



# Covenant care

EXCELLENCE IN HEALTHCARE STAFFING

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## Staff Employment **AGREEMENT**

I, \_\_\_\_\_ employed as RN/LPN/GNA/CNA have agreed to carry out the duties and responsibilities listed on my job description.

Both the employer (**Covenant Care Inc.**) and I will treat each other with mutual respect.

I understand that this job position may require a lot of flexibility based on the needs of the clients that I may be assigned to work with.

I understand that it is my responsibility to complete all my accepted assignments as scheduled. In any event that I need to cancel my accepted assignment; I must notify the employer at least TWO HOURS before the start time of the assignment.

I understand that I may be charged the cost for a failure to notify the employer as stated above.

I understand that my compensation for services with **Covenant Care Inc.** is on an hourly basis. and as agreed and reflected on my pay stub. I understand that holidays and overtime with a genesis health care facility is not paid a time and half.

I acknowledge to have received a copy of my schedule and understand that this may change based on client's needs.

It is my responsibility to notify **Covenant Care Inc.** at least two weeks' in advance if I chose to terminate this agreement. I also understand that **Covenant Care Inc.** (employer) can terminate my services at any time with or without cause.

Signature: \_\_\_\_\_

(Employee)

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

Signature: \_\_\_\_\_

(**Covenant Care Inc.**)

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

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## HEPATITIS B VACCINE DECLINATION

I understand that, due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B at this time. I understand that by 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 services series at no charge to me.

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Name of Employee (printed)

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Signature

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Date

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Administrator's signature

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Date



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## STAFF LETTER OF ACKNOWLEDGEMENT

I \_\_\_\_\_, hereby acknowledge that the Policies and  
Procedures of **Covenant Care Inc.** has been reviewed with me.

Signature:

(Employee)

Date

Signature:

(Covenant Care Inc.)

Date

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Covenant Care Inc.



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## Consent to Drug and Alcohol Testing

Date:

I, \_\_\_\_\_, understand that **Covenant Care Inc.** requires all applicants for employment to take a urine test for drug and/or alcohol use.

I hereby freely and voluntarily give my consent to such test, to be administered on \_\_\_\_\_, having been fully informed of the test procedure involved, of what I am being tested for, and that a copy of the results will be forwarded to client facilities and placed in my record if I am ultimately hired. If not hired, I understand that the Company shall destroy all such records.

I also understand that, in the event of a positive test result, the Company will give me an opportunity to explain such a result.

Applicant's Signature

Witness's Signature

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Tel: 301-352-7541/ 202-820-4586

Fax: 301-560-8787

Email: [info@covenantcareinc.com](mailto:info@covenantcareinc.com)

[www.covenantcareinc.com](http://www.covenantcareinc.com)

16708 Eldridge Ln. Bowie, MD 20716



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## REFERENCE FORM

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Employee)

Please give two references other than relatives: (One Supervisor and a co-worker)

Name:

(Supervisor) Address:

City:

State:

Zip Code:

Phone number:

Name:

(Co-worker)

Address:

City:

State:

Zip Code:

Phone number:

Have you been convicted of a crime other than minor traffic violation?    Yes    No

Applicant's Signature:    Date:    \_\_\_\_\_

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[www.covenantcareinc.com](http://www.covenantcareinc.com)  
16708 Eldbridge Ln, Bowie, MD, 20716