

# Chesapeake Caregivers

## Job Application Personal Information

**Name** First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last: \_\_\_\_\_

**Address** Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Phone** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**Electronic** Email Address: \_\_\_\_\_

**Date of Birth** Date of Birth: \_\_\_\_\_ **Gender** Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Language** What Languages do you speak? \_\_\_\_\_

**Emergency Contact** Name & Phone Number of Person to contact in the event of an emergency:

Local: \_\_\_\_\_

Out of Area: \_\_\_\_\_

## Education

Diploma: \_\_\_\_\_

**Formal** Degree: \_\_\_\_\_

Check all that Apply RN  CNA  GNA  CMT  CMA  LPN  Other: \_\_\_\_\_

Other Certifications: \_\_\_\_\_

Do you have current First Aid Certification (State Level): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have current CPR: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Informal** Have you taken a food safety course? \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

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## Job Application

### Restrictions

List any work limitations that you may have and briefly describe:

#### Work Limitations

Hearing:  No  Yes \_\_\_\_\_  
 Speech:  No  Yes \_\_\_\_\_  
 Lifting:  No  Yes \_\_\_\_\_  
 Health:  No  Yes \_\_\_\_\_  
 Physical:  No  Yes \_\_\_\_\_  
 Emotional:  No  Yes \_\_\_\_\_  
 Other:  No  Yes \_\_\_\_\_

### Availability For Work

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_ Short-Notice \_\_\_\_\_ Split Shift

Indicate Days and List Hours Available for Work: *(Please be specific)*

#### Hours & Days Available for Work

\_\_\_\_\_ Monday From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ Tuesday From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ Wednesday From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ Thursday From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ Friday From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ Saturday From: \_\_\_\_\_ To: \_\_\_\_\_  
 \_\_\_\_\_ Sunday From: \_\_\_\_\_ To: \_\_\_\_\_

Explain your situation:

What is the maximum number of hours you will work in one day?

### Client Types and Work Duties

#### Preferred Types of Position(s)

\_\_\_\_\_ Transport \_\_\_\_\_ Personal Care \_\_\_\_\_ Companion \_\_\_\_\_ Live-In  
 \_\_\_\_\_ Other: *(Please specify)* \_\_\_\_\_

Live-In care usually requires that you stay in a client's home continuously for 3-4 days at a time every week. Please indicate below which shifts you will accept:

\_\_\_\_\_ Weekdays (Monday AM - Friday AM) \_\_\_\_\_ Weekends (Friday AM - Monday AM)

#### Clients **NOT** Willing/Able to Work With

\_\_\_\_\_ Dementia/Alzheimer \_\_\_\_\_ Physical Disabilities  
 \_\_\_\_\_ Smokers \_\_\_\_\_ Pets  
 \_\_\_\_\_ Mental Retardation \_\_\_\_\_ Females  
 \_\_\_\_\_ Behavioral Disorders \_\_\_\_\_ Males  
 \_\_\_\_\_ Elderly (Over 65) \_\_\_\_\_ Client use of marijuana for medical purposes  
 \_\_\_\_\_ Children \_\_\_\_\_ HIV Positive/AIDS  
 \_\_\_\_\_ Other *(Specify)* \_\_\_\_\_

#### Duties **NOT** Willing/Able to Perform

\_\_\_\_\_ Bathing \_\_\_\_\_ Housekeeping  
 \_\_\_\_\_ Grooming \_\_\_\_\_ Laundry  
 \_\_\_\_\_ Oral Care \_\_\_\_\_ Meal Preparation  
 \_\_\_\_\_ Dressing \_\_\_\_\_ Shopping  
 \_\_\_\_\_ Bowel Care \_\_\_\_\_ Transportation  
 \_\_\_\_\_ Feeding \_\_\_\_\_ Medication Reminders  
 \_\_\_\_\_ Ambulation \_\_\_\_\_ Friendly Reassurance Phone call/Home Visit  
 \_\_\_\_\_ Other *(Specify)* \_\_\_\_\_

# Chesapeake Caregivers

## Job Application

**Experience**

<input type="checkbox"/> Bathing/Showering	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Grooming	<input type="checkbox"/> Laundry
<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Meal Preparation
<input type="checkbox"/> Dressing	<input type="checkbox"/> Shopping
<input type="checkbox"/> Bowel Care	<input type="checkbox"/> Transportation
<input type="checkbox"/> Bladder Care	<input type="checkbox"/> Medication Reminders
<input type="checkbox"/> Feeding	<input type="checkbox"/> Friendly Reassurance Phone call and/or Home Visit
<input type="checkbox"/> Ambulation	<input type="checkbox"/> Socialization
<input type="checkbox"/> Toileting	<input type="checkbox"/> Dementia/Alzheimer's
Other (Specify) _____	

**Assignment Location** Are you restricted in the geographical location that you are willing/able to work? \_\_\_ Yes \_\_\_ No  
Explain: \_\_\_\_\_

## Transportation

Other (Specify): \_\_\_\_\_

**Type**

Personal Vehicle \_\_\_ Bus \_\_\_ Bike \_\_\_ Uber &/or Lyft \_\_\_

**Driver's License**

Do you have a valid Driver's License? \_\_\_\_\_

**Transporting Clients**

Are you willing to transport clients in your private vehicle? \_\_\_\_\_

Do you have adequate vehicle insurance? \_\_\_\_\_

Are you willing to drive a client's vehicle? \_\_\_\_\_

Are you willing to escort a client in their own vehicle? \_\_\_\_\_

Comments: \_\_\_\_\_

## Abuse Investigation

Have you ever been investigated for abuse, neglect or domestic violence? If "Yes", Explain:

\_\_\_ No \_\_\_ Yes

## Reference Information

**Personal (Other Than Relative)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_

Email \_\_\_\_\_

Relationship ( friend, co-worker, teacher, etc. ) \_\_\_\_\_

**Personal (Other Than Relative)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Email \_\_\_\_\_

Relationship ( friend, co-worker, teacher, etc. ) \_\_\_\_\_

# Chesapeake Caregivers

Employment History				
Date of Employment	Employer Name & Address	Position	Supervisor's Name	Reason for Leaving

I certify the above stated and indicated are true in fact and no misrepresentation of myself has been made. I understand that any false information, omissions or misrepresentation of facts will result in rejection of this application and/or discharge at any time during employment. I authorize Chesapeake Caregivers to verify any and all information contained within this application, but not limited to, criminal history, motor vehicle driving records and credit report. I authorize all former employers, references, individuals/organizations, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, law enforcement authorities, and Chesapeake Caregivers from any liability for any damage whatsoever. I also understand that the use of illegal drugs is prohibited during employment and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment. I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent me from working with Chesapeake Caregivers. I understand that, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States. I agree not to do business directly with any individuals or business entity that Chesapeake Caregivers has introduced to me by entering into employment with such individuals or businesses. I understand and will follow the duties and polices as outlined by Chesapeake Caregivers.

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Applicant's Signature

---

Date

# Chesapeake Caregivers

I authorize Chesapeake Caregivers to obtain the reference, which is held in confidence. I release those furnishing any information from all liability for damages that may result from issuing requested information.

**Applicant Name** \_\_\_\_\_

**Previous Name Of Applicant (if Applicable)** \_\_\_\_\_

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

**Company** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

## \*\*\*Section Below To Be Completed By Employer\*\*\*

**Company Name** \_\_\_\_\_ **Position Held** \_\_\_\_\_

**Employed From** \_\_\_\_\_ **to** \_\_\_\_\_ **Eligible for Rehire** \_\_\_\_\_

**If applicable, the reason no longer employed** \_\_\_\_\_

How would you rate the following?	Below Average	Average	Above Average	Excellent	N/A	Comments
<b>Reliability/Dependability</b>						
<b>Punctuality/Attendance</b>						
<b>Appearance</b>						
<b>Honesty/Trustworthiness</b>						
<b>Initiative</b>						
<b>Overall</b>						

**Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please fax the completed form back to 443-433-0883. Thank You!**

# Chesapeake Caregivers

I authorize Chesapeake Caregivers to obtain the reference, which is held in confidence. I release those furnishing any information from all liability for damages that may result from issuing requested information.

**Applicant Name** \_\_\_\_\_

**Previous Name Of Applicant (if Applicable)** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Company** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Fax**

**Number** \_\_\_\_\_

## \*\*\*Section Below To Be Completed By Employer\*\*\*

**Company Name** \_\_\_\_\_ **Position Held** \_\_\_\_\_

**Employed From** \_\_\_\_\_ **to** \_\_\_\_\_ **Eligible for Rehire** \_\_\_\_\_

**If applicable, the reason no longer employed** \_\_\_\_\_

How would you rate the following?	Below Average	Average	Above Average	Excellent	N/A	Comments
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<b>Honesty/Trustworthiness</b>						
<b>Initiative</b>						
<b>Overall</b>						

**Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please fax the completed form back to 443-433-0883. Thank You!**

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



## Care Provider Skills Assessment Quiz

PLEASE COMPLETE TO THE BEST OF YOUR KNOWLEDGE

- 1. What is the term for a device used to take the place of the missing body part?**
  - a. Prosthesis
  - b. Pronation
  - c. Abduction
  - d. External Rotation
  
- 2. When helping a Client who is recovering from a stroke to walk, the Care Provider should assist:**
  - a. On the Client's weak side
  - b. On the Client's strong side
  - c. From behind the client
  - d. With a wheelchair
  
- 3. Exercises that move each muscle and joint are called:**
  - a. Range of Motion
  - b. Adduction
  - c. Abduction
  - d. Rotation
  
- 4. To BEST communicate with a client who is totally deaf, the Care Provider should:**
  - a. Write out information
  - b. Smile frequently and speak loudly
  - c. Smile often and talk rapidly
  - d. Avoid eye contact
  
- 5. The appropriate way to Call Out for a shift you are supposed to work is to:**
  - a. Call the Care Coordinator's, Natalie's and/or the Managing Partner's Cell Phone and speak with them
  - b. Call the Office and leave a Voicemail
  - c. Send an email
  - d. Send a textmessage
  
- 6. A Care Provider can assist Clients with their spiritual needs by:**
  - a. Allowing clients to talk about their beliefs
  - b. Taking clients to the nurse aide's church
  - c. Avoiding any religious discussions
  - d. Talking about the Care Provider's own spiritual beliefs

- 7. The Care Provider is caring for a client who is agitated. The Care Provider SHOULD**
- Speak loudly so the Client can hear the instructions
  - Talk in a slow, calm, reassuring manner
  - Ask to reassign the care of this Client
  - Tell the Client to be quiet
- 8. In order to communicate clearly with a client who has hearing loss, the Care Provider should:**
- Speak in a high pitch tone of voice
  - Look directly at the client when speaking
  - Stand behind the Client when speaking
  - Speaking in a loud and slow manner
- 9. The Care Provider notices that a Client's mail has been delivered to the Client's room. The Care Provider SHOULD:**
- Open the mail and leave it on the client's table
  - Give the Client the unopened mail and offer to help as needed
  - Open the mail and read it to the client
  - Read the mail to make sure it doesn't contain upsetting news
- 10. When requesting time off, the appropriate amount of notice needed to give the Office staff is:**
- 24 hours
  - As soon as possible, no later than 2 weeks before the requested date
  - 1 hour
  - 1 week
- 11. All the following situations are examples of abuse or neglect EXCEPT:**
- Leaving a Client alone in a bathtub
  - Restraining a client according to physician's order
  - Threatening to withhold a Client's meals
  - Leaving a Client in a wet and soiled bed
- 12. If a client is confused, the Care Provider should:**
- Ignore the Client until he starts to make sense
  - Help the Client to recognize familiar things and people
  - Restrain the Client so that he does not hurt himself
  - Keep the Client away from other Clients
- 13. The normal aging process is BEST defined as the time when:**
- People become dependent and childlike
  - Normal body functions and senses decline
  - Alzheimer's disease begins
  - People are over sixty-five years of age
- 14. When changing an unsterile dressing, the Care Provider should wash hands:**
- Before the procedure
  - Before, after removal of the soiled dressing, and after the procedure
  - After the procedure
  - Before and after the procedure



**15. It is considered a No Call No Show if:**

- a. The Care Provider does not show up for a shift they agreed to work and does not notify the Office Staff
- b. The Care Provider emails the Office Staff that they will not make it to work
- c. The Care Provider leaves a Voicemail stating they will not make it to work
- d. All of the above

**16. If a Care Provider finds a Client who is sad and crying, the Care Provider should:**

- a. Tell the Client to cheer up
- b. Tell the Client to stop crying
- c. Ask the Client if something is wrong
- d. Call the Client's family

**17. The Care Provider enter a Client's room, and the Client states that he has pain. What should the Care Provider do?**

- a. Tell the Client to get out of bed for awhile
- b. Tell the Client that the pain will go away soon
- c. Report it to the Nurse in charge
- d. Ignore the Client's statement

**18. When transferring a client, MOST of the client's weight should be supported by the Care Provider's:**

- a. Back
- b. Shoulder
- c. Legs
- d. Wrists

**19. Before taking the oral temperature of a Client who has just finished a cold drink, the Care Provider should wait:**

- a. 25 to 35 minutes
- b. 45 to 55 minutes
- c. 10 to 20 minutes
- d. At least 1 hour

**20. If you know that you will not be able to work a shift you agreed to and your Co-Caregivers are unable to work for you, the first person you should contact to discuss this issue is:**

- a. The Care Recipient you are supposed to work with
- b. A Co-Caregiver that works with the same family
- c. The Care Coordinator, Susan and/or Natalie
- d. The Care Recipient's Family

**21. A safety device used to assist a DEPENDENT client from a bed to a chair is called a**

- a. Posey vest
- b. Hand roll
- c. Transfer/gait belt
- d. Foot board

**22. What is the beginning of a pressure sore?**

- a. Swelling
- b. Numbness
- c. Coolness
- d. Discoloration

**23. Which temperature is considered MOST accurate?**

- a. Oral
- b. Axillary
- c. Groin
- d. Rectal

**24. The Care Provider can BEST show that he/she is listening to the Client by:**

- a. Changing the subject frequently
- b. Correcting the Client's mistakes
- c. Directing the conversation
- d. Responding when appropriate

**25. The consequence of a NO Call No Show is:**

- a. No longer allowed to work with that Care Recipient and placed on another case
- b. Get the dayoff
- c. Lose your pay for the day
- d. Loss of employment, reported to the Maryland Board of Nursing for Neglect and no longer eligible to work with Chesapeake Caregivers

**26. Delirium could be caused by:**

- a. Pain
- b. Dehydration
- c. Urinary tract infection
- d. Agitation
- e. A, B & C

**27. Factors that could trigger agitation include:**

- a. Not enough exercise
- b. Not enough stimulation
- c. Tiredness
- d. All of the above
- e. None of the above

**28. A Client with dementia who is less active than usual may have an infection causing delirium.**

True

False

**29. Clients who are agitated may be responding to the mood in the home.**

True

False

Score: \_\_\_\_\_/29 \_\_\_\_\_%

Care Providers must score 70%  
or higher to work with  
Chesapeake Caregivers



**Caregiver Contract**

This Agreement made as of \_\_\_\_\_ (Date)

Between: Chesapeake Caregivers 1410 Forest Drive, Suite 31, Annapolis, MD 21401

**AND,** \_\_\_\_\_ (Caregiver Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Telephone)

Whereas Chesapeake Caregivers operates in Maryland

**Caregiver is engaged in the business of Home Care and is experienced in performing such work: and Employee is willing and able to perform such services, under the terms and conditions of this Agreement for those individuals who are clients of Chesapeake Caregivers.**

**Caregiver's Work**

The work to be performed by Caregivers include all services generally performed by the Caregiver in his/her usual line of business. Caregivers shall perform only such work for Clients as is specifically requested by Chesapeake Caregivers and mutually agreed upon by all parties. The parties acknowledge that, while Chesapeake Caregivers has the right to control and direct the Caregivers as to the result to be accomplished by his/her work (i.e. As to what shall be done). In every event, however, should the Caregiver agree to undertake an assignment and perform his/her services for a Client, his/her work will always be performed competently, professionally and to the best of his/her ability, experience and training. The Caregiver shall be solely responsible for any and all liability, loss or damage arising out of, or in any way, connected to the work which the Caregiver may perform as a result of this agreement.

**Terms:**

The term of this Agreement shall be for the period of working as a caregiver with Chesapeake Caregivers commencing on the date first written above continuing for a period of one year immediately following the Caregiver's last day of work with Chesapeake Caregivers. Thereafter, this Agreement may be terminated at the Caregiver's or Chesapeake Caregiver's request.

1. **Position and Duties.** You agree to competently and professionally perform such duties as are customarily the responsibility of the position as set forth in the "Care Provider Job Description", the "Plan of Care", "Policy and Procedures", "Care Provider Acknowledgement," and as reasonably assigned to you from time to time by your Manager.
2. **Outside Business Activities** While working with Chesapeake Caregivers, you shall devote competent energies, interests, and abilities to the performance of your duties under this Agreement. During the term of the Agreement, you shall not, without Chesapeake Caregiver's prior written consent, render services to others for compensation or engage or participate, actively, or passively, in any other business activities that would interfere with the performance of your duties hereunder.

3. **Chesapeake Caregivers' Clients** At no time during the life of this Agreement or for a period of one year immediately following the termination of this Agreement, regardless of who initiated the termination, shall you or on the behalf of any other person, firm or entity, call on for the purpose of soliciting the business of Chesapeake Caregivers' Clients for whom you may have worked, with whom you became acquainted or of whom you learned of during the course of this Agreement; nor shall you in any way directly or indirectly, for himself/herself or on behalf of, or in conjunction with, any person, firm or entity, solicit, divert, or take away any such Clients of Chesapeake Caregivers or perform any services for such clients not authorized by Chesapeake Caregivers in writing during the life of this Agreement or for one year immediately following the termination of this Agreement, regardless of who initiated the termination. **In the event of a breach of this provision, a penalty of \$10,000.00 or more depending on the Agreement Contract between Chesapeake Caregivers and the Client is due to Chesapeake Caregivers immediately.**
4. **Covid-19 Release & Hold Harmless Agreement** The undersigned understands that exposure to disease-causing organisms, such as COVID-19, and contaminated objects, as well as personal contact with people, including but not limited to caregivers, clients and others associated with Chesapeake Caregivers involve a certain degree of risk that could result in illness, permanent disability or death. I agree to release and hold-harmless Chesapeake Caregivers and its agents, office staff, and Clients from and against all claims for damages and liability resulting from exposure to disease-causing organisms, such as COVID-19, and contaminated objects, as well as personal contact associated with Home Health Care. I understand, Chesapeake Caregivers requires that all Caregivers be negative for COVID\_19 and any form of Hepatitis. If a Caregiver tests positive, the Office of Chesapeake Caregivers must be informed immediately.
5. **Employment Classification** You shall be an Independent Contractor and shall not be entitled to benefits except as specifically outlined herein. Hours will be based on the Clients need and may be full-time, part-time, or live-in. Due to the nature of the Home Care Industry, employment is temporary and by signing this document you understand that all work opportunities are temporary.
6. **Visitation** You may never bring a visitor to a Care Recipient's home unless approved by the Client, Care Representative and Chesapeake Caregivers. You may visit a Care Recipients outside the hours of work if there is a mutual understanding between You, Chesapeake Caregivers, the Client, and the Care Representative that it is a personal visit and not a work-related visit.
7. **Compensation/Benefits and Monetary Rules**
  - a. **Wages** You will be notified of new pay rates per assignment in writing and/or orally before the start of a new assignment.
  - b. **Reimbursement of Expenses** You shall be reimbursed if you use your own vehicle during an assignment. You will get reimbursed at a rate of \$0.50 per mile. Chesapeake Caregivers shall not be obligated to pay for any other cost, expense or disbursement incurred by you in performing the services hereunder unless a Chesapeake Caregivers had given prior consent, in writing, to such change.
  - c. **Gifts/Gratuity** You may not accept money from a Care Recipient, Client, or Care Representative ever. You shall not solicit or accept any payment, tip, gratuity, personal favor, gift of cash or otherwise from a Care Recipient, Client, or Care Representative. Furthermore, all gifts presented to you must be reported to Chesapeake Caregivers and will only be accepted if the value of the gift is under \$25.00
  - d. **Withholdings** All compensation paid to you under this Agreement, including payment of salary and taxable benefits shall be subject to such withholdings as may be required by law or Chesapeake Caregivers' general practices.
  - e. **Benefits**
  - f. **At-Will** Either party may terminate this Agreement by written notice at any time for any reason or for no reason. This Agreement is intended to be and shall be deemed an at-will Agreement and does not constitute a guarantee of continuing employment for any term.
8. **Reports** You are required, as a part of your regular job duties, to Clock In/Out, mark daily tasks and submit care notes into ClearCare during each shift. If you are unable or unwilling to Clock In/Out mark daily tasks and submit care notes into ClearCare during each shift, Chesapeake Caregivers will hold your paycheck until you submit the required information. You will always be compensated for all work hours performed, but due to the nature of our business, the Reports entered into ClearCare are the only documented proof of work. The Caregiver is also responsible for staying in contact with the Chesapeake Caregivers office staff to help monitor all aspects of Clients/Care Recipient's care. The Caregiver may call, email, text message or send written notes to keep Chesapeake Caregivers informed. If communication is via email, text message or written notes, Caregiver must speak with Chesapeake Caregivers office staff to confirm receipt.
9. **Overtime** Caregivers are not permitted to work more than forty (40) hours per week unless approved in writing by the Chesapeake Caregivers Office staff.
10. **Nondisclosure Agreement** Chesapeake Caregivers does not wish you to bring with you any confidential or proprietary material of any former employer or violate any other obligation to your former employers.
11. **Confidential Matters and Proprietary Information** You shall keep in strictest confidence all information relating to this Agreement and that information which may be acquired in connection with or as a result of this Agreement. During the term of this Agreement and at

any time thereafter, without the prior written consent of Chesapeake Caregivers, you shall not publish, communicate, divulge, disclose or use any such information which has been designated by Chesapeake Caregivers as proprietary or confidential. Upon termination of this Agreement, or on Chesapeake Caregivers' request at any time, you shall deliver all records, data information, and other documents and all copies thereof, whether prepared by you or otherwise coming in your possession during the term of this Agreement, to Chesapeake Caregivers and such shall remain the property of Chesapeake Caregivers.

12. **Injunction** In the event of a breach or threatened breach by you of any of the provision of the Paragraph entitled "Confidential Matters and Proprietary Information" and the Paragraph entitled "Chesapeake Caregivers' Clients", Chesapeake Caregivers shall be entitled to an injunction restraining you from engaging in such conduct. Nothing herein contained, however, shall be construed as prohibiting Chesapeake Caregivers for pursuing any other remedies available to Chesapeake Caregivers for such breach or threatened breach, including but not limited to the recovery of compensatory and/or punitive damages from you. In addition, Chesapeake Caregivers shall be entitled to recover from you all the costs, disbursements and attorney's fees incurred by Chesapeake Caregivers in pursuing its rights hereunder.
13. **Authorization to Work** Because of the federal regulations adopted in the Immigration Reform and Control Act of 1986, you will need to present documentation demonstration that you have authorization to work in the United States.
14. **Further Assurances** Each party shall perform any and all further acts and execute and deliver any documents that are reasonably necessary to carry out the intent of this Agreement.
15. **Notices** All notices or other communications required or permitted by this Agreement or by law shall be in writing and shall be deemed duly served and given when delivered personally or by facsimile, air courier, certified mail (return receipt requested), postage and fees prepaid, to the party at the address indicated in the signature block or at such other address as a party has in writing.
16. **Governing Law** This Agreement shall be governed by, construed, and enforced in accordance with the laws of the State of Maryland.
17. **Binding Effect** This Agreement shall bind the parties and their respective successors.
18. **Entire Agreement** This Agreement sets forth the entire Agreement between parties pertaining to the subject matter hereof and supersedes all prior written agreements and all prior or contemporaneous oral Agreements and understandings, expressed or implied.
19. **Written Modification and Waivers** No modification to this Agreement, nor any waiver of any rights, shall be effective unless assented to in writing by the party to be charged, and the waiver of any breach or default shall not constitute a waiver of any other right or any subsequent breach or default.
20. **Assignments** This Agreement is personal in nature and neither parties, shall without the consent of the other, assign or transfer this Agreement or any rights or obligations under this Agreement, except that Chesapeake Caregivers may assign or transfer this Agreement to a successor of Chesapeake Caregivers' business, in the event of the transfer or sale of all or substantially all of the assets of Chesapeake Caregivers' business or to a subsidiary, provided that in the case of any assignment or transfer under the terms of the Section, this Agreement shall be binding on and inure to the benefit of the successor of Chesapeake Caregivers' business, and the successor of Chesapeake Caregivers' business shall discharge and perform all the obligations of Chesapeake Caregivers under the Agreement
21. **Severability** If any of the provisions of this Agreement are determined to be invalid, illegal, or unenforceable, and the remaining provisions shall continue in full force and effect to the extent the economic benefits conferred upon the parties by this Agreement remain substantially unimpaired.

By signing this document, you have Acknowledged, Accepted, and Agreed to the terms and conditions.

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

Caregiver Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Chesapeake Caregivers Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_



## Chesapeake Caregivers Policy and Procedures

The information and procedures included in this document are designed to keep Care Providers working with Chesapeake Caregivers informed of commonly needed important information and Agency Policy. A signed copy of this document will be located at the Chesapeake Caregivers Office and a copy will be provided to all Care Providers. If any question arises and cannot be found here, feel free to contact the Office or emergency line if the occurrence is after business hours (8:30am-5pm).

### Emergency Procedures

At all times, Chesapeake Caregivers will have emergency contact information available. This information will contain information for the following but, not limited to; Care Recipients, next of kin, Care Providers, emergency facilities, schedules, and a summary of the Care Recipient needs/medications. Chesapeake Caregivers' Office Staff will have a cell phone, in which they can be reached 24 hours a day, 7 days a week.

#### **In case of medical emergency, please follow the steps provided in the given order.**

The steps of action include:

1. Call 911 or Doctor (if applicable to the situation)
2. Call Care Representatives (family)
3. Call Chesapeake Caregivers

*Sometimes, a Care Recipient will have a MOLST form or DNR and those documents will determine how you handle an emergency and override typical procedure.*

#### **In case of Fire, please follow the steps provided in the given order.**

R – rescue (move Care Recipient out of danger)

A – alarm (call 911)

C – contain (close windows and doors)

E – extinguisher (use extinguisher if available)

#### **In case of Power Outage, please follow the steps provided in the given order.**

POWER OUTAGE: Notify the Care Representatives and Chesapeake Caregivers

#### **In case of Weather Emergency, please follow the steps provided in the given order.**

Notify Chesapeake Caregivers and the Care Representatives

**THE VISITING CAREGIVER MAY NOT LEAVE THE CARE RECIPIENT UNTIL THE EMERGENCY SITUATION IS RESOLVED.**

### Caregiver Key Liability

I acknowledge that I may receive keys to Client's homes. I agree not to loan, transfer, give possession for misuse, modify, or alter the above keys. I further agree not to cause, allow, or contribute to the making of any unauthorized copies of the above keys. I also understand that it is my responsibility to return all keys issued to me to the Client. I understand and agree that violation of this agreement or loss of the keys designated above due to my negligence, may result in criminal action, and may render me responsible for the expenses of a rekey for the affected areas.

### COVID-19 Release & Hold Harmless

I understand that exposure to disease-causing organisms, such as COVID-19, and contaminated objects, as well as personal contact with people, including but not limited to caregivers and others associated with Chesapeake Caregivers involve a certain degree of risk that could result in illness, permanent disability or death.

I agree to release and hold-harmless Chesapeake Caregiver and its agents, office staff, and Caregivers from and against all claims for damages and liability resulting from exposure to disease-causing organisms, such as COVID-19, and contaminated objects, as well as personal contact associated with Home Health Care. I understand, Chesapeake Caregivers requires that all Caregivers be negative for COVID\_19 and any form of Hepatitis. If a Caregiver tests positive, the Office of Chesapeake Caregivers must be informed immediately.

Initials \_\_\_\_\_

**Inclement Weather/Natural Disaster**

Caregivers are expected to arrive at the Care Recipient's home at the scheduled time. If you are unable to commute to a Care Recipient's home, you must contact Chesapeake Caregivers immediately. If a natural disaster or inclement weather is foreseen, Chesapeake Caregivers will attempt to make arrangements to avoid potential issues. Chesapeake Caregivers appreciates your cooperation in making such arrangements.

**Call-Out & Lateness Policy**

Your attendance is a major concern Chesapeake Caregivers. Unsatisfactory attendance, including tardiness, leaving work early, and absences, is unacceptable performance. All absences are to be arranged at least 2 weeks in advance including vacations, doctors' appointments, and time off for other reasons.

**ALL CAREGIVERS ARE REQUIRED TO CALL AND SPEAK WITH A CARE COORDINATOR OR MANAGER** if you are unable to work a shift. If you are ill, injured or an unexpected emergency arises which prevents you from coming to work, you must notify Chesapeake Caregivers no later than 24 hours before the start of your scheduled workday. If you are physically unable to contact Chesapeake Caregivers, you must direct another person to make the contact on your behalf. The office staff can be reached 24 hours a day, 7 days a week. **Texts Messages and Voicemails are not always received and are not acceptable.**

**All Caregivers** should make every attempt to have a Co-Caregiver cover their shift if it is **within 24 hours of** the start of the shift. If you are going to be late, please call Chesapeake Caregivers and Family Representative or Client to let them know you will be late. Communication is key for our clients and we need to communicate effectively to avoid work stoppage or cancellation of contracts.

Failure to notify Chesapeake Caregivers Office Staff that you will not be attending work (No-Call No-No-Show) will result in your termination and you will be reported to the Maryland Board of Nursing and the Office of Health Care Quality as neglect. You will be rated in your performance appraisal in the categories of attendance and punctuality.

**Overtime**

Our client contracts are for a set hourly rate and this does not include overtime pay. If you do not wish to work over 40 hours, please let us know in advance.

**Holidays That Are Contractually Under Time and Half**

New Year's Day	Easter	Memorial Day	July 4 <sup>th</sup>
Labor Day	Thanksgiving Day	Christmas Day	

**Advanced Notice of 14 days** must be provided if you have a shift that will fall on one of these days and you CANNOT work.

**Direct Deposit**

You will be paid weekly. Chesapeake Caregivers' pay week is Monday at 12 AM to Sunday at 11:59 PM. When the pay date falls on a holiday and/or rare occasions, the pay date will be moved to the closest subsequent weekday/non-holiday due to the inability to submit by the required time. If you prefer to have a paper check, Paychex will mail your paycheck to your address. The address you provided on your job application is the address that will be printed on your check for delivery. Please notify Chesapeake Caregivers of any changes to your address, phone number, or anything else that may hinder you from receiving your check. Checks are typically mailed the Thursday after payday. We can not control the USPS, so if you are receiving a paycheck through the mail, there is no guarantee that you will receive it on time every payday. In the event your paycheck does not arrive at your address, you may elect to request a stop payment for a \$45 fee. We can have a replacement check printed and you may elect to pick it up at our Edgewater Office. You may also wait for the check to be returned to sender at which time you can pick it up at our Edgewater Office.

**Assignments**

If you accept an assignment with Chesapeake Caregivers, it is expected that you will be punctual, dress professionally, Clock In/Out to verify your hours, mark daily tasks, submit care notes into ClearCare during each shift, refrain from smoking while working with others, limit your phone calls/texts to a minimum (never use a Care Recipient's unless you receive direct permission from the Care Recipient/Care Representative), keep cell phones on vibrate, do not use Headphones, Ear Plugs, and/or AirPods at any time during a shift, never leave a Care Recipient unattended, and do not have visitors. Taking care of and respecting our clients and our reputation are vital for us to maintain a level of success as an Agency.

**Situations Requiring Register Nurse Involvement**

When you are caring for a Care Recipient, it is your responsibility to inform (verbally) Chesapeake Caregivers of any situation that requires a referral to a Register Nurse. These situations may include but are not limited to any significant changes to the Care Recipient's care, any significant changes to the Care Recipient's surroundings, any significant changes in the Care Recipient's routine, any recent hospitalization and/or serious injury, any changes in medications, if you feel uncomfortable performing a task and feel that you are not properly trained to perform care. Every Caregiver is required to attend Training with the staff Registered Nurse as requested by the Office of Chesapeake Caregivers. If you have any question on whether a Register Nurse should get involved, please call Chesapeake Caregivers.

Initials \_\_\_\_\_

**Caregiver Reporting to Chesapeake Caregivers**

Chesapeake Caregivers attempts to fully informed on all our Care Recipients and their health, well-being, progression, routine, etc. unfortunately, we do not interact face to face with our Care Recipients as often as we would like. As a Caregiver, you are responsible for staying in contact with Chesapeake Caregivers to help us monitor all aspects of our Care Recipients care. You may enter notes in ClearCare, call us, text us and email us to keep us informed. If communication is via text or email, you must call Chesapeake Caregivers to confirm receipt. It is your responsibility to report all incidents including but not limited to falls, refusal to eat, medication refusals, scrapes, bumps, unexpected incontinence, illness, verbal and/or physical abuse, decline or progression in health, dizziness, among many others. It is required to keep Chesapeake Caregivers up to date with the Care Recipient's care.

**Advanced Services**

Chesapeake Caregivers is a non-skilled home care agency. The services Chesapeake Caregivers provide are outlined in the Care Provider Job Description. If there is a task/service requested by a Care Recipient/Care Representative that was not clearly stated on the Caregiver Job Description, then you must get approval from Chesapeake Caregivers prior to performing the task.

Caregiver may remind Care Recipients to take their medication. You may not assist with any wound care or operate medical equipment such as ventilator, feeding tubes, bi-pap machines, oxygen tanks, IV's, etc.

*By signing below, I understand the contents, will comply with the restrictions outlined, acknowledge receipt of a copy of this document and will contact Chesapeake Caregivers if I have any questions concerning this document.*

---

***Name***

---

***Signature***

---

***Date***





**Care Provider Acknowledgement**

I, the undersigned, hereby certify and agree that I will not perform a 'no-call no-show' for the duration of my work relationship with Chesapeake Caregivers. Under no circumstances will I miss any assignment of which I have accepted either in writing or verbally without notifying Chesapeake Caregivers. I have been made aware of Chesapeake Caregivers' policy regarding 'no-call no-shows' and I will arrive to my assignment on time and prepared as expected OR I will inform the Chesapeake Caregivers that I will not be able to arrive as scheduled. I understand that many of Chesapeake Caregivers' Care Recipients require home health care assistance to perform basic activities of daily living AND if a Care Recipient is left alone without the assistance requested to and provided by Chesapeake Caregivers, then they may be at risk of health concerns including but not limited to; fall risk, missed medication, lack of proper nutrition, unnoticed illness or wounds, insufficient personal hygiene, wandering, performing unsafe activities, and possibly even death. I understand that by not informing Chesapeake Caregivers that I will not be able to arrive to my agreed upon assignment I am personally putting the Care Recipient in risk of their own health.

I also hereby acknowledge that Chesapeake Caregivers always has Care Providers on-call at all times so that a Care Recipient is never left alone when they expect to receive assistance services as long as Chesapeake Caregivers is aware of an absence or upcoming absence. I understand that these on-call Care Providers are not my personal replacements if I do not wish to arrive to my assignment and if I call-out within 24 hours of my assignment without reasonable justification then it may result on potential loss of work opportunities.

Under health occupation article 8-316 and 8-6a-10, annotation code of Maryland, Chesapeake Caregivers has a legal obligation to report any inappropriate action or inaction to the Board of Nursing and to the Office of Health Care Quality. This will include any form of neglect such as a 'no-call no-show' or leaving a client unattended. Chesapeake Caregivers recognizes "any inappropriate action or inaction," as abuse or neglect in which a 'no-call no-show' is a form of neglect, as previously stated. Chesapeake Caregivers will also report any other incident/occurrence of an event that the office staff believes to be an "inappropriate action or inaction."

Chesapeake Caregivers can be reached Monday-Friday 8:30 AM – 5 PM in the Office at 410/919-0190 or if After-hours, please call the Care Coordinator Emergency Cell Phone.

---

*Name*

---

*Signature*

---

*Date*



### Household and Family Support Services:

Light Housekeeping, including but not limited to the following.

- Laundry
- Change Linens
- Vacuum/Sweeping
- Wash Dishes
- Dusting
- Disposal of Garbage & Recycling
- Upkeep of Household
- Pet Care
- Meal Planning and Preparation
- Medication Reminders
- Shopping, Errands, Transportation

### Personal Care Service

- Ambulation
  - Physically assisting a Care Recipient who otherwise would be unable to move about independently. Includes transfers and mobility assistance
- Personal Hygiene
  - Assisting a Care Recipient with bathing, grooming, oral care, hair care and nail care
- Dressing/Undressing
  - Assisting a Care Recipient with applying and removing clothing to the body
- Toileting
  - Assisting a Care Recipient getting to and from the toilet, using it appropriately, and cleaning themselves. Includes the changing of incontinence products and/or emptying catheters
- Feeding
  - Hand feeding a Care Recipient who is incapable of self-feeding and/or assisting a Care Recipient with self-feeding

### Qualifications

A criminal background check will be completed for each individual that works for Chesapeake Caregivers prior to the start of their first case. Every Caregiver must have at least one (1) year of relevant experience. Relevant experience is defined as having previous work with caring for another with duties similar to the scope of practices listed in this document. Every Caregiver is required to provide original copies of any certifications (CNA, GNA, HHA, etc.). Every Caregiver must complete The Care Provider Skill Assessment Quiz. Caregivers must score 70% or higher in order to work with Chesapeake Caregivers. Every Caregiver must have a current Tuberculosis Test (chest x-ray) or PPD on file with the Office of Chesapeake Caregivers. Every Caregiver must have a current CPR & First Aid certification on file with the Office of Chesapeake Caregivers. Chesapeake Caregivers requires that all Caregivers do not have any form of Hepatitis or COVID-19. If you have Hepatitis or COVID-19, you must inform the Office of Chesapeake Caregivers. Every Caregiver is required to attend Training with the staff RN as requested by the Office of Chesapeake Caregivers

By signing this document, you are agreeing to perform all the duties listed in this job description or you will notify Chesapeake Caregivers of specific duties not willing to perform. You are stating that you have been trained on ethical behavior, confidentiality of information, standard precautions for infection control and prevention of abuse and neglect prior to completing the application process with Chesapeake Caregivers. Furthermore, you are agreeing to comply with the restrictions outlined.

---

*Signature*

---

*Date*



**Driving Personal Vehicles to Transport the Care Recipient**

Do you have a Driver's License?  Yes  No

If you are willing to take an assignment whereby you will use your vehicle or Client's vehicles to transport the Client from their home to their desired destination, such as the doctor's office, pharmacy, grocery store, senior center, etc., make sure you carefully read and initial as applicable, indicating your consent:

I have auto insurance coverage for my personal vehicle that I will be using on Chesapeake Caregiver assignments as required. My policy is current and meets the minimum requirements dictated by the state, including liabilities for bodily injury, property damage, uninsured, and under-insured motorists.

Chesapeake Caregivers has been given a copy of my auto insurance certificate.

I will operate my vehicle or the Client's vehicle in the safest manner possible and will comply with all Maryland State Laws.

My vehicle will be in proper working order and be properly maintained in order to avoid unforeseen accidents.

Chesapeake Caregivers has been informed of all violations that I have committed while driving a vehicle during the past three years. Parking violations are excluded from this declaration.

I, hereby, permit Chesapeake Caregivers to conduct a background check regarding my driving, as deemed appropriate by the Agency.

**I hereby attest to the aforementioned statements.**

---

*Name*

---

*Signature*

---

*Date*



## PayScale

Chesapeake Caregivers' pay week is Monday at 12 AM to Sunday at 11:59 PM. When the pay date falls on a holiday and/or rare occasions, the pay date will be moved to the closest subsequent weekday/non-holiday due to the inability to submit by the required time. You are required, as a part of your regular job duties, to Clock In/Out, mark daily tasks and submit care notes into ClearCare during each shift. If you are unable or unwilling to Clock In/Out mark daily tasks and submit care notes into Clear Care during each shift, Chesapeake Caregivers will hold your paycheck until you submit the required information. You will always be compensated for all work hours performed, but due to the nature of our business, the Reports entered into ClearCare are the only documented proof of work. If you ever have any questions regarding your expected or current pay rate for any assignment/case, please contact your local office and we would be happy to help.

### Starting Hourly Pay Rates:

Chesapeake Caregivers has different pay rates dependent on the county in which the work is performed. We also annual reviews. During an assignment, if assisting more than one Client with personal care activities (personal needs), you will be paid an additional \$1.50/per hour in excess of your regular base rate. In general, shifts will have a four (4) hour minimum, but when assisting a Client for a shift of two hours or less (at the Client's request), the pay rate is \$16.00/per hour. When working an assignment of two-hour visits, any unusual hours in excess of the two-hour visits will be paid at your regular base rate.

Starting Hourly Base Rates (based on the county in which work is performed):

Companion : \$ \_\_\_\_

CNA : \$ \_\_\_\_

### Live-In Pay Rates:

Live-In assignments also have different pay rates dependent on the county in which the work is performed. Overtime is earned on all live-in assignments after 2.85 days worked in any given pay week (Monday 12 AM-Sunday 11:59 PM).

Starting Live-in Base Rates (based on the county in which work is performed):

All Other Counties \$200 /day base,

### Care Provider Interview:

Chesapeake Caregivers does offer interviews to our Clients so, they get a chance to meet you before services begin. We do not compensate you for this interview/ meet and greet. We believe that it is simply the next step in the hiring process as our Clients need to know you just as we do. This is a wonderful opportunity for you as the Caregiver to make sure the assignment is one that you will be satisfied with.

### Mileage:

You are responsible for getting to and from your workplace (Client's Home). You will be compensated for 100% of your mileage while transporting a Client or using your vehicle to perform job duties during your scheduled shift. If you do not record the miles yourself using the "trip" on your vehicle, the mileage calculations will be conducted using Google Maps from address to address as long as the office staff is aware of the transportation. The reimbursement for mileage is \$0.56/mile.

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

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

By signing this document, you have Acknowledged, Accepted, and Agreed to the terms and conditions.



# CHESAPEAKE CAREGIVERS, INC.

## Sexual Harassment Policy

### POLICY BRIEF & PURPOSE

Our sexual harassment policy aims to protect men and women in our company from unwanted sexual advances and give them guidelines to report incidents. We will also explain how we handle claims, punish sexual harassment, and help victims recover. We will not tolerate sexual harassment at Chesapeake Caregivers in any shape or form. Our culture is based on mutual respect and collaboration. Sexual harassment is a serious violation of those principles.

### SCOPE

This policy applies to every employee, independent contractor (Caregivers) and/or client at Chesapeake Caregivers regardless of gender, sexual orientation, level, function, seniority, status, or other protected characteristics. We are all obliged to comply with this policy. Also, we will not tolerate sexual harassment from inside or outside of Chesapeake Caregivers. Employees, independent contractors (Caregivers), clients and everyone interacting with our Chesapeake Caregivers are covered by the present policy.

### POLICY ELEMENTS

#### *What is sexual harassment?*

Sexual harassment has many forms of variable seriousness. A person sexually harasses someone when they:

- Insinuate, propose, or demand sexual favors of any kind.
- Invade another person's personal space (e.g. inappropriate touching.)
- Stalk, intimidate, coerce, or threaten another person to get them to engage in sexual acts.
- Send or display sexually explicit objects or messages.
- Comment on someone's looks, dress, sexuality or gender in a derogatory or objectifying manner or a manner that makes them uncomfortable.
- Make obscene comments, jokes or gestures that humiliate or offend someone.
- Pursue or flirt with another person persistently without the other person's willing participation. Also, flirting with someone at an inappropriate time is considered sexual harassment, even when these advances would have been welcome in a different setting. This is because such actions can harm a person's professional reputation and expose them to further harassment.
- The most extreme form of sexual harassment is sexual assault. This is a serious crime and Chesapeake Caregivers will support employees, independent contractors (Caregivers) and/or clients who want to press charges against offenders.

### OUR COMPANY'S RULES ON SEXUAL HARASSMENT

- **No one has the right to sexually harass our employees, Independent contractors (Caregivers) and/or Clients.** Any person at Chesapeake Caregivers who is found guilty of serious harassment will be terminated.
- **Sexual harassment is never too minor to be dealt with.** Any kind of harassment can wear down people and create a hostile environment. We will hear every claim and punish offenders appropriately.
- **Sexual harassment is about how we make others feel.** Many do not consider behaviors like flirting or sexual comments to be sexual harassment, thinking they are too innocent to be labeled that way. But, if something you do makes a person uncomfortable, or makes them feel unsafe, you must stop.
- **We assume every sexual harassment claim is legitimate unless proven otherwise.** We listen to victims of sexual harassment and always conduct our investigations properly. Occasional false reports do not undermine this principle.
- **We will not allow further victimization of harassed people.** We will fully support people who were sexually harassed.
- **Those who support or overlook sexual harassment are as much at fault as offenders.** Office Staff especially are obliged to prevent sexual harassment and act when they have suspicions or receive reports. Letting this behavior go on or encouraging it will bring about disciplinary action. Anyone who witnesses an incident of sexual harassment or has other kinds of proof should report to the Office Staff.

### HOW TO REPORT SEXUAL HARASSMENT

If you are being sexually harassed (or suspect another person is being harassed), please report it to the Office of Chesapeake Caregivers. In serious cases like sexual assault, please call the police and inform the Office of Chesapeake Caregivers that you plan to press charges. We acknowledge it's often hard to come forward about these issues.

If you want to report sexual harassment to Chesapeake Caregivers, there are two options:

- **Ask for an urgent meeting with the Office of Chesapeake Caregivers.** Once in the meeting, explain the situation in as much detail as possible. If you have any hard evidence (e.g. texts, emails, etc.), forward it or bring it with you to the meeting.
- **Send your complaint via email.** Attach any evidence or information that can be used in the investigation. The Office of Chesapeake Caregivers will discuss the issue and contact you as soon as possible.

If you report assault to the police, our company will provide any possible support until the matter is resolved. In any case, we will ensure you are not victimized and that you have access to relevant evidence admissible in court (without revealing confidential information about other employees, independent contractors (Caregivers) and/or clients.)

### INADVERTENT HARASSMENT

Sometimes, people who harass others do not realize that their behavior is wrong. We understand this is possible, but that does not make the perpetrator any less responsible for their actions. If you suspect that someone does not realize their behavior is sexual harassment under the definition of this policy, let them know and ask them to stop. Do so preferably via email so you can have records.

**PLEASE DO NOT USE THIS APPROACH WHEN:**

- A Client is the perpetrator.
- Sexual harassment goes beyond the boundaries of off-hand comments, flirting or jokes.

In the above cases, report to the Office of Chesapeake Caregivers as soon as possible.

**DISCIPLINARY ACTION AND REPEAT OFFENDERS**

Employees and/or Independent contractors (Caregivers) who are found guilty of sexual assault and/or sexual harassment (but not assault) will be terminated after the first complaint and investigation.

We apply these disciplinary actions uniformly. Employees of any sexual orientation or other protected characteristics will be penalized the same way for the same offenses.

**THE OFFICE OF CHESAPEAKE CAREGIVERS RESPONSIBILITIES**

First and foremost, the Office of Chesapeake Caregivers should try to prevent sexual harassment by building a culture of respect and trust. But, when sexual harassment occurs and an employee, independent contractor (Caregiver) and/or client makes a complaint, the Office of Chesapeake Caregivers must act immediately.

The Office of Chesapeake Caregivers should explain our company's procedures to the employee, independent contractor (Caregiver) and/or client who made the complaint.

When the Office of Chesapeake Caregivers receives a complaint that an employee, independent contractor (Caregiver) and/or client harasses another employee, Independent contractor (Caregiver) and/or client they will:

- Ask for as many details and information as possible from the person or people making the complaint.
- Keep copies of the report with dates, times and details of incidents and any possible evidence in a confidential file (separate from the personnel file.) The Office of Chesapeake Caregivers should update this file with all future actions and conversations regarding this complaint.
- Launch an investigation.
- Inform the harassed person(s) of our company's procedures and their options to take legal action if appropriate.
- Take into account the wishes of the harassed person.
- Contact the harasser and set up a meeting to explain the complaint and explicitly ask for this behavior to stop, or,
- Arrange for mediation sessions with the harasser and perpetrator to resolve the issue, if the harassed person(s) agrees or,
- Launch a disciplinary process depending on the severity of the harassment. In cases of sexual assault or coercing someone to sexual favors under threats, we will terminate the harasser immediately. We will terminate employees and/or Independent contractors (Caregivers) who are found guilty in a court of law of sexually assaulting another person, even if the Office of Chesapeake Caregivers has not conducted its own investigation.

**The Office of Chesapeake Caregivers must not, under any circumstances, blame the victim, conceal a report or discourage employees, Independent contractors (Caregivers) and/or clients from reporting sexual harassment.** If the Office of Chesapeake Caregivers behaves that way, please send an email to Susan Degen explaining the situation.

**HELPING HARASSMENT VICTIMS**

Apart from investigating claims and punishing perpetrators, we want to support the victims of sexual harassment. If you experience trauma, stress or other symptoms because of harassment, consider contacting:

RAINN  
www.rainn.org  
Hotline: 1 (800) 656-4673  
Available 24 hours a day, 7 days a week via phone and online chat.

**SPEAK UP, WE LISTEN**

Sexual harassment can exhaust those who endure it. Speaking up about this issue is often tough for fear of not being heard. Please don't let these fears deter you. Chesapeake Caregivers will do everything possible to stop sexual harassment and any other kind of harassment from happening, while supporting harassed employees, independent contractors (Caregivers) and/or clients. We need to know what's going on so we can act on it.

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**Print Name**

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**Job Title**

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**Signature**

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**Date**



## COVID-19 Travel Policy

Due to the continued concerns involved with COVID-19 and the health and safety of our Clients and Caregivers, all Caregivers traveling out of the Maryland, DC, Virginia area for non-essential duties are required to quarantine for 14 days or until a negative COVID-19 test result has been received by the Office of Chesapeake Caregivers.

If you have any questions or concerns, please call the Office at 410-919-0190.

All parties agree that this transaction can be conducted by electronic/digital signatures, according to the Uniform Electronic Transaction Act as adopted by the State of Maryland.

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SIGNATURE

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DATE

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Printed Name



**Chesapeake Caregivers Schedule Form**

Please fill out the WEEKLY schedule form. This will serve as ALL AVAILABLE HOURS you can work on any given week. William form so we can verify your availability. Chesapeake Caregivers is a 24 hour, 7 day a week Home Care Agency and we need to make sure we provide our clients with qualified Caregivers. This form will serve as record for your availability to work and can only be changed with Management approval. If you need to make changes it must be in writing by completing a new form with Management's approval.

By signing this form, you are AWARE of the Company Policy and agree to adhere.

Monday:

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Tuesday:

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Wednesday:

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Thursday:

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Friday:

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Saturday:

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Sunday:

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*Caregiver Signature*

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*Date*

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*Manager Signature*

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*Date*





Applicant Release and Authorization

The purpose of the form is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you in the course of consideration for employment or promotion. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, workers compensation agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, worker's compensation claims, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This release also authorizes the client to request a pre-employment and/or random selection drug screen. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this Consumer Report if: (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all the information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly and fill out completely

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_
List any Maiden/Other Name Used in the last 7 Years \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Professional License Held\* \_\_\_\_\_ State \_\_\_\_\_ License# \_\_\_\_\_
(\*only if requesting a professional license verification)

List your current mailing address as well as any other cities or towns you have lived in the past 7 years.

Street or PO# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Table with 6 columns: City, State, Zip, Dates, /, To, /. Four rows for listing previous addresses.

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Minnesota, California, and Oklahoma applicants only. If you want a copy of the reports ordered, check this box  The report(s) will be sent by the reporting agency to you at your current mailing address

\*\*\*APPLICANT - DO NOT WRITE BELOW THIS LINE\*\*

TO BE FILLED OUT BY THE COMPANY REQUESTING INFORMATION:

Company Name: Chesapeake Caregivers Branch: \_\_\_\_\_

\_\_\_\_ Please start our standard background check (ignore boxes below)

Or select from the following

- County Criminal History, Sex Offender, Federal District Criminal Search, Civil History, Social Security Verification, Education/Degree Verification, Statewide Criminal History, National Sex Offender, Credit History, Fingerprint Services, Previous Employer Verification, Driving Record, National Wants & Warrants, OFAC List Check, HHS/OIG/EPLS Scan

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**Direct Deposit Authorization Form**

Chesapeake Caregivers, INC  
1997 Annapolis Exchange  
Annapolis, MD 21401  
(410)919-0190

**Name on Account:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

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

**Account #:** \_\_\_\_\_

**9-Digit Routing:** \_\_\_\_\_

**Amount:**  \$ \_\_\_\_\_  \_\_\_\_\_ % or  Entire Paycheck

**Type of Account (Checking or Savings):** \_\_\_\_\_

***Attach a voided check for each bank account to which funds should be deposited***

*Chesapeake Caregivers, INC is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel in writing.*

**Employee's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_