

Employment Application
Please complete the entire application



Employment Information

Employer: Moving Mountains, LLC

: 8124 Banker St. 77461, Needville Texas

: 832-361-0054

Moving Mountains, LLC is committed to providing equal employment opportunities to all applicants and employees. Employment decisions are made without regard to any legally protected status, including race, color, religion, sex, national origin, age, disability, veteran status, or any other status protected by applicable law.

If applicable, are you available to work overtime? Yes _____ No _____

Start Date: _____

If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes _____ No _____

Have you ever been convicted of a felony or misdemeanor?

Yes _____ No _____

If Yes, explain (include date, city, county, state):

**THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN
AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF
EMPLOYMENT.**

Applicant Skills

Below, check the skills that you have. List any other skills that may be useful for the job you are applying for. Enter the number of years of experience and circle the number that corresponds to your ability for each skill.

(One represents poor ability, while five represents excellent ability)

SKILLS	Years of Experience	RATE
<input type="checkbox"/> Typing	_____	1 2 3 4 5
<input type="checkbox"/> EMR systems	_____	1 2 3 4 5
<input type="checkbox"/> Client Care & Resident Support	_____	1 2 3 4 5
<input type="checkbox"/> Answering Phones	_____	1 2 3 4 5
<input type="checkbox"/> Filing & Documentation	_____	1 2 3 4 5

List any other skills:

Applicant Employment History

Please list your current or most recent employment history first. Please list all jobs (including self-employment and military service) that you held, beginning with the most recent. List and explain any gaps in employment. If additional space is needed, continue on the back of the page.

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor Name: _____

Phone Number (cell): _____

Email: _____

My position: _____

My job duties: _____

Currently work here

Start Date: _____ End Date: _____

Reason for Leaving:

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor Name: _____

Phone Number (cell): _____

Email: _____

My position: _____

My job duties: _____

Currently work here

Start Date: _____ **End Date:** _____

Reason for Leaving:

Employer: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Supervisor Name: _____

Phone Number (cell): _____

Email: _____

My position: _____

My job duties: _____

Currently work here

Start Date: _____ **End Date:** _____

Reason for Leaving:

Applicant Education and Training

Please check boxes below that apply to you:

- Highschool
- GED
- College University
- Certification Classes

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Did you receive a degree? Yes _____ No _____

If Yes, explain: _____

If No, explain: _____

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Did you receive a degree? Yes _____ No _____

If Yes, explain: _____

If No, explain: _____

Other Training (graduate, technical, vocational, certifications)

Awards, Honors, Special Achievements:

Military Services: Yes _____ No _____

Branch: _____

Specialized Training:

References

List below any **THREE non-relatives** who would be willing to provide a reference for you.

Contact Name: _____

Relationship to You: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number (cell): _____

(home): _____

References

List below any **THREE non-relatives** who would be willing to provide a reference for you.

Contact Name: _____

Acknowledgement of Employee Handbook

I have received a copy of the Employee Handbook, which includes general information, FMLA, and medical leave, code of conduct and ethics policy, internet technology and social media policy, attendance policy, phone usage policy, COVID-19 Addendum, etc. I understand all its rules, policies, terms, and conditions and agree to abide by them. I understand and agree that any provision of this Handbook may be amended or revised at any time by the company. I also understand that nothing in this Handbook in any way creates an express or implied contract of employment between me and Moving Mountains, LLC.

Applicants Signature

Date

Witness Signature

Date

HIPPA Training Acknowledgement

On _____, I attended a two-hour video training session on both The Texas House Bill 300 rules and The Health Insurance Portability and Accountability Act and Privacy Standards. This training is provided for under Chapter 181 of the Texas Health and Safety Code. The Administrative, Technical and Physical requirements of the Security rule were covered, as well as the uses and disclosures of "Personal Health Information" (PHI) in a workplace.

This training was provided by Moving Mountains, LLC

Speaker: _____

Employee Name

Employee Signature

Date

Quick Reference Guide for HIPPA

1. Use lowered voice for all verbal communication that might disclose personal health information.
2. Never "call out" any information that might be considered personal, e.g., tests required or taken, test results, medications, devices used, etc.
3. Do not allow computers or screens to be viewed, intentionally or unintentionally, by unauthorized personnel.
4. Exit all programs that might contain personal health information when leaving a computer workstation for a period.
5. Be certain that all "sign in" sheets do not require "reason for visit" information.
6. All chart holders must effectively obscure patient information.
7. All e-mail, written, and faxed PHI must be clearly marked "confidential" and contain a privacy warning.
8. Never leave files, folders, filing cabinets, and/or offices open and/or unattended.
9. Do not share computer passwords . Change them regularly.
10. Never discuss resident information with others unless direct care is involved.
11. Always close the door and/or pull all curtains shut when providing care.
12. Staff must verify who callers are by asking for the HIPPA number, unless you are certain that they are who they say they are. We must protect private health information.
13. Only answer questions that are asked. Give bare minimum information. If the caller or visitor has a problem with your approach to protecting private health information, refer them to see the private officer.
14. Discard discontinued medications, creams, ointments, etc. in a timely manner and according to state regulations. You can tear off the name on the bottle/tube and discard it in trash. Discontinued narcotics must be disposed of according to state regulations.
15. When clients are being transported, their private information should be kept secured in a briefcase. (Such as going to another facility, admitting to this facility, going to and from the doctors).
16. Take every precaution to control personal health information.

I attest that I have received the Quick Reference Guide for HIPPA. I have read and understand the guide and I am aware that violations of any rules in the guide will not be tolerated and could result in immediate termination.

Employee Signature

Date

Witness Signature

Date

Employee Agreement On Confidential Information

I, _____, understand that all pertinent information learned about any client, employee, or the facility is to be kept confidential and not to be discussed outside the facility at any time. I have had policies and procedures, client rights and responsibilities reviewed with me in employee orientation.

Employee Signature

Date

Witness Signature

Date

Hepatitis B Vaccine Acknowledgement and Decision

I have read the information about the Hepatitis B Vaccine. I have had a chance to ask questions and I understand the risk of contracting Hepatitis B, as well as the benefits and risks of the Hepatitis B Vaccine.

Employee Signature

Date

1. I understand that it is my personal responsibility to decide with a medical provider.
 2. I acknowledged that I have been advised per Moving Mountains concerning the risks of receiving the Hepatitis B Vaccine.
 3. I will not hold Moving Mountains administrations or staff responsible for any reaction that may occur as a result of the injections.
 4. I understand that I may be at risk of contracting Hepatitis B
 5. I understand and agree to waive my right to make any claim against Moving Mountains administration or staff if I contract Hepatitis B.
-
- Yes, I would like to plan to receive the Hepatitis B Vaccination.
- No, I already received the complete series of the Hepatitis B Vaccine and do not need to decide.
- No, I do not wish to decide to receive the Hepatitis B Vaccination; therefore, I do wish to continue my employment agreement with Moving Mountains. I understand it is NOT a requirement of employment.

Employee Signature

Date

Witness Signature

Date

Hepatitis C Information and Acknowledgement

I, _____, have been given information on Hepatitis C and I am aware that it is my responsibility to read over and become familiar with the risk and danger of Hepatitis C. I am also aware if I have any questions or concerns that I may speak with the facility nurse.

Employee Signature

Date

Witness Signature

Date

HIV Information and Acknowledgement

I, _____, have been given information on HIV and I am aware that it is my responsibility to read over and become familiar with the risk and danger of HIV. I am also aware if I have any questions or concerns that I may speak with the facility nurse.

Employee Signature

Date

Witness Signature

Date

Moving Mountains
Acknowledgement of Receipt of Vehicle Use

By signing this acknowledgement form, I affirm that I have received a copy of policy #3.A.08 in Moving Mountains' Policy and Procedure Manual; *Vehicle Use*. I understand that it is my obligation to read, understand, and comply with the procedures and provisions contained within this policy.

Employee Signature

Date

Witness Signature

Date

Moving Mountains
Direct Deposit Authorization Form

Name on Account: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Bank: _____

Account Number: _____

Routing Number: _____

Account Type (Checking/Savings): _____

Amount (Partial or Full): _____

If partial, please provide other banking information:

Name of Bank: _____

Account Number: _____

Routing Number: _____

Account Type (Checking/Savings): _____

COVID-19 Vaccination Policy

Our first responsibility as a business is the safety of our residents, employees, and our community. As such, we remain committed to maintaining a safe and healthy environment while continuing to provide quality care and services. At this time, COVID-19 vaccination is NOT required for employment with Moving Mountains. Employees may choose whether or not to receive a COVID-19 vaccine. We respect individual decisions and remain committed to complying with all applicable federal, state, and local laws and public health guidance. Moving Mountains will continue to monitor public health recommendations and may update this policy as needed to ensure ongoing safety of our residents, employees, and families. Employees will be notified of any changes in a timely manner.

Employee Name

Employee Signature

Date

Employee Informed Consent for Influenza Vaccine

Why should you get vaccinated?

Influenza (flu) is a contagious disease which spreads from person to person through coughing, sneezing, and close contact. Symptoms come on suddenly and may last several days. Symptoms may include *Fever/Chills, Muscle aches, Sore throat, Runny or Stuffy nose, Cough, Headache, and Fatigue*

Complications of influenza includes:

Pneumonia, Dehydration, and Worsening of existing medical conditions.

The influenza vaccine is recommended for everyone 6 months and older. It is especially important that a person gets vaccinated if he/she is at risk for complications from influenza or he/she can spread influenza to those at risk. People at higher risk for complications from influenza include *People, who are 65 or older, People with a weakened immune system, and People with certain health conditions, such as heart, lung, or kidney disease.*

For most people the influenza vaccine prevents serious influenza-related illness. The vaccine will not prevent disease from other viruses, including influenza viruses not contained in the vaccine.

When should you get vaccinated?

Influenza viruses are always changing, so the influenza vaccine is updated every year. An annual vaccination is recommended. Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. It takes about two weeks for protection to develop after the vaccination, and protection can last up to one year.

Potential Adverse Effects/Negative Outcomes of Receiving the Vaccine:

A vaccine, like any other medicine could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. However, if you have a severe egg allergy, severe allergy to any vaccine component or you've had a severe reaction after a previous dose of influenza vaccine, you should tell your doctor. You should also talk with your doctor if you have ever had Guillain-Barre Syndrome (GBS) or you are presently ill. The following mild side effects may occur soon after the shot and last up to 1 to 2 days: *Hoarseness, Cough, Red or Itchy eyes, Fever, Aches, Fatigue, Headaches, Itching, Soreness, Redness, or swelling where the shot was given.*

If you have a severe side effect including: a high fever, difficulty breathing, swelling of face and throat, hives, weakness, fast heartbeat, or dizziness, report these to your doctor immediately.

INFORMED CONSENT

I have read the above information, or it has been explained to me and I understand the potential adverse effects and negative outcomes. I further understand this consent will stand valid unless updated by me to change the consent. Understanding the benefits, potential negative outcomes, and side effects of receiving influenza vaccine:

Employee Name: _____

(Initial response)

I hereby GIVE Moving Mountains the permission to administer an influenza vaccination, unless medically contraindicated.

I hereby DO NOT GIVE Moving Mountain permission to administer an influenza vaccination.

Employee Signature

Date

Witness Signature

Date

- required annually unless MD excuses provided.

TB Acknowledgement

I, _____, understand that an annual TB skin test is required as an employee of Moving Mountains. If I have had a positive PPD test in the past, I am required to have a current chest x-ray (CXR) on file (frequency of repeat CXR's will be based on current CDC recommendations). Annual TB skin tests will be offered and administered by licensed personnel of IBH.

If I choose to opt-out or do not attend the designated times of TB administration by IBH, I understand it is my personal responsibility to receive the test and provide results to my direct supervisor. If my test results expire, I will be suspended with no pay until updated test results are provided to my direct supervisor.

Employee Name

Employee Signature

Date

IF I AM EXPOSED OR ENCOUNTER SOMEONE THAT HAS ACTIVE TUBERCULOSES IT IS MY RESPONSIBILITY TO NOTIFY MY SUPERVISOR IMMEDIATELY.

Acknowledgement of Receiving Drug-Free Workplace Policy

By signing this acknowledgement form, I affirm that I have been given policy #2.A.01 of Moving Mountains, Policy and Procedure Manual, *Employee Handbook*, and have read the Drug-Free Workplace policy. I understand that it is my obligation to read, understand, and comply with the procedures and provisions contained within this policy. I understand that failure to comply with a drug and/or alcohol testing request, or a confirmed positive test for the illegal use of drugs and/or alcohol, may result in disciplinary action up to and including termination of employment and/or loss of workers' compensation benefits.

Employee Name

Employee Signature

Date

Witness Signature

Date

Drug-Free Workplace Right to Search

This is a drug-free workplace. Moving Mountains reserves the right to search any item (locker, vehicle, purse, etc.) in the facility or on the facility property if there is a suspicion of drugs.

I, _____, certify that I have read and understand this statement.

Employee Signature

Date

Witness Signature

Date

Time Clock Policy

Administrative Employees: (Administrative and Culinary)

- Administrative employees will be able to clock in using either their company computer at their desk or in the Workforce app.
- Administrative employees are to show up on time and work their scheduled shift.
- Culinary will use the Workforce app to clock in and out of their shifts.
- Culinary employees are to show up on time and work their scheduled shifts.

Non-Administrative Employees: (Medical, Safety, and Transportation)

- Employees are to clock in and out using the Workforce app.

Our shifts are set for the following:

AM Shift

7AM-7PM

PM Shift

7PM-7AM

Every employee must clock in when they arrive at the facility and clock out before leaving facility property.

- Employees are not allowed to arrive, clock in, and sit in their car until shift begins.
- Employees must clock out if leaving the facility for lunch, a run to the store, etc. and the clock back in once arrived to the facility

All employees will have access to the payroll timekeeping system. Employees will be given step by step instructions that will show how to make timesheet changes, request time off, viewing timesheets, and viewing paychecks. If you have any questions regarding the Workforce app please call or email the payroll department for help.

I have read and understand the time clock policy. If I have questions regarding this policy, I will ask my direct supervisor.

Employee Name

Employee Signature

Date

Dress Code

Purpose: To give a professional appearance to the public to avoid unnecessary accidents or incidents in which a staff member or client is injured.

Policy: It is the policy of Moving Mountains to reflect professionalism with neatness and good taste in manner of dress.

Responsible Persons: All staff members who are involved in hands-on/direct care of clients.

Violation of the dress code will be reflected in the employee's evaluation, and may result in a written warning, suspension or possibly termination.

All staff will follow a specific uniform dress code by department as outlined in the *Moving Mountains, LLC employee handbook*.

1. Scrub shirts with scrub pants, jeans, or slacks
 - a. Pants - Blue or Black scrubs. No sweatpants or shorts
 - b. Provided shirt with facility logo
 - c. Jeans/slacks must NOT have holes or tears. (Can only be worn on Fridays)
 - d. Must be kept clean.
2. Closed toed shoes.
 - a. Must be worn with socks.
 - b. Must be kept clean.
 - c. No sandals, flipflops, or crocks if worn without socks.
3. Jewelry must be kept to a minimum.
 - a. No dangling earrings.
 - b. No jewelry for pierced body parts, other than the ears or nose, showing
4. Hair must be kept neat and clean. In addition, all male employees shall not let sideburns extend below the earlobe. Mustaches and beards must be neatly trimmed and hair shall not exceed shirt collar level, unless kept in a bun and/or ponytail.
5. Fingernails are clean and neat.

Employee Signature

Date

Moving Mountains

Resident Handbook

I am aware that there is a copy of the residents rights and responsibilities (Resident Handbook) on the resident's bulletin board in the facility and in each resident's files. In addition, I am verifying that I have reviewed and understand the Resident Handbook. I agree that I will become familiar with these rights and abide by them. I understand the consequences that might occur if I am found to be out of compliance with these rights.

Employee Signature

Date

Witness Signature

Date

Wifi Terms and Agreement

In order to protect the privacy of our residents, remain HIPPA-compliant, and honor the care guidelines we have pledged, Moving Mountains have implemented IT policies. These policies require all employees to help protect our networks and equipment, and refrain from using personal devices, except when necessary to communicate with service providers and other staff.

I understand that using *Moving Mountains WiFi* indicates my agreement to the following terms:

- I will not use any personal accounts (Instagram, Facebook, Netflix, etc.) on company devices/equipment.
- I will not share the WiFi password with anyone.
- I will not use my own personal device to use any facility related systems.

Employee Name

Employee Signature

Date

Moving Mountains
Employment Training Requirements

Name

It is the employee's personal responsibility to attend CPR/First Aid, Crisis Intervention Training, and any other required training by Moving Mountains, LLC according to schedule. If I fail to attend the above listed training, I understand that it will be noted as absenteeism unless I have a physician's statement or prior approval from the supervisor.

Moving Mountains and the applicable personnel will assist the employee in any way possible in this training and their attendance.

Employee Signature

Date

Witness Signature

Date

Administrator Signature

Date

Anit-Harassment and Acknowledgement

Anti-Harassment Policy

Moving Mountains aims to create a work environment free of harassment wherein employees treat each other with respect and courtesy. Therefore, Moving Mountains prohibits its employees from engaging in unlawful harassment against individuals based on race, color, creed, national origin, gender, sexual orientation, pregnancy, genetic information, age, physical or mental disability, veteran status, marital status, or any other protected classification under federalism state, or local laws. Conduct considered harassment is defined below. This policy applies in all work settings, whether occurring on Moving Mountains property, and to all aspects of the employment relationship, including hiring, recruiting, placement, transfer, promotion, compensation, discipline, termination, layoff, recall, training, and leaves of absence. It also applies to all applicants for hire and employees, whether the conduct is directed at a fellow employee or to an outside party, such as an independent contractor, vendor, supplier, customer, or any other party that conducts business with Moving Mountains. Furthermore, Moving Mountains aims to protect its employees from workplace harassment by non-employees and will take appropriate steps to remedy any such harassment.

Employees violating this policy are subject to discipline, including possible termination. Instances of harassment are serious matters, and all employees must make every effort to uphold and support Moving Mountain's anti-harassment policy. This includes reporting all instances of harassment to a Moving Mountains manager. It is Moving Mountains policy to promptly investigate any reported instance in a thorough manner. Moving Mountains forbids any retaliation against those who report or investigate harassment.

Sexual Harassment Defined

Sexual harassment constitutes discrimination and is illegal under federal, state, and local laws. In accordance with the Equal Employment Opportunity Commission (EEOC) guidelines, Moving Mountains defines sexual harassment as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Such conduct constitutes sexual harassment when:

- **Employment Terms:** Submission to the conduct is made, either explicitly or implicitly, a term or condition of an individual's employment.
- **Employment Decisions:** Submission to or rejection of the conduct is used as a basis for decisions affecting the individual (such as raises, promotions, or job security).

- **Work Environment:** The conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include a range of subtle and not-so-subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess, or sexual deficiencies; leering or whistling; repeated uninvited physical contact or touching, such as patting, pinching, or grabbing another's body; insulting or obscene comments or gestures; displays in the workplace of sexually suggestive objects or pictures; and other physical, verbal, written, or visual conduct of sexual nature regardless of the rank, position, gender, or sexual orientation of those involved. Sexual harassment may also occur through transmission using Moving Mountains electronic communication systems or through other online conduct. Sex-based harassment, that is, harassment not involving sexual activity or language (e.g., male manager yells only at female employees and not males), may also constitute discrimination if it is severe or pervasive and directed at employees because of their sex.

Harassment Defined

Harassment because an employee filed a complaint, presented a grievance, or in good faith provided information relating to personal care services provided by Moving Mountains is not permitted. Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is defined as verbal, written, or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, citizenship, genetic information, or any other characteristics protected by law or that of his/her relatives, friends, or associates, and that a) has the purpose or effect of creating an intimidating, hostile, or offensive work environment; b) has the purpose or effect of unreasonably interfering with an individual's work performance; or c) otherwise adversely affects an individual's employment opportunities.

Harassment includes, but is not limited to, epithets, slurs, or negative stereotyping; threatening, intimidating, or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is circulated in a work setting, whether by being posted on Moving Mountains premises or communicated via email, phone, text messages, online forums, or other means.

Harassment and Discrimination Complaint Procedure

To maintain a safe and enjoyable work environment, it is imperative that any employee who believes that he or she has been the victim or witness of harassment or discrimination, as prohibited by this policy or law, should immediately report such behavior to a human resources manager. Discrimination or harassment should be reported whether engaged in by an employee, independent contractor, vendor, supplier, customer, or any other party that conducts business with Moving Mountains.

Many times, individuals are not even aware that their behavior is harmful to others. If they feel comfortable doing so, victims and witnesses of harassment or discrimination have the option to first seek to remedy the situation informally by notifying the offending party that his or her actions are not welcome and are believed to constitute a violation of Moving Mountains policy. If warranted by the situation, this type of open and frank discussion can help resolve problems before they escalate to the point of irreparably harming working relationships. However, victims and witnesses who do not feel comfortable trying to resolve the problem verbally should immediately report the offending behavior to a human resources manager.

Upon receiving a report of harassment or discrimination, Moving Mountains will promptly complete an investigation to determine the merits of the allegations, discover the nature and extent of the improper behavior, and, if necessary, determine the proper corrective action to take, which may include termination. Moving Mountains may take any legal steps it believes are necessary in making its investigation, which may include, without limitation, reviewing electronic communications and conducting interviews of any individuals who may have information relevant to the allegations. Moving Mountains will make every effort to keep the investigation as confidential as possible under the circumstances while still being as thorough its efforts as is necessary to do its due diligence. All employees are required to cooperate and be forthcoming in assisting with Moving Mountains investigation, and any employee possessing information that may be helpful should notify the human resources manager.

Employees should not refrain from reporting harassment or discrimination or cooperating in investigations for fear of reprisal. Retaliation against those who report or cooperate in investigations is strictly prohibited in any form. Freedom to report and cooperate in investigations is an essential component of enforcing Moving Mountains anti-harassment and discrimination policies. Therefore, employees who report or cooperate in investigations must not receive any ill treatment or disadvantage due to their participation in helping enforce Moving Mountains policy. Employees who are victims or witnesses of retaliation are encouraged to report retaliation to a human resources manager. Reports of retaliation will be investigated, and corrective action will be taken, according to the same harassment and discrimination procedures outlined above. Similarly, intentionally false or malicious reports of harassment, discrimination, or retaliation that Moving Mountains becomes aware of will be investigated, and corrective action will be taken, according to the procedures.

If the victim or the alleged offender does not agree with the resolution of the complaint, then that party has the right to appeal the decision to the president of Moving Mountains, who will have the final say on the matter. Victims and alleged offenders who still do not agree with the *final resolution of a complaint* may seek legal remedy by contacting the state or federal agency responsible for enforcing such matters.

I acknowledge that I have received and read the Anti-Harassment Policy and will abide by these rules.

Employee Name

Employee Signature

Date

Moving Mountains
Emergency Plan

Moving Mountains has an emergency plan that includes proper responses to hurricanes, tornadoes, floods, power outages, and fires. The plan also includes evacuation procedures.

I acknowledge that I have received a copy of the Emergency Plan and have read and understood the plans.

Employee Name

Employee Signature

Date

Bomb Threat

In the situation where there is a bomb threat call, ask the caller the following questions:

1. When is the bomb going off?
2. Where is the bomb located?
3. What does the bomb look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your name ?
9. What is your address?

The goal is to try to gain as much information as possible!

Try to determine sex, age, voice characteristics of the caller, background noises, etc.

What to do next:

Notify operator, notify administrator and after hours on-call person. Document all details of the call on the bomb threat call form and forward to administration.

Employee Name

Employee Signature

Date

Acknowledgement of Policy and Procedures Manual

By signing this acknowledgement form, I affirm that I have received and reviewed Moving Mountains' *Policy and Procedures Manual*.

Employee Name

Employee Signature

Date

Witness Signature

Date

Discharge Pay

Any employee discharged from Moving Mountains will not be allowed back onto Moving Mountains property. All discharged employees' paycheck(s) will be directly deposited. All discharged employees will have the opportunity to pack their belongings from the site with a facility manager present. If any belongings are left on-site, they will be mailed to the employee. All employees must turn in their name badge before receiving their final paycheck.

Employee Name

Employee Signature

Date

Human Resources- Disciplinary Action Policy

I. Standards of Conduct Disciplinary Action Policy

Employees are expected to conduct themselves in accordance with Moving Mountains for general standards of conduct and professionalism. Violations of standards may be grounds for discipline, up to and including dismissal.

The following general rules on employee conduct have been developed to provide employees with an understanding of what is inappropriate and what disciplinary action may be appropriate if employee misconduct occurs. These rules supersede and replace all prior published and unpublished policies.

The list provides only a guide as to what discipline may be appropriate for the situations listed. Neither these rules nor other policies are a contract or other premise of employment and in no way alter the fact that employment is terminable at will and can be severed by either party at any time for any reason not prohibited by law.

Additionally, all licensed, certified, or professionally affiliated employees may be reported to their respective authority (Licensing Board, Certification Board, etc.) for violations.

- ❖ Examples of these violations include but are not limited to the following:
 - Violation of employee policies and procedures, instructions or established practice; Violation of state and federal law; Patient abuse or disregards of safety or patient care practices; Theft or abuse of company or client time or material; Theft or abuse of employees or property of employees, company, or client; Unauthorized possession or removal of company, client, visitor, or patient property; Gross misconduct; Falsifying documents or transmitting false information, including omission of relevant information; Unauthorized possession of firearms, explosives, or other weapon on company or client property; Violation of patient confidentiality (including when the patient also is an employee); Unauthorized sleeping on the job; Failure to perform assigned duties or follow instructions of your supervisor or insubordination; No call, No show; Excessive absenteeism and/or tardiness (which results in "Patient Abandonment")

Moving Mountains reserves the right to take disciplinary action, including termination, even though violations are not specified above.

II. Progressive Disciplinary Action Steps

- A. A verbal warning: may be given for first offenses, except in cases where the nature of the offense is considered serious enough to warrant a written warning, suspension, or discharge.

- B. A written Disciplinary Action Notice warning: may be given for second offenses or initial offenses too serious for a verbal warning but that does not warrant discharge.
- C. Termination: may occur when all other efforts have failed to produce the desired result or in the event of a violation of the Policy and Procedures.
 1. Termination may also be considered in a situation where an individual establishes a consistent historical pattern of repeated violations that by themselves would not result in termination within the normally stated time periods.
 2. Any 3 disciplinary action notices given within a year will result in disciplinary action up to and including termination.

III. Attendance Disciplinary Action Policy

It is imperative that every employee be present when scheduled to fulfill customer expectations. This includes practicing good attendance habits. All employees should regard coming to work on time, working their shift as scheduled, and leaving at the scheduled time as essential functions of their jobs, i.e., good attendance habits form an integral part of every employee's job description.

OFFENSE	DISCIPLINARY ACTION
NO CALL NO SHOW	Termination from Moving Mountains, LLC
3 Late calls (with or without notice/3 occurrences=1absence)	Disciplinary Action Notice
3 Absences/occurrence (with or without notice/ within 6 months)	Termination from Moving Mountains, LLC
2 Missed Mandatory staff meetings (without notice)	Disciplinary Action Notice
1 Walk Off/Job Abandonment	Termination from Moving Mountains, LLC

Definition:

- A. Walk Off/Job Abandonment: Examples of patient abandonment include: a nurse/caregiver walking off the job during a shift without making reasonable arrangements for the continuation of care; a nurse/caregiver sleeping on the job; a nurse/caregiver leaving an assigned patient care area for a period of time that could compromise patient care. If you think the job you have been assigned is unsafe or you have a problem or concern, call the Director of Nursing, DO NOT walk off the job.

- B. No Call No Show: Failure to report to your designated assignment without providing notice of absence is considered job abandonment.

If you "walk off/abandon" a job, you will be terminated and paid the minimum wage for all unpaid hours worked.

IV. Exit Interview Policy

You will be required to report for an EXIT INTERVIEW upon dismissal from the company. You are required to report IMMEDIATELY to Moving Mountains' Human Resource Department.

- ❖ You will be required to turn in your badge.
- ❖ You will be required to turn in your uniforms.
- ❖ You will be given the opportunity to list any personal items left on site.
 - A time, date, and place will be established for you to pick up your personal items from a member of Moving Mountains, LLC

Return of Company Property

The separating employee must return all company property at the same time of separation, including uniforms, keys, and identification cards. Failure to return some items may result in deductions from the final paycheck.

Bomb Threat

In the situation where there is a bomb threat call, ask the caller the following questions:

Acknowledgement of Policy and Procedures Manual

By signing this acknowledgement form, I affirm that I have received and reviewed Moving Mountains' *Policy and Procedures Manual*.

Employee Name

Employee Signature

Date

Witness Signature

Date

Discharge Pay

Any employee discharged from Moving Mountains will not be allowed back onto Moving Mountains property. All discharged employees' paycheck(s) will be directly deposited. All discharged employees will have the opportunity to pack their belongings from the site with a facility manager present. If any belongings are left on-site, they will be mailed to the employee. All employees must turn in their name badge before receiving their final paycheck.

Employee Name

Employee Signature

Date

Human Resources- Disciplinary Action Policy

I. Standards of Conduct Disciplinary Action Policy

Employees are expected to conduct themselves in accordance with Moving Mountains for general standards of conduct and professionalism. Violations of standards may be grounds for discipline, up to and including dismissal.

The following general rules on employee conduct have been developed to provide employees with an understanding of what is inappropriate and what disciplinary action may be appropriate if employee misconduct occurs. These rules supersede and replace all prior published and unpublished policies.

The list provides only a guide as to what discipline may be appropriate for the situations listed. Neither these rules nor other policies are a contract or other premise of employment and in no way alter the fact that employment is terminable at will and can be severed by either party at any time for any reason not prohibited by law.

Additionally, all licensed, certified, or professionally affiliated employees may be reported to their respective authority (Licensing Board, Certification Board, etc.) for violations.

- ❖ Examples of these violations include but are not limited to the following:
 - Violation of employee policies and procedures, instructions or established practice; Violation of state and federal law; Patient abuse or disregards of safety or patient care practices; Theft or abuse of company or client time or material; Theft or abuse of employees or property of employees, company, or client; Unauthorized possession or removal of company, client, visitor, or patient property; Gross misconduct; Falsifying documents or transmitting false information, including omission of relevant information; Unauthorized possession of firearms, explosives, or other weapon on company or client property; Violation of patient confidentiality (including when the patient also is an employee); Unauthorized sleeping on the job; Failure to perform assigned duties or follow instructions of your supervisor or insubordination; No call, No show; Excessive absenteeism and/or tardiness (which results in "Patient Abandonment")

Moving Mountains reserves the right to take disciplinary action, including termination, even though violations are not specified above.

II. Progressive Disciplinary Action Steps

- A. A verbal warning: may be given for first offenses, except in cases where the nature of the offense is considered serious enough to warrant a written warning, suspension, or discharge.

- B. A written Disciplinary Action Notice warning: may be given for second offenses or initial offenses too serious for a verbal warning but that does not warrant discharge.
- C. Termination: may occur when all other efforts have failed to produce the desired result or in the event of a violation of the Policy and Procedures.
 1. Termination may also be considered in a situation where an individual establishes a consistent historical pattern of repeated violations that by themselves would not result in termination within the normally stated time periods.
 2. Any 3 disciplinary action notices given within a year will result in disciplinary action up to and including termination.

III. Attendance Disciplinary Action Policy

It is imperative that every employee be present when scheduled to fulfill customer expectations. This includes practicing good attendance habits. All employees should regard coming to work on time, working their shift as scheduled, and leaving at the scheduled time as essential functions of their jobs, i.e., good attendance habits form an integral part of every employee's job description.

OFFENSE	DISCIPLINARY ACTION
NO CALL NO SHOW	Termination from Moving Mountains, LLC
3 Late calls (with or without notice/3 occurrences=1absence)	Disciplinary Action Notice
3 Absences/occurrence (with or without notice/ within 6 months)	Termination from Moving Mountains, LLC
2 Missed Mandatory staff meetings (without notice)	Disciplinary Action Notice
1 Walk Off/Job Abandonment	Termination from Moving Mountains, LLC

Definition:

- A. Walk Off/Job Abandonment: Examples of patient abandonment include: a nurse/caregiver walking off the job during a shift without making reasonable arrangements for the continuation of care; a nurse/caregiver sleeping on the job; a nurse/caregiver leaving an assigned patient care area for a period of time that could compromise patient care. If you think the job you have been assigned is unsafe or you have a problem or concern, call the Director of Nursing, DO NOT walk off the job.

- B. No Call No Show: Failure to report to your designated assignment without providing notice of absence is considered job abandonment.

If you "walk off/abandon" a job, you will be terminated and paid the minimum wage for all unpaid hours worked.

IV. Exit Interview Policy

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