

New Hire Checklist



- € Application
- € W-4 Form (or W-9 for contractors)
- € I-9 Employment Eligibility Verification Form
- € Direct Deposit Form
- € E-Verify system: This is not a form, but a way to verify employee eligibility in the U.S.
- € Non-Compete Agreements
- € Non-Disclosure Agreements
- € Employee Handbook Acknowledgement
- € Drug and/or Alcohol Test Consent Agreements
- € Emergency Contacts
- € Brief Medical History

Hi (New Employee Name),

This is just a quick note to tell you that our company is excited about your decision to accept our offer of employment. We couldn't be happier to welcome you to the team.

We offer flexible schedules for our employees and we can talk about your normal hours when you arrive. You will also meet with the owner of the company, Teresa Whitehead Carter. She'll help you get to know the company and understand your duties.

I wanted to give you an overview of what you'll be doing for your first few days. You will attend an HR orientation and complete the new employee paperwork. Our goal was to orient you to both your new job and the company. Additionally, we have set up a schedule that you will need to learn.

If you have questions, please feel free to ask.

We really look forward to working with you.

Regards,

Teresa Whitehead Carter

Owner



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Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

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

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

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_____ _____
College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

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

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

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

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

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

Signature: _____ Date: _____

NEW JOURNEYS RESIDENTIAL HOMECARE

OMB No. 1545-0074

2020

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ Employee's signature (This form is not valid unless you sign it.)	▶ _____ Date	

Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

 **Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

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Step 2(b) – Multiple Jobs Worksheet *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet *(Keep for your records.)*



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1** \$ _____

- 2 Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

NEW JOURNEYS RESIDENTIAL HOMECARE

OMB No. 1615-0047; Expires 08/31/12

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

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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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.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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NEW JOURNEYS RESIDENTIAL HOMECARE

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

NEW JOURNEYS RESIDENTIAL HOMECARE

OMB No. 1615-0047; Expires 08/31/12

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

Form I-9, Employment Eligibility Verification

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

NEW JOURNEYS RESIDENTIAL HOMECARE

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 2. Record the document title, document number, and expiration date (if any) in Block C; and
 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

NEW JOURNEYS RESIDENTIAL HOMECARE

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

NEW JOURNEYS RESIDENTIAL HOMECARE

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

I, [employee] _____ : hereby

- authorize** my employer, _____ and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds
- revise** direct deposit bank account(s) as indicated below.
- cancel** direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Company has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depositing and/or cashing.

Employee's Signature: _____ Date: ____ / ____ / _____

	Remaining Balance to 1 st Account <input type="checkbox"/>	Use Percentage <input type="checkbox"/>				
Pay Order	Bank Name/Address/Phone	Acct. Type	Routing Number	Account Number	Amount	Pct.
1		Ckg <input type="checkbox"/> Sav <input type="checkbox"/>				
2		Ckg <input type="checkbox"/> Sav <input type="checkbox"/>				
3		Ckg <input type="checkbox"/> Sav <input type="checkbox"/>				

TOTAL: _____

Please attach a voided check or deposit slip for each bank account to which funds will be deposited.

NAME _____ 20 _____ 0324

Pay to the order of _____ \$ [] _____ Dollars

Bank _____

Memo _____

⑆123456789⑆ 022999999999⑆ 0324

Example Routing Number: 123456789 Example Account Number: 022999999999

Employers: Keep for your records.

For additional information, see Instructions: Additional Forms > Direct Deposit Authorization

NEW JOURNEYS RESIDENTIAL HOMECARE

Non-Compete Contract Agreement

_____ (**Employee**) agrees that, during the term of he/she will not engage in competing business in the industry of **nursing** or with any other business that can in any way be deemed a competitor of New Journeys RHC during their employment and for a period of 5 year(s) after termination of employment.

Specifically, _____ (**Employee**) may not, directly or indirectly, own, lease, control, operate, participate in, manage, provide services for, consult with, advise, or permit his/her name to be used by any business that competes with New Journeys RHC in any way.

For the purposes of this contract, a "competitor" or "competing business" is defined as one that operates, in any capacity, in the nursing industry, within a 150-mile radius of New Journeys RHC

Signed this _____ day of _____ {month}, _____ {year}.

Name

Signature

Company Representative Name

Company Representative Signature

In the County of _____, State of _____, On this _____ day of _____, _____, before me, the undersigned Notary Public personally appeared _____, personally known to me, proved to me through documentary evidence, or identified by a credible witness to be the person named in the foregoing, and executed the same.



Affix seal/stamp as close to
signature as possible.

Notary Signature

Printed Name

Commission Number _____

My Commission expires: _____, 20_____

NEW JOURNEYS RESIDENTIAL HOMECARE

NON-DISCLOSURE (NDA) AGREEMENT

This Nondisclosure Agreement (the "Agreement") is entered into by and between New Journeys
I RHC with its principal offices at 6205 Velda Dairy Rd
TALLAHASSEE, FL ~~32309~~ ("Disclosing Party") and _____ (Employee), located
at _____ (Employee Address) ("Receiving Party") for the purpose of preventing the
unauthorized disclosure of Confidential Information as defined below. The parties agree to enter
into a confidential relationship with respect to the disclosure of certain proprietary and
confidential information ("Confidential Information").

1. Definition of Confidential Information. For purposes of this Agreement, "Confidential Information" shall include all information or material that has or could have commercial value or other utility in the business in which Disclosing Party is engaged. If Confidential Information is in written form, the Disclosing Party shall label or stamp the materials with the word "Confidential" or some similar warning. If Confidential Information is transmitted orally, the Disclosing Party shall promptly provide a writing indicating that such oral communication constituted Confidential Information.

2. Exclusions from Confidential Information. Receiving Party's obligations under this Agreement do not extend to information that is: (a) publicly known at the time of disclosure or subsequently becomes publicly known through no fault of the Receiving Party; (b) discovered or created by the Receiving Party before disclosure by Disclosing Party; (c) learned by the Receiving Party through legitimate means other than from the Disclosing Party or Disclosing Party's representatives; or (d) is disclosed by Receiving Party with Disclosing Party's prior written approval.

3. Obligations of Receiving Party. Receiving Party shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the Disclosing Party. Receiving Party shall carefully restrict access to Confidential Information to employees, contractors and third parties as is reasonably required and shall require those persons to sign nondisclosure restrictions at least as protective as those in this Agreement. Receiving Party shall not, without prior written approval of Disclosing Party, use for Receiving Party's own benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Disclosing Party, any Confidential Information. Receiving Party shall return to Disclosing Party any and all records, notes, and other written, printed, or tangible materials in its possession pertaining to Confidential Information immediately if Disclosing Party requests, it in writing.

4. Time Periods. The nondisclosure provisions of this Agreement shall survive the termination of this Agreement and Receiving Party's duty to hold Confidential Information in confidence

NEW JOURNEYS RESIDENTIAL HOMECARE

shall remain in effect until the Confidential Information no longer qualifies as a trade secret or until Disclosing Party sends Receiving Party written notice releasing Receiving Party from this Agreement, whichever occurs first.

5. **Relationships.** Nothing contained in this Agreement shall be deemed to constitute either party a partner, joint venturer or employee of the other party for any purpose.

6. **Severability.** If a court finds any provision of this Agreement invalid or unenforceable, the remainder of this Agreement shall be interpreted so as best to affect the intent of the parties.

7. **Integration.** This Agreement expresses the complete understanding of the parties with respect to the subject matter and supersedes all prior proposals, agreements, representations and understandings. This Agreement may not be amended except in a writing signed by both parties.

8. **Waiver.** The failure to exercise any right provided in this Agreement shall not be a waiver of prior or subsequent rights.

This Agreement and each party's obligations shall be binding on the representatives, assigns and successors of such party. Each party has signed this Agreement through its authorized representative.

_____ (Signature)

_____ (Printed Name)

Date: _____

_____ (Signature)

_____ (Printed Name)

Date: _____

NEW JOURNEYS RESIDENTIAL HOMECARE

Signature

Date

DRUG/ALCOHOL TESTING CONSENT FORM

I, _____, hereby give my consent to authorize my employer known as New Journeys RHC and the testing laboratory designated to conduct analytical tests deemed necessary, on an ongoing basis, to determine the absence or the presence of

- Alcohol - Class A Drugs (heroin, cocaine, etc.) - Class B Drugs (cannabis, amphetamines, etc.) in my body through the use of urine, hair, blood, breath or any sample as specified by statute and regulation.

I give my consent to release the results of the test(s) and other medical information from the laboratory to my employer pursuant to statute or regulation with the condition that the results may not be used in any criminal proceeding.

My employer may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I agree to provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the samples must be forwarded to me by the appointing authority of the licensed laboratory.

NEW JOURNEYS RESIDENTIAL HOMECARE

I further understand that a positive test, refusal to authorize this form, refusal to take the test, or failure to produce a specimen, may result in disciplinary action up to and including dismissal in accordance with any local, State, or Federal statute, regulation, and policy.

Employee Signature _____

Print _____

Date _____

NEW JOURNEYS RESIDENTIAL HOMECARE

Notification and Authorization to Release Criminal Information for Employment Purposes

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize _____ to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist New Journeys RHC in collecting this information. Validity Screening Solutions has been secured as a **third-party** vendor (consumer reporting agency) to assist New Journeys RHC in collecting and verifying information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for New Journeys RHC students, employees, and other University community members.

Position(s) Applied for: _____

FHSU Unit/Department: _____

Please print (for identification purposes):

Full Legal Name: _____

First

Middle

Last

Other Names You Have Used in Past Seven Years: _____

Current Address: _____

NEW JOURNEYS RESIDENTIAL HOMECARE

Previous Address (most recent): _____

Addresses in the 7 years prior to completing this authorization: _____

Phone Number: _____

Alternate Phone Number: _____

Date of Birth: _____

Gender: Female _____ Male _____

Month/Day/Year

Social Security Number: _____

Driver's License # _____

State of Driver's License _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide detail on next page) **No** _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with 1 New Journeys RHC. signing below, I hereby provide my authorization to New Journeys RHC to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act which is attached. In addition to those rights, I understand that I have a right to appeal an adverse employment decision made by _____ based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from 1: receipt of such appeal.

NEW JOURNEYS RESIDENTIAL HOMECARE

EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Employer: New Journeys RHC

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Dentist Name _____ Phone # _____

€ I have voluntarily provided the above contact information and authorize
I _____ and its representatives to contact any of the above on my behalf in the event of an
emergency.

Employee Signature _____ Date _____

NEW JOURNEYS RESIDENTIAL HOMECARE

New Employee Health Questionnaire

Guidance notes; please read carefully

This new employee health questionnaire gives us information which helps us to:

- Advise on any adjustments to your work or workplace which may be necessary to ensure that any health condition you may have is not made worse by your work.
- Identify any medical condition which could pose a safety risk to you, your colleagues, patients or members of the public.
- Check that you are not particularly vulnerable to any hazards that your job may contain.

You may be contacted by a Health Professional who is dealing with your New Employee Health Questionnaire. They will either telephone you to get some more details or make you an appointment with a nurse or a doctor. A delay or failure to complete this process may have implications for the duties you can undertake.

The medical details you disclose on this form remain will not be disclosed to anyone else without your explicit consent. An advice sheet with guidance related to any adjustments or modifications required to help you undertake the full duties of your post will be sent to the Human Resources Team.

It is important that if your new job involves contact with patients and you have documentary evidence regarding your immunisations, which can be obtained from a previous occupational health, student health department or GP, you should forward a copy with this health questionnaire.

Please complete the sections identified by Human Resources. Please complete the form in black ink and return to:

Section 1. This section to be completed by all staff groups	
Personal Details	
Mr/Mrs/Miss/Ms/Dr./ other Male/Female	Home address:
Surname:	Home Tel:
Forename(s):	Mobile:
Previous Name: (if applicable)	Work Tel:
Date of Birth:	Email:
	Please check I would prefer to be
	contacted by:
	<input type="checkbox"/> Mobile no. <input type="checkbox"/> Home no. <input type="checkbox"/> Work no. <input type="checkbox"/> Email
	<input type="checkbox"/> I consent to receiving reminders by text message.

NEW JOURNEYS RESIDENTIAL HOMECARE

Section 2 This section to be completed by all staff groups	
Details of Job Applied for:	
<ul style="list-style-type: none"> ● Job Title: Staff Bank ● Site you will be working at: ● Have you worked for this organization before? Yes / No ● Present and Previous employment. Please complete as we do not have access to your application form. 	<p style="text-align: center;">Full time / Part time / Fixed Term / Trust</p>

Section 3 Medical History:

It is important that you give a true and full account of any medical problems when asked. *If the answer to any of the following questions is "Yes" please give details*

All staff groups complete this section			
Health Question	Yes	No	If Yes give details with dates here
Do you have any illness, impairment, disability (physical or psychological) which may affect your work?			
Have you ever had any illness, impairment or disability which may have been caused or made worse by your work?			<i>(Please also give details if a considerable amount of time was taken off work / school (i.e. longer than 3 months).</i>
Are you having or waiting for treatment (including medication) or investigations at present?			
Do you need any specific aids or adaptations to assist you at work whether or not you have a disability, including any hearing or visual aids?			
Do you have any allergies which may be made worse by work e.g. latex?			

NEW JOURNEYS RESIDENTIAL HOMECARE

Only staff whose duties involve caring for patients or those who have social contact in a clinical setting must complete this section			
Health Question	Yes	No	If yes give details with dates
Have you had any of the following			
• Cough which lasted more than 3 weeks			
• Unexplained weight loss			
• Intermittent fever with night sweats			
• Investigation for Tuberculosis			
A close family member / friend with whom you share a home diagnosed with TB			
• Have you lived continually in the UK for the last 5 years? - If not please list all the countries you have lived in for over a month during this time and advise if you have had a chest x-ray report since arriving in UK? <i>(Please attach a copy of the report)</i>			
Is this your first job in the NHS?			

Only staff involved in patient care, patient contact, body fluid and or tissue handling <u>must</u> complete this section (including laboratory workers)		
<i>Are you able to provide documentary evidence which demonstrates your immunity to the following?</i>	Yes	No
Hepatitis B (Please ensure dates of primary course and booster)		
TB (BCG scar check or Mantoux within past 5 years)		
MMR (Measles, Mumps, Rubella) either 2 immunisations or serology for measles and rubella		
Hepatitis A		
Varicella (Chicken Pox)		
Have you ever had Chicken Pox?		
TDP (Tetanus, Diphtheria, Polio)		
Men C (Meningococcal A&C)		
Other?		
<i>IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS RELATING TO YOUR IMMUNITY YOU MUST ATTACH THE EVIDENCE TO YOUR HEALTH QUESTIONNAIRE.</i>		

Only Exposure Prone Procedure Workers and Renal Dialysis Workers to complete this section		
<i>Health Care Workers who perform EPP duties have a legal and ethical duty to inform Occupational Health if they suspect or know they are carriers of HIV, Hepatitis B or Hepatitis C.</i>		
Does the post to involve Exposure Prone Procedures (EPP)? Please read definition of EPP below. (please delete as appropriate)	Yes	No

NEW JOURNEYS RESIDENTIAL HOMECARE

<p><i>Exposure Prone Procedures are those procedures where the worker's gloved hands may be in full contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.</i></p>			
<p>Exposure Prone Procedure staff must provide validated documentary evidence of their Hepatitis B, Hepatitis C and HIV status before health clearance can be given. If not available you will be tested in the Occupational Health Department and your ability to undertake these duties will be delayed until these results are processed. You will be asked to show formal photographic ID, e.g. valid driver's licence or passport, for this procedure so please ensure you bring this with you.</p>			
<p>Have you ever suspected and or been diagnosed with one of the following diseases? <i>Please delete as appropriate.</i></p>			
Hepatitis B: Yes / No		Hepatitis C: Yes / No	
HIV/AIDS: Yes / No		Yes	No
Do you expect this role to involve working with Renal Dialysis equipment and renal patients?			
<p>Renal Dialysis workers must provide validated documentary evidence of Hepatitis B status before health clearance can be given. If not, available you will be tested in this department and health clearance will be delayed until these results are processed. You will be asked to show formal photographic ID, e.g. valid driver's licence or passport, for this procedure.</p>			
Have you completed the appropriate follow-up following a significant occupational exposure to a blood borne virus (i.e. Hepatitis B or C or HIV)			
Only Shift Workers and / or Night Workers complete this section			
Health Question	Yes	No	If yes give details with dates
<p>Have you worked Shifts before? <i>If yes: Did you suffer any health problems directly related to shift work?</i></p>			
<p>Have you worked Nights before? <i>If yes: Did you suffer any health problems directly related to night work?</i></p>			
Only Drivers complete this section			
Health Question	Yes	No	If yes give details with dates
<p>Do you suffer with or have you ever suffered any problems with your heart or circulatory system? <i>e.g. Heart problems, irregular heartbeat, high blood pressure or anything else relating to your heart?</i></p>			
<p>Do you suffer with or have you ever suffered any problems with your nervous system? <i>e.g. previous brain problems or stroke?</i></p>			
<p>Have you ever needed to contact the DVLA regarding your health?</p>			
<p>Is your driving licence restricted to 1 or 3- or 5-year reviews for medical reasons?</p>			

NEW JOURNEYS RESIDENTIAL HOMECARE

Only Electricians, Carpenters Plumbers and Maintenance Staff complete this section			
Health Question	Yes	No	If yes give details with dates
Do you have any problems distinguishing colours?			
Do you have any problems with your hearing?			
Do you have any symptoms or health conditions that may affect your ability to use power tools/machines, work in confined spaces or from heights?			
Do you have any problems with skin conditions or symptoms?			

Section 4	Declaration	All Staff Groups to complete this section
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Before signing this declaration please ensure you have answered all the questions as instructed providing further details as required. Please ensure the consent form is also signed and fully completed.

1. I hereby agree to inform New Journeys RHC of any changes in my health which may affect my ability to work.
2. I understand my responsibility to notify New Journeys RHC I think I am carrying a serious communicable condition such as Hepatitis B / Hepatitis C / HIV or TB.
3. I acknowledge that my personal details will be stored both electronically and manually by the company in accordance with the Data Protection Act 1998.
4. If I have any concerns about how this information is handled, I will contact the Occupational Health Service.
5. I declare that the information provided by me in this entire form is true and complete to the best of my knowledge and belief.
6. I understand that if any recommendations to my employer are necessary as a result of this new employee health assessment, the 1 will discuss the recommendations with me before making them to my employer.
7. I give consent to the selected health professional to make recommendations to my employer; I do / do not wish to see a written copy of the recommendations before my employer. *(please delete as appropriate)*

Signed:

Section 5	For Occupational
Health Use Only	

1. Reason for delay to health clearance:	Date	Comment
New Employee HQ incomplete		
Awaiting confirmation of immunity status or pathology results (EPP)		
Further information on health required		
Awaiting a GP / Specialist report		

NEW JOURNEYS RESIDENTIAL HOMECARE

Appointment for Nurse Health Interview offered		
Appointment for Doctor Medical offered		
Other		

2. Outcome
- Health advice given (including modifications or restrictions)
 - Health advice given including EPP
 - No Health advice required – general advice sheet issues

3. Signature:

Date:

Please Print Name: