



Like having a nurse in the family

Welcome to Nursing Liaisons. We are happy to have you. Enclosed are the employment documents which need to be filled out and returned. A few things about the company:

Founders: Ellie Ericson, RN, cell 617-680-8468, Ellie@nursingliaisons.com
Lisa Hyde-Barrett, RN, cell 617-592-9537, Lisa@nursingliaisons.com

Address: 464 Common Street, Suite 109, Belmont, MA 02478

Company Phone #: 888-510-1594

Staff: Ginny@nursingliaisons.com. Payroll, employment forms, insurance, accounting
Sue@nursingliaisons.com, cell 781-956-2782, administrative, Office365
questions, processes, misc. ?.
Joe@nursingliaisons.com, website, IT stuff

Website: NursingLiaisons.com

Tagline: Like having a nurse in the family.



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AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, hereby authorize Nursing Liaisons, Inc. and agents working on its behalf, to obtain information about me from my previous employers, schools, and credit sources.

I authorize my previous employers, schools that I have attended, and credit sources to disclose such information about me as these people may request. I further authorize my previous employers to candidly disclose to Nursing Liaisons, Inc. and any of its agents all facts and opinions concerning my work performance, cooperativeness, and ability to get along well with others.

Date: _____ Signature: _____

Print Name and Address Below:

Other Name(s) Used: _____

Name of Emergency Contact: _____

Relationship to you: _____ Phone: _____



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Please list two references we may contact:

Name: _____

Title: _____

Phone: _____

Name: _____

Title: _____

Phone: _____

I authorize Nursing Liaisons, Inc. to conduct a background check, including criminal history and driving record, if I am hired. I understand that any felonies or will disqualify me for employment, and should I become employed, will be grounds for immediate dismissal.

Signature: _____

Date: _____



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EMPLOYMENT APPLICATION

PERSONAL

Full Name:

Address (street, city, state, zip):

Cell phone:

Home phone:

Days & Hours available:

Email:

EDUCATION

Location of Nursing Education & Year Completed:

Additional Certifications:

RN License #:

EMPLOYMENT HISTORY

Please list all employment for the past 10 years, starting with the most recent position. Add an additional sheet of paper if needed. Attach Resume

Employer Name & Address:

Reason for Leaving:

Dates of Employment: From_____ To_____

Employer Name & Address

Reason for Leaving:

Dates of Employment: From_____ To_____

I declare that all the foregoing statements are true and correct to the best of my knowledge. I authorize Nursing Liaisons, Inc. to conduct a background check, including criminal history and driving record, if I am hired. I understand that any felonies or moving violations will disqualify me for employment, and should I become employed, will be grounds for immediate dismissal.

Signature

Date



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Employment Contract

Please read this form very carefully. Your signature indicates that you understand and agree to the outlined terms and additional material you have been provided. A copy of this form will be kept at the office and you may also have a copy for your records.

NURSING LIAISONS, INC., (“THE COMPANY”) RESERVES THE RIGHT TO CHANGE, ADD TO, OR DELETE ANY OF THE POLICY OR PROCEDURE INFORMATION THE EMPLOYEE RECEIVES BEFORE EMPLOYMENT AT ANY TIME. THIS AGREEMENT IS NOT A CONTRACT GUARANTEEING EMPLOYMENT. ALL EMPLOYMENT WITH THE COMPANY IS AT-WILL AND THE EMPLOYEE OR THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME.

1. The Policies and Procedures set forth by THE COMPANY have been explained to me and I agree to abide by them.
2. I understand that THE COMPANY provides nursing care for the elderly and assists with provider visit understanding. I agree that if I am unsure if an instruction or their medical item is unclear, I will first check with THE COMPANY.
3. I understand that I will be paid for completed services by the hour or by the job, depending on instruction from THE COMPANY. Said instructions will be provided, in writing by THE COMPANY and will vary job to job. In the event no written instructions are provided, I will be paid by the hour at the rate of /hour. (TBD)



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4. I understand that I must complete time and attendance records via telephone within 24 hours of the visit, along with my report, and if my hours are not reported on time, I will not be paid until the following pay period.
5. I understand that I will not make any private arrangements with or provide care independently to any COMPANY client during my employ and for one year after leaving employment with THE COMPANY. Any violation of this policy will result in financial liability to THE COMPANY in the amount of ½ any monies received from these clients for one year, plus legal fees incurred to recover these monies.
6. I understand that I will receive my final paycheck on the next regular payday if I cease working for THE COMPANY or on the day that THE COMPANY terminates me.
7. I understand that if I am found to be using drugs or alcohol, or in possession of illegal drugs while on the job, or show up to work in an intoxicated state, I will be dismissed immediately.
8. I understand that if I fail to report to work and fail to notify the Office, that I will be considered to have voluntarily quit my job without notice.
9. I understand the COMPANY is a covered entity under HIPAA, but that I may be. I hereby agree to indemnify, defend and hold harmless COMPANY and each of its officers, directors and owners from and against any and all liability and costs, including, without limitation, regulatory penalties, attorney's fees and costs incurred by COMPANY in connection with any claim arising out of HIPAA non-compliance by me.
10. The protection of confidential business information and trade secrets is vital to the interests and the success of COMPANY. Employees who improperly use or disclose trade secrets or confidential business information will be subject to disciplinary action, up to and including termination of employment and legal action, even if they do not actually benefit from the disclosed information. Such confidential information includes, but is not limited to, the following examples:
 - a) Pending services and proposals
 - b) Referral source lists
 - c) Compensation data



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- d) Computer processes
- e) Computer programs and codes
- f) Customer lists
- g) Customer preferences
- h) Financial information
- i) Labor relations strategies
- j) Marketing strategies

11. I have received and read the following from THE COMPANY

- a) Harassment Policy
- b) Incident Report Form
- c) HIPPA Policy
- d) Policy and Procedures of Nursing Liaisons

Print Employee Name: _____

Employee Signature _____

Date: _____

For NURSING LIAISONS, Inc. Date: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: _____ ID#: _____

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT 1

ACCOUNT 2

ACCOUNT#: _____

ACCOUNT#: _____

TRANSIT/ABA#: _____

TRANSIT/ABA#: _____

TYPE: C S (CHECKING/SAVINGS)

TYPE: C S (CHECKING/SAVINGS)

AMOUNT: _____

AMOUNT: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____ (Please Print) ID #: _____

NAME(S): _____ (Please Print)

SIGNED X _____ DATE: _____

SIGNED X _____



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Chapter 6, 172C CORI Request Form

Nursing Liaisons, Inc. is requesting all the available criminal offender record information on the following individual from the Criminal History System Board pursuant to Chapter 6, 172C that mandates agencies which employ or accept as a volunteers or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

Applicant/Employee Information

Last Name

First Name

Middle Name

Maiden Name or Alias (If Applicable): _____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

(Requested but not required)

ID Theft Index Pin: (If Applicable): _____



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Mothers Maiden Name: _____

Current Address: _____

Former Address: _____

Sex: ___ Height ___ft. ___in Weight _____ Eye Color: _____

State Driver's License Number: _____

Include State of Issue

***The Information was verified with the following form of Government issued photographic identification:

Requested by: _____

Signature of CORI Authorized Employee

***The CHSB Identity Theft Index Pin Number is to be completed by those applicants that have been issued an Identity Theft Index Pin Number by the CHSB. Certified agencies are requested to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that included this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 1/12



Print full name

Social Security no.

Print home address

City..... State Zip

Employee:

File this form or Form W-4 with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
3. Write the number of your qualified dependents. See Instruction D.....
4. Add the number of exemptions which you have claimed above and write the total.....
5. Additional withholding per pay period under agreement with employer \$ _____
 - A. Check if you will file as head of household on your tax return.
 - B. Check if you are blind. C. Check if spouse is blind and not subject to withholding.
 - D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. If you claim **more** than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions **increases**. You **must** file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases**. For example, if during the year your dependent son's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "4" in line 2. Using "4" is the withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

IF THE ALLOWABLE MASSACHUSETTS WITHHOLDING EXEMPTIONS ARE THE SAME AS YOU ARE CLAIMING FOR U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.



▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

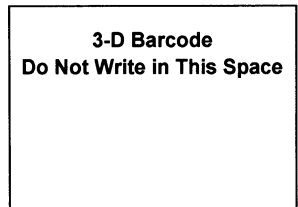
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code	



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title:	Document Title:	Document Title:
Issuing Authority:	Issuing Authority:	Issuing Authority:
Document Number:	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
Document Title:	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>	
Issuing Authority:		
Document Number:		
Expiration Date (if any)(mm/dd/yyyy):		
Document Title:		
Issuing Authority:		
Document Number:		
Expiration Date (if any)(mm/dd/yyyy):		

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code	

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.