



Active Shooter Training

I certify that I have watched the active shooter training video provided to me through this link:

<https://www.youtube.com/watch?v=8yWPnbuGNh4>

Things to keep in mind if there is an active shooter:

RUN:

- Keep hands raised and visible
- Keep others from entering area
- Don't point, scream, or yell
- Follow law enforcement instructions
- Don't make sudden movements towards

officers HIDE:

- Get out of shooters view
- Look for protection from gunfire
- If possible, choose a place that doesn't trap you
- Hide behind large objects
- Stay quiet, silence phones or any devices you have with you
- Report incident if you can do so safely
- Stay in a place until "all clear"
- Plan for

"Fight" FIGHT:

- Last resort action
- Act as a team
- Used improvised weapons
- Disrupt and Incapacitate
- Act aggressively



Authorization

I hereby verify that I have personally completed this form honestly and accurately. By my signature below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.

Drug and Alcohol Screening I give permission for a pre-employment drug/alcohol screening exam, and, if the company makes a conditional job offer, I give permission for a complete employment physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary. (See separate Agreement)

Authorization to obtain information I voluntarily and knowingly authorize any present or past employer; supervisor; administrator; educational institution; law enforcement agency; state, local, or federal agency; credit bureau; collection agency; private business; military branch; the national personnel records center; personal reference; and/or other persons; to give records or information they may have concerning my criminal history, motor vehicle report, educational history, licensing, employment (including character, earnings history and reasons for termination) or any other information requested by the company requested to determine my eligibility for employment. I understand that I will be responsible for 50% of the cost for vaccinations, physical/medical release, drug screen and background check.

Release I voluntarily waive all recourse and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use of any information received which may have bearing on my application for employment.

Notification and compliance with rules I agree to immediately notify the company if I should be convicted of a crime while my job application is pending, or during my employment if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.

I certify that all of the information provided by me on this Application is true and accurate.



Employment Policies and Release Form

There are a number of Embracing Hands Healthcare Staffing policies that an applicant needs to know about and agree to before being employed. There also are a number of activities that Embracing Hands Healthcare Staffing may want to investigate as part of the review and investigation of the appropriate background information on an applicant. The purpose of this document is to present these policies and investigative activities to the applicant to ensure that they are understood and agreed to at the time the application is submitted.

Among the policies that have been adopted at Embracing Hands Healthcare Staffing are the following that we believe are important for an applicant to know in advance of employment. These are listed below. Your signature on this Release Form indicates that you have read, understand, and would agree to operate under these policies if employed at Embracing Hands Healthcare Staffing.

This firm is an equal employment opportunity employer and does not discriminate because of age, sex, race, color, national origin, disability, or religious preference.

To ensure worker safety and integrity of the workplace, Embracing Hands Healthcare Staffing prohibits the illegal manufacture, possession, distribution or use of controlled substances or alcohol in the workplace by its employees or those who engage or seek to engage in business with Embracing Hands Healthcare Staffing. Offers of employment, therefore, may be conditioned on a physical examination, including a drug and alcohol screening.

Your signature on this Release Form indicates that you understand and agree that if employed, that employment is for no definite period, and may, regardless of the date of payment of your wages and salary, be terminated at any time without previous notice.

Embracing Hands Healthcare Staffing may conduct the following investigative activities as part of the background review of prospective employees. Your signature on this Release Form indicates you understand these activities and you authorize them to be performed with the conditions specified as listed below.

1. Persons convicted of specific crimes may not hold certain positions at this company. If you are applying for such a position and have been convicted of a felony, please note this on the application for employment. If more space is needed, please provide the additional information on a separate sheet of paper. In addition, you authorize Embracing Hands Healthcare Staffing to undertake a criminal records check with state police officials.
2. You authorize Embracing Hands Healthcare Staffing to obtain a Motor Vehicle Record report. If the position you are applying for involves driving a motor vehicle, it is imperative that a good driving record exists.
3. You also authorize and request any and all of your former employers to furnish any and all information regarding your job performance. You agree to hold your former employers and their agents harmless from all liability that could relate in any way to the disclosure of private information or an assessment or opinion of your suitability for employment.
4. You understand that an offer of employment must originate from the Hiring Manager of Embracing Hands Healthcare Staffing. You understand that if a Client Company offers me a permanent position or if one is Discussed, I will contact Embracing Hands Healthcare Staffing Hiring Manager immediately. All fees and conditions are to be handled by Embracing Hands Healthcare Staffing. I understand that if I go work directly for a client within one year of my temporary assignment, I will be responsible for paying all employment fees or charges incurred.
5. I understand that misrepresentation or omission of facts herein is cause for termination, if employed.
6. I have read and understand the attached application and have answered all portions of the application truthfully and correctly with no omissions.



Sexual Harassment Policy

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment can take two distinct forms: quid pro quo and hostile work environment. One, quid pro quo harassment occurs when submission to sexual conduct is made a condition of employment or employment benefits. Two, a hostile work environment occurs when sexual conduct unreasonably interferes with an employee's work performance or creates an intimidating, abusive, or offensive work environment.

Sexual harassment includes verbal harassment, such as epithets, derogatory comments, or slurs; physical harassment, such as assault, impeding or blocking movement, or any physical interference with normal work conduct; and visual harassment, such as derogatory posters, cartoons, or drawings.

Incidents of alleged sexual harassment will be taken seriously by the Embracing Hands Healthcare Staffing, with follow-up, investigation, and appropriate corrective action if necessary.

Any individual, who believes he or she is subject to sexual harassment, or believes sexual harassment may be taking place whether or not it directly affects that individual, must report the circumstances as soon as possible to their immediate Supervisor/manager or an Officer of Embracing Hands Healthcare Staffing.

When a claim is raised, the Contact Person will prepare a written record of the complainant's factual allegations that the complainant will have an opportunity to review and sign. Complainants are encouraged to prepare their own written notes promptly after such events occur, describing the date, time, and specific actions of the alleged harasser that the complainant considers offensive.

The Contact Person has the responsibility of taking the necessary steps for initiating a timely investigation.



Code of Conduct

One essential goal of Embracing Hands Healthcare Staffing is to uphold ethical standards in all our company activities. The purpose of our Company Code of Conduct is to strengthen the Company's ethical climate and to provide basic guidelines to all employees for many situations that may arise. However, standards of conduct cannot provide guidelines for every situation that occurs and when in doubt, discuss your ethical issues with the appropriate parties within the company.

Embracing Hands Healthcare Staffing strives to do business with customers and suppliers of sound business character and reputation. This company will not knowingly support any public or private organization which practices discriminatory policies or practices. All employees of Embracing Hands Healthcare Staffing are expected to perform their work with honesty, objectivity, truthfulness and integrity.

It is the policy of this Company to comply with all applicable laws, including, without limitation, employment, discrimination, health, safety, antitrust, securities, and environmental laws.

Each employee of Embracing Hands Healthcare Staffing is responsible for compliance with this Code of Conduct. If any employee has questions about any section of our Code of Conduct, he or she should direct all questions to his or her immediate supervisor/manager.



Grievance Procedure

An employee may express a verbal grievance to his or her immediate supervisor/manager. If the concern is not resolved to the employee's satisfaction within one week, the employee may put in writing the details of his or her grievance and submit the grievance to the immediate supervisor/manager.

The Company President, who will appoint a person to decide the matter, will review the written statement. The employee and his or her supervisor/manager will request a hearing with the appointed person for resolution of the problem. The problem will be discussed in the presence of the employee and supervisor/manager. Final resolution of the grievance will be made by the appointed person and discussed with the employee and supervisor/manager.



Workers' Compensation Insurance

Embracing Hands Healthcare Staffing insures all employees against accidental injuries occurring on the job, in accordance with the State Workers' Compensation Law. Coverage begins on the date of employment and covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment.

Employees must report all accidents immediately to their supervisor or department manager. No matter how minor an on-the-job injury may appear, it is important that it is reported immediately. This procedure will enable an eligible employee to qualify for coverage, in a timely manner.



Drug and Alcohol Release

I have read and understood the Drug and Alcohol Free Workplace policy of Embracing Hands Healthcare Staffing. Specifically, I understand and agree to undergo substance (drug and alcohol) screening of my urine, breath, or hair if I:

1. Am observed using alcohol or drugs during work hours on company premises
2. Am in an apparent physical state of impairment
3. Am in an incoherent mental state
4. Show marked changes in personal behavior that is otherwise unexplainable
5. Demonstrate deteriorating work performance that is not attributed to other factors
6. Have accidents or demonstrate by other actions that there is reasonable cause to believe I may be under the influence
7. Am required to have such testing by any government programs such as the US Department of Transportation

I shall be subject to further drug and/or alcohol screening and/or face disciplinary action, up to and including termination of employment. I hereby authorize any physician, laboratory, hospital or medical professional retained by the Healthcare Corporation for drug and/or alcohol testing program purposes to conduct such screening and provide the results to Embracing Hands Healthcare Staffing, and I release Embracing Hands Healthcare Staffing or any person affiliated with the company and any such person or institution from liability.



Acknowledgement of Annual Education and Confidentiality of Patient Healthcare Information

I acknowledge the confidentiality of patient healthcare information ("Confidential Patient Information") that I may receive or have access to in the course of providing patient care services at medical facilities at which I am assigned while working with Embracing Hands Healthcare Staffing. I shall maintain the confidentiality of Confidential Patient Information, and in doing so, shall comply with all applicable state and federal laws and regulations, including, without limitation, the privacy provisions under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the policies and procedures of each participating hospital where I am assigned. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Embracing Hands Healthcare Staffing and the conclusion of any assignment at any medical facility.

I also acknowledge that I have received training on and a copy of Embracing Hands Healthcare Staffing Annual Education Core Competency Booklet as well as the Orientation Handbook which contains information and verification of procedures related to the following:

- Cultural Diversity and Sensitivity
- Company and Customers Policies and Procedures
- Ethics of Care
- Infection Control
- Patient Rights
- Reporting Issues
- HIPPA
- Bloodborne Pathogens
- Fire/Electrical Safety
- Active Shooter Preparedness
- Emergency Preparedness/Disaster Safety
- Workplace Safety
- Medication Safety
- Restraints
- Abuse Reporting
- Harassment at Workplace
- LGBT Education
- Age Specific Training
- Tuberculosis Training
- Transmission Based Precautions
- Patient Fall Prevention
- Proper Body Mechanics
- Pain Management
- Preventing Workplace Injuries
- Joint Commission NPSG

I understand that the above mentioned materials provide guidelines and summary information about the company's policies and procedures. I also understand that it is my responsibility to read, understand, become familiar with, and comply with the standards that have been established.