIATE ANSWER

1. A resident has just been admitted to a home. The resident is sitting in the room with the resident's roommate. When you enter the room for the first time, what should you do first?
 - A) Introduce the resident to the roommate
 - B) Explain that you will put the resident's cloths away.
 - C) Explain that you will check the resident's vital signs.
 - D) Introduce yourself and explain that you are a nursing assistant

2. A resident has diarrhea and has soiled the bed. What should you do to control the spread of infection?
 - A) Wear gloves
 - B) Wear a face mask.
 - C) Give the resident an alcohol rub.
 - D) Clean the rectal area with alcohol.

3. A resident complains to you about another resident's behavior. What should you do?
 - A) Ignore the complaint
 - B) Report the complaint to the charge nurse.
 - C) Joke about it with the resident.
 - D) Tell the resident to tell the administrator

4. Which of the following is TRUE regarding the use of side rails on a bed.
 - A) All side rails should be raised
 - B) Side rails on one side of the bed should be raised at night
 - C) Side rails should not be raised unless stated in the care plan
 - D) Side rails should be raised on both sides when making an unoccupied bed.

5. While caring for a resident, you hear the fire alarm ring. What should you do?
 - A) Make sure the resident is safe and report to the Nursing station
 - B) Begin gathering the residents belongings
 - C) Leave the resident and go outside the building
 - D) Go looking for the fire.

6. While caring for a resident, you notice bruises on his arms and legs. What should you do?
 - A) Joke with the resident about his injuries.
 - B) Forget that you even saw the injuries.
 - C) Tell other nursing assistants about them.
 - D) Tell the charge nurse immediately.

7. What are the four most common forms of abuse?
- A) Physical, Neglect, Financial and elder abuse.
 - B) Over Medicating, verbal, Unfair Confinement, Sexual.
 - C) Residents are never abused.
 - D) Physical, Neglect, Financial, Psychological.
8. The best way to prevent the spread of infections is to?
- A) Wear gloves all day long
 - B) Wash your hands between resident care.
 - C) Wear a gown and a face mask when toileting all residents.
 - D) Do not take care of sick residents.
9. Disposal razors should be placed in:
- A) Trash can
 - B) Toilets
 - C) Sharp container
10. It is everyone's responsibility to identify potential safety risks and report them to your supervisor
- A) True
 - B) False
11. Any information obtained at work can be shared with persons outside of work
- A) True
 - B) False
12. The caregiver can share a person's health information with co-workers that are not providing care for that person.
- A) True
 - B) False
13. A caregiver can leave charting in open view.
- A) True
 - B) False
14. It is everyone's responsibility to adhere to the policy's that are in place for a safe place to work, visit and live.
- A) True
 - B) False
15. Hand washing is the best way to prevent the spread of infections.
- A) True
 - B) False

16. When leaving a room where Droplet Precautions are in place you remove your mask before exiting the room.
- A) True B) False
17. MRSA and VRE are organisms that do not require special procedures.
- A) True B) False
18. Gloves are not needed when doing mouth care or peri-care on residents.
- A) True B) False
19. It is acceptable to discuss residents in the elevator and staff dining room.
- A) True B) False
20. Staff will make all resident related phone calls where the conversation will not be heard by others.
- A) True B) False
21. You can push twice as much as you can pull with less back strain
- A) True B) False
22. To avoid back injury twist at the waist when you lift or set down a heavy load.
- A) True B) False
23. It is everyone's responsibility to clean up spills.
- A) True B) False
24. Meeting the needs of people with Dementia takes patience, understanding, and careful thought by the person's caregiver.
- A) True B) False
25. Some signs of elder neglect include bedsores, poor personal hygiene, and an unsanitary environment.
- A) True B) False

- 26. The role of the ombudsman is to advocate resident and family.
A) True B) False

- 27. The most common signs of abuse are unexplained injuries, isolation, borrowing resident's belonging without appropriate consent.
A) True B) False

- 28. The best way to handle violent situation between two residents is to get help, stay at arm's length , diffuse the situation
A) True B) False

- 29. Only nurses are at risk of contracting blood borne pathogens.
A) True B) False

- 30. Residents have the right to choose their own schedule such as when to get up in the morning.
A) True B) False

- 31. If you only suspect elder abuse/neglect do not report it. You may be wrong.
A) True B) False

- 32. Resident's privacy is not a concern when staff is hurrying to get the task completed.
A) True B) False

- 33. When a resident refuses care in any form the nurse can prohibit them from attending activities.
A) True B) False

Date.....

Signature.....

Carelink Services, Inc.

7 Kendall Drive, Northborough, MA 01542. Tel: (508) 709 0909 (508) 393 4639 Fax: (508) 709 0444

Medical Staffing

Employee Name:

 RN LPN CNA OTHER

	Date	Start	Break/Lunch	Finish	Hours Worked	Facility Name:	
Sun						Date:	
Mon						Signature	
Tue						Print name	
Wed						By signing you are certifying that the hours are correct, and the work was performed in a satisfactory manner.	
Thu					Comments		
Fri							
Sat							
Employee Signature					TOTAL		White - original copy for Carelink Services, inc. 2017

Carelink Services, Inc.

7 Kendall Drive, Northborough, MA 01542. Tel: (508) 709 0909 (508) 393 4639 Fax: (508) 709 0444

Medical Staffing

Employee Name:

 RN LPN CNA OTHER

	Date	Start	Break/Lunch	Finish	Hours Worked	Facility Name:	
Sun						Date:	
Mon						Signature	
Tue						Print name	
Wed						By signing you are certifying that the hours are correct, and the work was performed in a satisfactory manner.	
Thu					Comments		
Fri							
Sat							
Employee Signature					TOTAL		White - original copy for Carelink Services, inc. 2017

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Medical Staffing

Employee Name:

 RN LPN CNA OTHER

	Date	Start	Break/Lunch	Finish	Hours Worked	Facility Name:	
Sun						Date:	
Mon						Signature	
Tue						Print name	
Wed						By signing you are certifying that the hours are correct, and the work was performed in a satisfactory manner.	
Thu					Comments		
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Employee Signature					TOTAL		White - original copy for Carelink Services, inc. 2017