

*Yaraab Homecare Services INC.*

Human Resource Checklist

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EMPLOYEE NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_

APPLICATION COMPLETED: \_\_\_\_\_

SOCIAL SECURITY CARD: \_\_\_\_\_

ID/DRIVERS LICENSE: \_\_\_\_\_

CPR/FIRST AID: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

C.N.A. CERTIFICATE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

PHYSICAL: \_\_\_\_\_

PPD TEST: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CRIMINAL BACKGROUND: \_\_\_\_\_

POLICIES AND PROCEDURE: \_\_\_\_\_

FILE COMPLETE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

# APPLICATION COVER PAGE

Place Photo Here

*Yaraab Home Care Services*

630 Mood Rd Lawrenceville, Ga 30046.

Tel: (470) 554- 2636, Fax: (678) 336-9278

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

Position Applying For \_\_\_\_\_ Date: \_\_\_\_\_



Thank you for your interest in YARAAB HOME CARE SERVICES. Along with your application please be prepared to show the following items. We must have physical proof before your first pay period.

- Competency Test for CNA, PCA, LPN, and RN
- Current Driver's License or valid Georgia State ID card (no copy) **REQUIRED FOR ALL POSITIONS**
- Social Security card (no copy) **REQUIRED FOR ALL POSITIONS**
- PPD (Tuberculosis Skin Test) OR Chest X-Ray (can be obtained from Health Department approximately \$20.00). **REQUIRED FOR ALL IN-HOME CARE POSITIONS**
- Physical Examination (done within the current year) Consent to Release Protected Health Information **REQUIRED FOR ALL IN-HOME CARE POSITIONS**
- CPR & First Aid Certification Card (within the current year ). **REQUIRED FOR ALL IN-HOME CARE POSITIONS**
- Nurse Aide Certification (Required for all CNA positions.)  
All In-Home Care positions must take and pass the Georgia Competency Test Before Placement (Passing score 80%)
- Criminal Background (Mail or walk-in only.) Cost is \$10 → \$15 depending on the county where you live). **REQUIRED FOR ALL POSITIONS**
- Resume
- Previous Employment Verification (will be done prior to hire).
- Drug Testing may be required

\* Applications are accepted daily. Please be prepared to bring verification of the above listed documents. Employment will not begin without the above documents. **ORIENTATIONS ARE HELD ON MONDAYS** each week by **appointment only** between the hours of 10:00 am to 1:00 pm. Please visit our website to learn more information about YARAAB HOME CARE SERVICES,

If you have any questions please call:

***Employee Application of Yaraab Homecare Services INC.***

**YARAAB HOME CARE SERVICES**  
*(An Equal Opportunity Employer)*  
**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

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

NAME \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE NUMBER ( ) \_\_\_\_\_ MESSAGE(other)PHONE# ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

**EMPLOYMENT**

Position applied for? \_\_\_\_\_ Date Available? \_\_\_\_\_ Days Avail? M T W T F S S / Same Day Assignments? Y\_\_ N\_\_

Do you have use of an automobile? \_\_\_\_\_ Are you on Bus Line? \_\_\_\_\_ Salary Required? \_\_\_\_\_

Do you have Current Auto Insurance? \_\_\_\_\_ Name of Company: \_\_\_\_\_ Policy# \_\_\_\_\_

(Please submit a copy of the current Auto Insurance Policy)

Have you ever been convicted of a felony? \_\_\_\_\_ If, yes please explain? \_\_\_\_\_

Have you ever worked for another Environmental Provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, which one(s) and where: \_\_\_\_\_

**EDUCATION HISTORY**

Last grade completed (circle) High School: 6 7 8 9 10 11 12

Name of High School \_\_\_\_\_

Location \_\_\_\_\_

Last Year completed (circle) College or Trade School: 1 2 3 4

Name of College or Trade School \_\_\_\_\_

Location \_\_\_\_\_

Are there any experiences, special skills, or qualifications, which you feel qualify you to work for YARAAB HOME CARE SERVICES?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List two (2) personal and/or professional references:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Years Known \_\_\_\_\_

**EMPLOYMENT HISTORY**

List Below your last (5) employers starting with the present job. There may be period that you were not employed please, explain.

Employer \_\_\_\_\_ Address: \_\_\_\_\_  
Dates employed: Month: \_\_\_\_\_ / Year: \_\_\_\_\_ to Month: \_\_\_\_\_ / Year: \_\_\_\_\_  
Please, explain any period you where not employed? Month: \_\_\_\_\_ / Year: \_\_\_\_\_ Reason? \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Company Phone # ( ) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties / Responsibilities: \_\_\_\_\_

Final Wage: \_\_\_\_\_ Was Separation Voluntary or Involuntary? \_\_\_\_\_ Reason: \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Dates employed: Month: \_\_\_\_\_ / Year: \_\_\_\_\_ to Month: \_\_\_\_\_ / Year: \_\_\_\_\_  
Please, explain any period you where not employed? Month: \_\_\_\_\_ / Year: \_\_\_\_\_ Reason? \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Company # ( ) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties Responsibilities: \_\_\_\_\_

Final Wage: \_\_\_\_\_ Was Separation Voluntary or Involuntary? \_\_\_\_\_  
Reason: \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Dates employed: Month: \_\_\_\_\_ / Year: \_\_\_\_\_ to Month: \_\_\_\_\_ / Year: \_\_\_\_\_  
Please, explain any period you where not employed? Month: \_\_\_\_\_ / Year: \_\_\_\_\_  
Reason? \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Company # ( ) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties Responsibilities: \_\_\_\_\_

Final Wage: \_\_\_\_\_ Was Separation Voluntary or Involuntary? \_\_\_\_\_ Reason: \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Dates employed: Month: \_\_\_\_\_ / Year: \_\_\_\_\_ to Month: \_\_\_\_\_ / Year: \_\_\_\_\_  
Please, explain any period you where not employed? Month: \_\_\_\_\_ / Year: \_\_\_\_\_ Reason? \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Company # ( ) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Duties Responsibilities: \_\_\_\_\_

Final Wage \_\_\_\_\_ Was Separation Voluntary or Involuntary? \_\_\_\_\_ Reason: \_\_\_\_\_

## *Code of Ethics*

The manner in which Yaraab Home Care Services, employee & conduct business is extremely important to our success. We have corporate responsibilities to ourselves, to our clients and to the community in which we do business in order to effectively provide premiere care and protect our corporate and professional image, we must strive to conduct our business in the most ethical manner possible.

Thus, it is not acceptable to:

- Use the client's car for personal reasons
- Consume the client's food or beverage
- Use the client's telephone for personal calls
- Discuss political, religious beliefs, or personal problems with the client
- Accept gifts or financial gratuities (tips) from the client or client's representative
- Lend money or other items to the client; borrowing money or other items from the client or client representative
- Sell gifts, food, or other items to or for the client
- Purchase items for the client unless directed in the client care plan
- Bring other visitors to client's home (children, friends, relatives, etc...)
- Smoke in client's home with or without permission
- Report to duty under the influence of alcohol or drugs
- Sleep in the client's house unless ordered in service care plan
- Remain in the client's home after services have been rendered
- Falsify client's records/time sheets
- Not report any unusual changes or events with client during work hours
- Breach client's /care giver's privacy and confidentiality of information and records against HIPPA regulations.
- Assuming control of the financial or personal affairs, or both, of the client or his/her estate, including power of attorney or guardianship.
- Committing any act of abuse, neglect or exploitation
- Use client's bathroom facility and eat lunch or snack only with client's consent while in client's home.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Yaraab Home Care Services, Staff Signature

\_\_\_\_\_  
Date

**YARAAB HOME CARE SERVICES,  
DUTIES AND RESPONSIBILITIES**

Please sign both copies of duties and responsibilities, return one for our file, and keep the other for you.

Overview: The Nursing Assistant must provide personal care and other scope of services for the client as directed in the care plan.

**1. PERSONAL CARE TASK:**

- M. Bathing (bed, tub, shower)
- N. Routine skin care
- O. Hair Care (comb, brush, shampoo)
- P. Oral hygiene (brush, floss, dentures)
- Q. Assisting with dressing and grooming
- R. Assisting with toileting
- S. Nail care, (file, and clean fingernails, file and clean toe-nails only) (DO NOT TRIM)
- T. Shave (DO NOT SHAVE A DIABETIC CLIENT)
- U. Preparing meals
- V. Assisting with feeding
- W. Caring of incontinent patients
- X. Assisting with activities of daily living (ADL)

**2. HOUSEKEEPING TASKS:**

- D. Making bed, changing linens as ordered
- E. Vacuuming, sweeping, dusting, Mopping, Doing Laundry, emptying trash, wiping spills promptly.
- F. Cleaning bathroom, washing duties (ONLY AREA CLIENTS USES)

**3. PROPER NUTRITION:**

- E. Preparing Meals/Clean up
- F. Encouraging proper nutrition
- G. Assisting with feeding
- H. Observing and reporting meal accumulation and food storage or cooking Equipment

**4. HOME MANAGEMENT:**

- E. Assisting Clients with Grocery shopping
- F. Assisting with paying bills \*
- G. Assisting with food stamp applications and others
- H. Making emergency call for client if need

**5. MOBILITY:**

- H. Assisting in and out of bed/wheel chair
- I. Using of hoist lift for transfer (if available)
- J. Assisting with ambulation
- K. Encouraging physical activity as condition permits
- L. Transferring in and out of handicap vehicles
- M. Turning/repositioning patient in bed
- N. ROM/ambulating with walker

**6. HEALTH CARE ACTIVITIES:**

- A. Catheter care with soap & water
- B. Assisting client with self-administration of medication
- C. Picking up Prescription
- D. Reminding client to take medication
- E. Taking vital signs (if applicable)

**7. OBSERVATIONS AND DOCUMENTATION:**

- A. Documenting all task performed on duty sheets
- B. Making sure all tasks have been completed and paper work completed before departing
- C. Observing and reporting to supervisor any change in the patients condition
- D. Continually making sure of client's comfort and safety
- E. Reporting any unknown abuse or suspected abuse to supervisor
- F. Reporting any unsafe condition in home to supervisor
- G. Being sensitive and caring to the individual culture, dignity and self-respect of client  
Performing your duties in professional manner, avoiding confrontations with client/clients representative of family members.
- H. (C.N.A.) OR (P.C.A.) MUST CALL (4) HOUR PRIOR TO YOUR SHIFT IF YOU ARE GOING TO BE ABSENT/LATE.

**8. EMERGENCY PROCEDURE:**

- A. Making emergency calls for client if need be (Calling 911)
- B. Performing CPR / First Aide (if needed)
- C. Calling client family or designated person
- D. Calling Yaraab Home Care Services, (404) 767-6940

**AIDES EXPERIENCE / QUALIFICATIONS SHALL INCLUDE BUT NOT LIMITED TO:**

- 1.) CERTIFICATION FROM THE STATE OF GEORGIA
- 2.) NAME ON GEORGIA STATE REGISTRY LISTING
- 3.) MUST PASS ASSESSMENT TEST
- 4.) CURRENT CPR CERTIFICATION (MUST RENEW IN TIMELY MANNER)
- 5.) CURRENT PHYSICAL EXAMINATION (ONCE YEARLY)
- 6.) CURRENT PPD SCREENING (CHEST X-RAY) IF NEEDED
- 7.) CURRENT GEORGIA STATE DRIVER'S LICENSES OR GEORGIA STATE ID
- 8.) COPY OF SOCIAL SECURITY CARD

**MINIMUM EDUCATION REQUIREMENTS:**

- 1.) High School Diploma or GED
- 2.) Health related training courses or equivalent combination of education and experience

I have read the job description and qualifications and agree to adhere to the policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_

**YARAAB HOME CARE SERVICES**  
630 Mood Rd Lawrenceville, Ga 30044

**Employment Reference**

DATE \_\_\_\_\_

The Human Resource Manager,  
\_\_\_\_\_

The importance of checking references on personnel working in the Home Health Services cannot be overemphasized. The applicant whose signature appears below has given you as a source of reference. May we count on your assistance in substantiating the qualifications of our applicants? You can count on our strict confidence in handling any information you may want to let us have. For your convenience, a return stamp has been provided. Thank you in advance for your courtesy and understanding.

\_\_\_\_\_  
Branch Representative

\_\_\_\_\_  
Branch Office

Applicant Please fill out boxed area below only.

APPLICANT: _____	SOC. SEC. # _____
POSITION HELD: _____	DATE EMPLOYED: FROM _____
EMPLOYER: _____	
I HEREBY AUTHORIZE THAT THE FOLLOWING INFORMATION BE RELEASED TO ALPHA HEALTHCARE SYSTEM, INC.:	
DATE: _____	SIGNATURE: _____

- Do the above employment dates correspond to your records?    YES \_\_\_\_\_ NO \_\_\_\_\_
  - Does the above position correspond to your records?        YES \_\_\_\_\_ NO \_\_\_\_\_
  - Subject to rehire?    YES \_\_\_\_\_ NO \_\_\_\_\_
- If no, why not? \_\_\_\_\_

Please comment on the applicant's following attributes:

SUPERIOR    ABOVE AVERAGE    AVERAGE    BELOW AVERAGE

Quality of work				
Reliability & Punctuality				
Adaptability to situations				
Attendance				
Quantity of work				
Initiative				
Overall Nursing Skills				

Specialty Nursing Experience (please be specific): \_\_\_\_\_  
General comments: \_\_\_\_\_

**If responding by fax/mail:**

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

For office use only

If used to obtain reference by phone:

Information provided by: \_\_\_\_\_ to \_\_\_\_\_

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



**Identification (I.D.) Card**

**Policy and Procedure**

Every employee of Yaraab Home Care Services, shall be provided an Identification Card, which shows the company's name, employee's name and title at the time of employment and shall require the return of the ID from each employee upon termination of employment. Each employee shall carry the ID at all times and present it to the client/caregiver upon request.

**YARAAB HOME CARE SERVICES,  
630 Mood Rd Lawrenceville, Ga 30046.  
rel: (470) 554- 2636, Fax: (678) 336-9278**

Last Name.....  
First Name.....  
Department.....  
GA ID No.....  
Holder's Signature.....

**IDENTITY CARD No .....**

This is to Certify that the bearer of this Card whose  
photograph name and signature appear on this  
Identity Card is an employee of the Company below.

**YARAAB HOME CARE SERVICES,  
630 Mood Rd Lawrenceville,  
Ga 30046.  
rel: (470) 554- 2636,  
Fax: (678) 336-9278**

.....  
CEO

# Yaraab Home Care Services

## Certificate of Ethical Compliance

This is to certify that I have read and understand the Yaraab Home Care Services Code of Ethics, and I will fully adhere to the spirit and intent of the policy. I have reviewed the Code of Ethics with the hiring agent. I also understand it is my responsibility to report any activity that may be an exception to this policy. Also never to have been shown by credible evidence (e g, a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

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

Signed: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

The documentation of completion of training must be duly signed by the trainee, which shall become part of the employees record to be filed and kept in a locked cabinet.

\_\_\_\_\_  
(Printed Employee Name)

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Yaraab Home Care Services, Staff Signature)

\_\_\_\_\_  
Date

As an applicant for employment with YARAAB HOME CARE SERVICES I understand the following:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I understand that under conditional offer of employment I am required to submit to pre-employment drug and alcohol screening. The results of such testing may be grounds for withdrawing the offer or employment. I must meet the employability requirements of Federal Immigration Law and submit appropriate documentation to satisfy the requirements for completing INS Form I-9.

If my application for employment is accepted, the effective date of my employment may be time I actually begin to work. If I accept the employment, I agree to comply with and be bound by the safety and health rules and regulations and rules of conduct of YARAAB HOME CARE SERVICES. Altogether with obligations set forth in the Company policies.

All information (including information on any accompanying resume) is correct and will be subject to verification.

Will you authorize YARAAB HOME CARE SERVICES? To contact each of your previous employer(s) and references? Yes \_\_\_ No \_\_\_

State which of your previous employers you do not want us to contact, give the reason why?

Employer: \_\_\_\_\_ Reason: \_\_\_\_\_

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

**DO NOT WRITE BELOW THIS LINE**

**Check List Office Use**

	Date	Score		Date Taken	Expiry Date
Competency Test	_____	_____	PH/Exam	_____	_____
			PPD	_____	_____
			Driver Lic.	_____	_____
			Professional Lic/Cert	_____	_____
			CPR	_____	_____

Hire Date: \_\_\_\_\_

Position: \_\_\_\_\_

Will Report to: \_\_\_\_\_

Wage: \_\_\_\_\_

Appearance: [ ] good [ ] Fair [ ] Poor

Disposition: [ ] good [ ] Fair [ ] Poor

Experience: [ ] good [ ] Fair [ ] Poor

Flexibility: [ ] good [ ] Fair [ ] Poor

Speech/Communication: [ ] good [ ] fair [ ] Poor

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

Approved: (1) \_\_\_\_\_  
(Staffing Coordinator)

(2) \_\_\_\_\_  
(Human Resource Manager)

## DOCUMENTATION OF TRAINING AND ORIENTATION

I hereby state that I was trained and oriented in the following areas:

1. Yaraab Home Care Services, – who we are.
2. Relevant Policies and Procedures of Yaraab Home Care Services, regarding
  - the scope of service;
  - staffing, orientation & training as well as 8 hour in-services training;
  - ID card;
  - criminal history check;
  - type of client;
  - client's admission;
  - service initiation and agreement;
  - client's service care plan;
  - documentation of services- the use of time and daily sheets;
  - confidentiality and maintenance of client and staff records;
  - client's right and responsibilities as well as client's protection assurances;
  - care of client in an emergency;
  - supervision of services; and
  - handling and resolution of complaints.
3. the aging network
4. infection control procedure
5. client right/elderly abuse reporting procedure
6. fire and disaster response procedure
7. my job description and responsibilities
8. assistance with medications(if applicable)
9. company's code of ethics and certificate of ethical compliance
10. discuss dress code
11. address and directions to assignments
12. work schedule
13. absenteeism/tardiness

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(Signature of Employee)

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(Date)

Yaraab Home Care Services  
New Hire Orientation Check List

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

The Following check listing is to assist you and your Manager/Supervisor. Complete the new employee(s) process.

- Application Form W/General Health Question (American Disabilities Act ADA)
- Resume
- Criminal History Request Form
- Copy of Drug Screen (May be Required)
- I-9 Employment Eligibility Verification
- W-4 Employee Withholdings or Independent Contractor Form
- Individual Professional Liability (Proof of Car Liability Insurance)
- The Ageing Network
- Company Policy & Procedures
- Yaraab DISCIPLINE Policy & Procedures
- Confidentiality Policy and Procedures
- Code of Ethics
- Certificate Of Ethical Compliance
- Employee Non-Disclosure Attestation
- Release of Medical Records & Information
- Copy of IN-Services Training Calendar Schedule
- Prevention of Client Abuse Neglect, & Exploitation Policy & Procedures for
- Grievance Policy & Procedure for Clients
- Infection Control Procedure
- Emergency Procedure
- Fire Safety & Disaster Response/Fall Precautions
- Dress Code/Absenteeism/Tardiness/Abandonment Policy & Procedures
- Time Sheet Prep & Submission/Pay Day Policy/VISIT CALL™ REPORTING
- Non-Overtime Agreement – CAN & PCAs
- Nursing Assistant Duties & Responsibilities – CAN & PCAs
- Job Description
- Documentation of Training & Orientation
- ID Cards

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yaraab Home Care Services,**  
630 Mood Rd Lawrenceville, Ga 30046.  
Tel: (470) 5547 2636, Fax: (678) 33679278

**Independent Contractor**

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20

The following outlines are our agreement:

You have been retained by Yaraab Home Care Services,, as an independent contractor for the purpose of providing some of the following services: patient care, medication administration, and documentation, assisting patients with activity of daily living.

You will be responsible for successfully completing said work according to instructions.

The assigned project is to be completed by the end of each shift.

The cost to complete this work will be as agreed upon and payable on an hourly or per visit basis as quoted on your application packet.

You will not deduct or withhold any taxes, FICA or other deductions. As an independent contractor, you will not be entitled to any fringe benefits, such as unemployment insurance, medical insurance, pension plans, or other such benefits that would be offered to regular employees.

During this project you may be in contact with or directly working with proprietary information, which is important to A.H.C.S., and our ability to remain competitive. All information must be treated with strict confidence, and may not be used at any time or in any manner while you are dealing with others in our company, or health facility where you may be assigned.

I have read and understand all contents within, to the best of my knowledge.

Agreed:

\_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_, 20  
Independent Contractor

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_, 20  
Manager

other body fluids to prevent exposure of the mucous membrane of the mouth and nose/eyes.

2. Dispose of secretions directly into the toilet. An individual toilet for a client is not required, but is recommended if the person has diarrhea.
3. Care should be taken to prevent injuries caused by needles and other sharp instruments or devices.
4. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area.
5. Direct mouth-to-mouth contact is not recommended. It is recommended that mouthpieces, ventilation bags or other ventilation devices be kept in areas where the need is predictable. However, if such devices are not available an employee should not hesitate to provide CPR (Cardiopulmonary Resuscitation) procedures.

I AM CPR & TB CERTIFIED, I WOULD REPORT TO HEALTHCARE SYSTEM, INC. OF ANY EXPOSURE TO TB & HEPATITIS B, WHETHER THE EXPOSURE OCCURRED ON OR OFF THE JOB. I SHALL REPORT THE EXPOSURE IMMEDIATELY TO HEALTHCARE SYSTEM, INC.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 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.**

# 2022

### Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b>		
<input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b>		
<input type="checkbox"/> <b>Head of household</b> (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 estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), 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](http://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 2022 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 total 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

Section references are to the Internal Revenue Code.

### 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](http://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, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

**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](http://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 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](http://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.** This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2022 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.

**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](http://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 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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 Part II of Schedule 1 (Form 1040)). 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.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730