



Print Name: _____

Confidentiality Statement

Disclosure of confidential information gained through your employment with All Tennessee Caregivers, LLC is an act of prohibited conduct subject to formal disciplinary action. Any information concerning a client’s illness, family, financial condition or personal peculiarities is strictly **CONFIDENTIAL**. When a client’s history or condition is reviewed, it must be done in privacy with only those persons involved with the care of the client. Any other information coming to you in the course of your work concerning another person or employee is also considered confidential and may not become the topic of conversation with others.

Hepatitis B Vaccine Declination

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infections. I have been given the information and the opportunity to be vaccinated with hepatitis B vaccination, by my physician, at this time. I understand that, by I declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series from my physician or other appropriate health care personnel and will report completion of the series to the Director of Patient Care Services.

Criminal Background Check Fee (New Employees Only)

I understand that if All Tennessee Caregivers, LLC (ATNC) considers me for employment; I agree to pay a specified fee in order to obtain a State or National Criminal Record Check. This check is a requirement for all Health Care Agencies in the State of Tennessee. ***I understand that the specified fee (State or National) listed below. This fee will be collected at the time of employment or may be deducted from my first paycheck.***

Applicants that have lived in Tennessee for **five (5)** or more consecutive years, a State Criminal Record Check will be performed for a fee of ten dollars **(\$10.00)**.

Applicants that have lived outside of Tennessee at any time during the past five (5) years, a National Criminal Record Check with includes a fingerprint check will be performed for a fee of thirty eight dollars **(\$38.00)**. I understand that the offer of employment to work for ATNC is conditioned upon payment of the necessary fee, and a signed consent to a State and or National Criminal Record Check. All Tennessee Caregivers, LLC will not offer employment to any applicant who refuses to consent to the required Criminal Record Check.

Timekeeper Telephone System

It is important that you follow the guidelines for using TIMEKEEPER.

1. You **MUST** log-in when you arrive at the client’s home
2. You **MUST** log-out before leaving the client’s home.

Please note the company will not log employees in or out of TIMEKEEPER unless there are special circumstances. Each time a change is made to TIMEKEEPER the cost to ATNC is **\$25.00**. When an employee fails to log in or out this **cost** will be passed on to **YOU**. There is a grace period between you first day of employment and the point at which we feel you should understand and be capable of using the system. After that grace period you will be **charged** the **\$25.00** fee.

I have read and understand the policies, procedures above and within the Human Resources Manual, and I will abide by what is written above and within the manual.

Signature: _____ Date: _____

