

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Morningstar Home Health Agency, Inc.

ITEM	DESCRIPTION	INITIALS
<p><b>EMPLOYEE ACKNOWLEDGMENT OF PROBATION</b></p>	<p>I UNDERSTAND THAT I AM ON PROBATION AS AN EMPLOYEE FOR THE FIRST NINETY DAYS OF MY EMPLOYMENT WHICH STARTED ON _____ FOR THE PURPOSE OF THE FLORIDA "UNEMPLOYMENT COMPENSATION LAW". I UNDERSTAND IF MY EMPLOYER DISCHARGES ME FOR UNSATISFACTORY WORK PERFORMANCE UNDER THE FLORIDA "UNEMPLOYMENT COMPENSATION LAW" HE WILL NOT HAVE HIS ACCOUNT CHARGED FOR ANY UNEMPLOYMENT BENEFITS I MIGHT BE DETERMINED FOR IN THE FUTURE.</p> <p>I ACKNOWLEDGE THAT I SIGNED THIS FORM WITHIN SEVEN (7) DAYS OF MY EMPLOYMENT.</p>	
<p><b>NOTICE TO APPLICANTS</b></p>	<p>We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability, to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subjected to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.</p> <p>We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with us depends solely upon your qualifications.</p> <p><b>PLEASE READ AND SIGN STATEMENTS BELOW</b></p> <p>I understand that in accordance with Florida Statute 443.131 (3) (a) (2), if hired, I will be placed on a 90 day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90 day probationary period, my employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination.</p> <p>I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by my employer with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment, and that my employment may be terminated at my option or that the option of my employer with agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the president.</p> <p>I understand that I may be required to undergo blood and/or urinalysis screening for drug or alcohol use as part of the pre-employment process. In addition, all employees are subject to blood and/or urinalysis screening for drug or alcohol use.</p> <p>I certify that all information given on this employment application, any resume that I submit to the company, and any related papers and answers given during oral interviews are true and correct. I understand that my employer will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by my employer during the course of such investigation. I understand that falsification of any information given by others during the course of this investigation of any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation.</p>	
<p><b>TRANSPORTATION RESPONSIBILITY CONTRACT</b></p>	<p>It has been explained to me that I am being offered employment by This Home Health Agency with the understanding that I have personal transportation at my disposal to be used for travel to and from the patient assignments. I further understand that I am responsible for auto liability of \$ 10,000.00 / \$ 20,000.00 for bodily injury and \$ 5,000.00 in property damage.</p> <p>I also agree not to use my vehicle to transport any patient.</p>	

Employee/Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_