



Moving Mountains

Employment Application

Please complete the entire application

Employee Information

Employer: Moving Mountain, LLC

8124 Banker Rd

Needville, Texas 77461

832.361.0054

It is the policy of Moving Mountain, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age disability, or veteran status.

Application Information

Applicants Full

Name _____

Home Address _____

City, State, Zip _____

Number of years of this address _____

Daytime Phone _____

Mobile Phone _____

Social Security Number _____

Driver's License (St/Number)

Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name _____

Relationship to you _____

Address _____

City, State, Zip _____

Daytime Phone _____

Mobile Number _____

Evening Number _____

Job Position

Job Position Applying For _____

Full or Part Time _____

Salary Desired \$ _____

Per Hour \$ _____

Who referred you to our company? -

Do you have any friends or relatives who work here? If yes, please list name _____

Have you applied to our company previously? _____ Yes _____ No

Are you at least 18 years of age? _____ Yes _____ No

How will you get to work? _____

Are you willing to work any shift, including nights and weekends?

_____ **Yes** _____ **No**

If not, please state any limitations.

If applicable, are you available to work overtime? _____ **Yes**

_____ **No**

If you are offered employment, when would you be available to work?

Date _____

If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ **Yes _____ **No****

Have you ever been convicted of a felony or misdemeanor?

_____ **Yes, I was convicted of** _____

Date _____

City _____

State _____

_____ No

**THE EXISTENCE OF A CRIMINAL RECORD DOES NOT
CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT
UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.**

Applicants Skills

**Check the skills that you have. List any other skills that may be useful
for the job you are applying for. Enter the number of years of
experience and circle the number that corresponds to your ability for
each skill.**

(One represents poor ability, while five represents excellent ability)

SKILLS	Years of Experience	Rate
() Typing	_____	1 2 3 4 5
() Microsoft	_____	1 2 3 4 5
() Accountant Bookkeeping	_____	1 2 3 4 5
() Answering Phones	_____	1 2 3 4 5
() Filing	_____	1 2 3 4 5
() Customer Service	_____	1 2 3 4 5

List any other skills

Applicant Employment History

List your current or most recent employment history first. Please list all jobs (including self-employment and military service) that you held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of the application.

Employer Name

Supervisor Name

Address

City, State, Zip Code _____

Phone Number _____

May we call to verify employment? _____ **Yes** _____ **No**

Job Duties

Reason for Leaving

Dates of Employment (Month/Year)

Employer Name

Supervisor Name

Address

City, State, Zip Code _____

Phone Number _____

May we call to verify employment? _____ **Yes** _____ **No**

Job Duties

Reason for Leaving

Dates of Employment (Month/Year)

Employer Name

Supervisor Name

Address

City, State, Zip Code _____

Phone Number _____

May we call to verify employment? _____ **Yes** _____ **No**

Job Duties

Reason for Leaving

Dates of Employment (Month/Year)

Applicant's Education and Training

College University Name and Address

Did you receive a degree? _____ Yes _____ No if yes, degree (s) received _____

High School GED Name and Address

Did you receive a degree? _____ Yes _____ No

Other Training (graduate, technical, vocational

Please indicate any current professional licenses or certifications that you hold.

Awards, Honors, Special Achievement

Military Services

_____ **Yes** _____ **No**

Branch _____

Specialized Training _____

References:

List any two non-relatives who would be willing to provide a reference for you.

Name _____

Address _____

City, State, Zip _____

Telephone _____

Relationship _____

Name _____

Address _____

City, State, Zip _____

Telephone _____

Relationship _____

Moving Mountains, LLC

Certification

Job Applicant Certification and Agreement

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immoderate termination.

I authorize Moving Mountains, LLC to contact former employees and educational organizations regarding my employment and education. I authorize my former employees and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its _____, the employment relationship will be “at will”. In other words, the relationship will be

entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right, Moreover, no agent, representative, or employee of Moving Mountains, LLC, except in a specific written contract of employment signed on behalf of the organization by its _____, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicants Signature

Date

INSERT

EMR

INSERT

NAR

INSERT
ABUSE (X2) & SEX
OFFENDER REGISTRY,
OIG S.A.M.

INSERT
BACKGROUND CHECK

**INSERT
COPY OF DRIVER'S
LICENSE**

INSERT
LICENSE VERIFICATION

CPR/First Aid Responsibility & Agreement

I, _____ am aware that I will attend CPR/ First Aid Training required by Inspired Behavioral Health, Inc, and any other required training by Moving Mountains, LLC according to job title and requirements. If my CPR/First aid certification expires, I will be suspended with no pay until Certification is current. It is my personal responsibility to retake/renew the certification class before the expiration date. I understand that I will not be able to work any assigned shifts until the certification is current.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

INSERT

EVALUATIONS AND TRAININGS

Post Offer Employee Health Assessment Form

EMPLOYEE INFORMATION

Name (print last, first, middle)	SS#	Birth Date	Phone
Address	City	State	Zip
Emergency Contact & Number		Relationship	
Department Status (S, M, W, D)	Position	Sex (M, F)	Marital
Personal Physician & Number			

PERSONAL HEALTH HISTORY

	Yes	No		Yes	No		Yes	No
Back Injuries	{ }	{ }	Heart Disease	{ }	{ }	Permanent defect from Illness, disease, Injury	{ }	{ }
Seizures, fainting, dizziness	{ }	{ }	Stomach Ulcer	{ }	{ }		Stomach, gall bladder trouble {	{ }
Any type allergies	{ }	{ }	Rheumatic fever	{ }	{ }	Smoker (amount)	{ }	{ }
Tuberculosis	{ }	{ }	Hearing difficulty	{ }	{ }	Drink alcohol (amount)	{ }	{ }
Any type of Hepatitis, jaundice	{ }	{ }	Kidney disease	{ }	{ }	Ever Injured on the job	{ }	{ }
Nervous disorder	{ }	{ }	Muscular disease	{ }	{ }	Ear, nose, throat trouble-sinus, colds	{ }	{ }
Respiratory disease	{ }	{ }	Mental illness	{ }	{ }	Vision difficulty, eye disease	{ }	{ }
High Blood Pressure	{ }	{ }	Hernia	{ }	{ }	Receiving medical treatment presently	{ }	{ }
Arthritis, gout, Joint disease	{ }	{ }	Diabetes	{ }	{ }	or in the past 6 months	{ }	{ }
Cancer	{ }	{ }	Headaches	{ }	{ }			
COVID-19 in the last 90days	{ }	{ }						

If answer to any of the above is yes, explain:

Medication Allergies _____

Medications Now Taking _____

Are you taking any medications which might Impair safety of performance? _____

COVID-19 Vaccination _____

Last Tetanus Vaccination _____

Childhood diseases:	Illness	Immunized	Did not have, not Immunized, appropriately Instructed.
Chicken pox	{ }	{ }	{ }
Red Measles	{ }	{ }	{ }
(Rubeola) Mumps	{ }	{ }	{ }
Tuberculosis	{ }	{ }	{ }
German Measles (Rubella)	{ }	{ }	{ }

If you have had a positive TB skin test, date of skin test conversion: _____

Last chest X-ray date: _____ Result: _____

Would you say your present health is: { } Excellent { } Good { } Fair { } Poor

Please note that If you are pregnant or planning pregnancy, please discuss the occupational risks peculiar to your position (such as exposure to communicable diseases, exposure to cleaner/disinfectant fumes, lifting) with your physician.

If you have any conditions that may prevent you from performing assigned duties satisfactorily, these must be discussed with your employer. All Information will be kept confidential.

This Information Is true and correct to the best of my knowledge.

Signature of Employee: _____ Signature of Nurse: _____

MOVING MOUNTAINS

Acknowledgment of Viewing

By signing this acknowledgment form, I affirm that I have viewed the Hands-On CPR video required by Moving Mountains *prior* to employment on the Red Cross website @ <http://www.redcross.org/prepare/hands-only-cpr>.

Employee Name (printed)

Employee Signature

Date

ACKNOWLEDGMENT OF EMPLOYEE

HANDBOOK

I have received a copy of the Employee Handbook, which includes general information, FMLA and medical leave, code of conduct and ethics policy, internet technology and social media policy, attendance policy, phone usage policy, COVID-19 Addendum, etc. I understand all its rules, policies, terms, and conditions and agree to abide by them. I understand and agree that any provision of this Handbook may be amended or revised at any time by the company. I also understand that nothing in this Handbook in any way creates an express or implied contract of employment between me and Moving Mountains., LLC.

Employee Signature

Date

Witness

Date

HIPPA Training Acknowledgement

On _____, I attended a two-hour video training session on both The Texas House Bill 300 rules and The Health Insurance Portability and Accountability Act and Privacy Standards. This training is provided for under Chapter 181 of the Texas Health and Safety Code. The Administrative, Technical and Physical requirements of the Security rule were covered as well as the uses and disclosures of "Personal Health Information" (PHI) in a workplace.

This training was provided by Moving Mountains.

Speaker was: _____

Signed: _____

Printed Name: _____

Quick Reference Guide for HIPAA

1. Use lowered voice for all verbal communication that might disclose personal health information.
2. Never "call out" any information that might be considered personal, e.g., tests required or taken, test results, medications, devices used, etc.
3. Do not allow computers or screens to be viewed, intentionally or unintentionally, by unauthorized persons.
4. Exit all programs that might contain personal health information when leaving a computer workstation for a period.
5. Be certain that all "signs in" sheets do not require "reason for visit" information.
6. All chart holders must effectively obscure patient information.
7. All e-mail, written, and faxed PHI must be clearly marked "confidential" and contain a privacy warning.
8. Never leave files, folders, filing cabinets, and/or office open and/or unattended.
9. Do not share computer passwords. Change them regularly.
10. Never discuss resident information with others unless direct care is involved.
11. Always close the door and/or pull all curtains when providing care.
12. Staff must verify who callers are by asking for HIPAA number, unless you are certain that they are who they say they are. We must protect Private Health Information.
13. Only answer questions that are asked. Give bare minimum information. If the caller or visitor has a problem with your approach to protecting private health information, refer them to see the Private Officer.
14. Discard Discontinued Mediations, cream, ointments, etc. in a timely manner and according to state regulations. You can tear off the name on the bottle/tube and discard in trash. Discontinued narcotics must be disposed of according to state regulations.
15. When clients are being transported, their private information should be kept secure in a briefcase. Such as going to another facility, admitting to this facility, going to and from doctor.
16. Take every precaution to control personal health information.

I attest that I have received the Quick Reference Guide for HIPAA. I have read and understand the Guide and I am aware that violation of the any rules in the Guide will not be tolerated and could result in immediate termination.

Signature of Employee

Date

Signature of Compliance Officer

Date

HIPAA Notice of Privacy Practices

Moving Mountain, LLC
8124 Banker St.
Needville, Texas 77461

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice of Privacy Practices describes how we may use disclosure of your protected health information (PHI) to carry out treatment, payment, or health care (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of protected Health Information:

Your protected health information may be used and disclosed by your physician, out office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care for you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or to treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situation without your authorization. These situations include: as Required by Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates Required Uses and Disclosures: Under the law, we must make disclosures to you and when required of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, except to the extent that your physician or your physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights:

The following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information:

Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information, that is subject to law that prohibits access to protected health information. Your physician is not required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you agree to accept this notice alternatively i.e., electronically.

You may have the right to have your physician amend your protected health information:

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such a rebuttal.

You have the right to receive an accounting of certain disclosures we have made:

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints:

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our private contact of your complaint.

We will not retaliate against you for filing a complaint:

This notice was published and became effective on or before Date: _____ required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with the respect to protected health information. If you have any objections to this form, please as to speak with our HIPAA Compliance Officer in person or by phone at our main number (832) 945-3323

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices.

Print Name

Signature

Date

Employee Agreement On Confidential Information

.....

I, _____, understand that all pertinent information learned about any client, employee, or the facility is to be kept confidential and not to be discussed outside the facility at any time. I have had policies and procedures, client rights and responsibilities reviewed with me in employee orientation.

Employee Signature

Date

Witness Signature

Date

Hepatitis B Vaccine Acknowledgement and Decision

I have read the information about Hepatitis B Vaccine. I have had a chance to ask questions, and I understand the risk of contracting Hepatitis B Vaccine, as well as the benefits and risks of the Hepatitis B Vaccine.

Employee Signature _____ Date _____

1. I understand that it is my personal responsibility to decide with a medical provider.
2. I acknowledge that I have been advised per Moving Mountain concerning the risks of taking the Hepatitis B Vaccine.
3. I will not hold Moving Mountains, administrations, or staff responsible for any reaction that may occur as a result of the injections.
4. I acknowledge that I have been advised per Moving Mountains concerning the risks of taking the Hepatitis B Vaccine.
5. I understand that I may be at risk of contracting Hepatitis B.
6. I understand and agree to waive my right to make any claim against Moving Mountains or staff if I do contract Hepatitis B.

- Yes**, I would like to plan to receive the Hepatitis B Vaccination.
- No**, I already received the complete series of the Hepatitis B Vaccine, and do not need to decide.
- No**, I do not wish to decide to receive the Hepatitis B Vaccination; therefore, I do wish to continue my employment agreement with MM. I understand it is a requirement of employment.

Employee Signature

Date

Witness Signature

Date

INSERT

HEPATITS B

GENERAL INFORMATION

CDC (2 PAGES)

INSERT
HEPATISIC
CDC (2 PAGES)

MOVING MOUNTAINS

Hepatitis C Information and Acknowledgement

I, _____, have been given information on Hepatitis C and I am aware that it is my responsibility to read over and become familiar of the risk & danger of Hepatitis C. I am also aware if I have any questions or concerns that I may speak with the facility nurse.

Employee Signature

Date

Witness Signature

Date

HIV Information and Acknowledgement

I, _____, have been given information on HIV and I am aware that it is my responsibility to read over and become familiar with the risk & danger of HIV. I am also aware if I have any questions or concerns that I may speak with the facility nurse.

Employee Signature

Date

Witness Signature

Date

INSERT
CDC FACT SHEET
TODAY'S HIV/AIDS EPIDEMIC
(4 PAGES)

INSERT

REFERENCES X3

INSERT
COPY OF SOCIAL SECURITY
CARD

MOVING MOUNTAINS

Acknowledgment of Receipt of Vehicle Use Effective Date

By signing this acknowledgment form, I affirm that I have received a copy of policy #3.A.08 in Moving Mountains' Policy & Procedure Manual, *Vehicle Use*. I understand that it is my obligation to read, understand, and comply with the procedures and provisions contained within this policy.

Employee Name (printed): _____

Employee Signature: _____

Date: _____

Witness Signature: _____

MOVING MOUNTAINS, LLC

DIRECT DEPOSIT AUTHORIZATION FORM

Name on Account:

Mailing Address:

City, State, Zip:

Name of Bank:

Account#: _____

Routing #: _____

Amount (Partial or Full): _____

Account Type (Checking/Saving): _____

INSERT

A STRONG DEFENSE AGAINST THE

FLU: GET VACCINATED!

(3 PAGES)

Employee Informed Consent for Influenza Vaccine

Why should you get vaccinated?

Influenza (flu) is a contagious disease which spreads from person to person through coughing, sneezing, and close contact. Symptoms come on suddenly and may last several days. Symptoms may include *Fever/Chills, Muscle aches, Sore throat, Runny or Stuffy nose, Cough, Headache, and Fatigue*

Complications of influenza includes:

Pneumonia, Dehydration, and Worsening of existing medical conditions.

The influenza vaccine is recommended for everyone 6 months and older. It is especially important that a person gets vaccinated if he/she is at risk for complications from influenza or he/she can spread influenza to those at risk. People at higher risk for complications from influenza include *People, who are 65 or older, People with a weakened immune system, and People with certain health conditions, such as heart, lung, or kidney disease.*

For most people the influenza vaccine prevents serious influenza-related illness. The vaccine will not prevent disease from other viruses, including influenza viruses not contained in the vaccine.

When should you get vaccinated?

Influenza viruses are always changing, so the influenza vaccine is updated every year. An annual vaccination is recommended. Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. It takes about two weeks for protection to develop after the vaccination, and protection can last up to one year.

Potential Adverse Effects/Negative Outcomes of Receiving the Vaccine:

A vaccine, like any other medicine could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. However, if you have a severe egg allergy, severe allergy to any vaccine component or you've had a severe reaction after a previous dose of influenza vaccine, you should tell your doctor. You should also talk with your doctor if you have ever had Guillain-Barre Syndrome (GBS) or you are presently ill. The following mild side effects may occur soon after the shot and last up to 1 to 2 days: *Hoarseness, Cough, Red or Itchy eyes, Fever, Aches, Fatigue, Headaches, Itching, Soreness, Redness, or swelling where the shot was given.*

If you have a severe side effect including: a high fever, difficulty breathing, swelling of face and throat, hives, weakness, fast heartbeat, or dizziness, report these to your doctor immediately.

INFORMED CONSENT

I have read the above information, or it has been explained to me and I understand the potential adverse effects and negative outcomes. I further understand this consent will stand valid unless updated by me to change the consent. Understanding the benefits, potential negative outcomes, and side effects of receiving influenza vaccine:

Employee Name: _____

(Initial response)

- I hereby GIVE Moving Mountains the permission to administer an influenza vaccination, unless medically contraindicated.
- I hereby DO NOT GIVE Moving Mountain permission to administer an influenza vaccination.

Employee Signature

Date

Witness Signature

Date

- required annually unless MD excuses provided.

MOVING MOUNTAINS

COVID-19 Vaccination Policy

Our first responsibility as a business is the safety of our residents, employees, and our community. As such, we are taking all necessary precautions as we continue to serve our residents. In order to allow this to happen safely, all employees will be required to receive the COVID-19 vaccination or to offer proof of receipt of an FDA-approved vaccination against COVID-19. All employees will be granted paid time off work in order to receive their vaccination(s). We strongly believe that this is the best path forward as a company, prioritizing the safety of all residents, employees, and their families. If you have any questions, concerns or are unable to receive a vaccination, please reach out to; movingmountainsforthepeople@gmail.com - Moving Mountains email. We thank you for your cooperation!

Employee Name: _____

Employee Signature: _____

TB ACKNOWLEDGEMENT

I, _____, understand that an annual TB skin test is required as an employee of Moving Mountains. If I have had a positive PPD test in the past, I am required to have a current chest x-ray (CXR) on file (frequency of repeat CXR's will be based on current CDC recommendations). Annual TB skin tests will be offered and administered by licensed personnel of IBH.

If I choose to opt-out or do not attend the designated times of TB administration by IBH, I understand it is my personal responsibility to receive the test and provide results to my direct supervisor. If my test results expire, I will be suspended with no pay until updated test results are provided to my direct supervisor.

Signature

date

Printed name

If I am exposed or encounter someone that has active tuberculosis it is my responsibility to notify my supervisor immediately.

INSERT

TB ELIMINATION

TUBERCULOSIS: GENERAL INFORMATION

(4 PAGES)

MOVING MOUNTAINS

Acknowledgment of Receiving Moving Mountains Drug-Free Workplace Policy

By signing this acknowledgment form, I affirm that I have read policy #2.A.04 of Moving Mountains, Policy and Procedure Manual, Drug-Free Workplace. I understand that it is my obligation to read, understand, and comply with the procedures and provisions contained within this policy. I also understand that failure to comply with a drug and/or alcohol testing request or a positive confirmed test for illegal use of drugs and/or alcohol may lead to disciplinary action up to and including termination of employment and/or loss of workers' compensation benefits.

Employee Name (printed)

Employee Signature: _____

Date: _____

Witness Signature: _____

Date: _____

MOVING MOUNTAINS

Drug-Free Workplace Right to Search

This is a drug free workplace. Moving Mountains reserves the right to search any item (locker, vehicle, purse, etc.) in the facility or in the facility property if there is a suspicion of drugs.

I, _____, certify that I have read and understand this statement.

Employee Signature

Date

Witness Signature

Date

Time Clock Policy

Administrative Employees: (Administration and Culinary)

- Administrative employees will be able to clock in using their company computer at their desk.
- Administrative employees are to show up on time and work their scheduled shift.
- Culinary will use the time clock located in one of the houses to clock in and out for their shifts.
- Culinary employees are to show up on time and work their scheduled shifts.

Non-Administrative Employees: (Medical, Safety, and Transportation)

- Employees are to clock in and out using one of the time clocks located in each of the houses.
- Non administrative employees are required to attend Shift Huddle for each scheduled shift.
 - The Shift Huddle allotted time is pre-added to your scheduled shift as reflected by your Kronos schedule. Example: Your shift is from 6a-6p, the Kronos app will show your hours to work from 5:45a-6p, which includes your Shift Huddle Time.

Our clock is set for the following:

AM Shift
7AM – 7PM

PM Shift
7PM – 7AM

- Example: If you are scheduled to report to work at 7a, YOU need to be at work at 6:45a ready for huddle. Same as evening shift. You need to be at work at 6:45 pm ready for huddle.
- Every employee must clock in when they get to the facility and begin to work.
 - Do not get to work and clock in and go sit in your car until shift begins.
- Every employee must clock out when they leave the facility.
 - Do not leave the facility and go get lunch or run to the store and not clock out.

KRONOS

All employees will have access to the payroll timekeeping system, you will be given step by step instructions that will show you how to make timesheet changes, request time off, view your timesheets, and view your paychecks. If you have any questions regarding the Kronos App please call your Payroll Department for help.

I have read and understand the time clock policy. If I have questions regarding this policy, I will ask my direct supervisor or payroll department.

Printed Name: _____

Signature: _____

Date: _____

Insert
Job Description

MOVING MOUNTAINS

Dress Code

Purpose - To give a professional appearance to the public to avoid unnecessary accidents or incidents in which a staff member or client is injured.

Policy - It is the policy of Moving Mountains to reflect professionalism with neatness and good taste in manner of dress.

Responsible Persons - All staff members who are involved in Hands-On/direct care of clients/service recipients.

General Comments:

Violation of the dress code will be reflected in the employee's evaluation, and may result in warning, written warnings, suspension or possible termination.

***All staff will follow a specific uniform dress code by department as outlined in the MOVING MOUNTAIN, LLC employee handbook.**

1. Scrub shirts with scrub pants, jeans, slacks.
 - A. Pants – Scrubs (Color will be determined) No sweatpants or shorts.
 - B. Uniforms shall be clean and neat.
 - C. Shirts with facility logo present only.
 - D. Jeans/pants must **NOT** have holes/tears. (WORN ONLY ON FRIDAYS)
2. Shoes must be kept clean, well-healed, soft sole with clean laces.
No Sandals or flip-flops.
3. Jewelry must be kept to a minimum. No dangling earrings, no jewelry for pierced body parts showing except for stud earrings.
4. Hair must be kept neat and clean. In addition, all male employees shall not let sideburns extend below the earlobe, mustaches and beards must be neatly trimmed and hair shall not exceed shirt collar level, unless kept up in bun and/or ponytail.
5. Fingernails clean and neat.

Employee Signature

Date

MOVIONG MOUNTAINS

Resident Handbook

I am aware that there is a copy of the resident rights and responsibilities (Resident Handbook) on the resident's bulletin board in each facility. In addition, I am verifying that I have been given a copy of the resident rights and responsibilities (Resident Handbook). I agree that I will read and become familiar with these rights and abide by them. I understand the consequences that might occur if I am found to be out of compliance with these rights.

Employee Signature

Date

Witness Signature

Date

INSERT

RESIDENT HANDBOOK

MOVING MOUNTAINS

WiFi Terms and Agreement

In order to protect the privacy of our residents, remain HIPAA-compliant, and honor the care guidelines we have pledged, we have implemented IT policies which require all employees to help protect our networks and equipment, and refrain from using personal devices, except when necessary to communicate with service providers and other staff.

I understand that using *Moving Mountains WiFi* indicates my agreement to the following terms:

- I will not use any personal accounts (Hulu, Netflix, Facebook, etc.) on company devices/equipment.
- I will not bring in or use any personal electronic devices (speakers, tablets, etc.).
- I will not share the WiFi password with anyone.

Signed

date

Printed name

MOVING MOUNTAINS

Employment Training Requirements

Name

It is the employee's personal responsibility to attend CPR/First Aid, Crisis Intervention Training, and any other required training by Moving Mountains, LLC according to schedule. If I fail to attend the above listed training, I understand that it will be noted as absenteeism unless I have a physician's statement or prior approval from the supervisor.

Moving Mountains and the applicable personnel will assist the employee in any way possible in this training and their attendance.

Employee Signature

Date

Witness Signature

Date

Administrator

Date

MOVING MOUNTAINS

Anti-Harassment Policy and Acknowledgement

Anti-Harassment Policy

MM aims to create a work environment free of harassment wherein employees treat each other with respect and courtesy. Therefore, MM prohibits its employees from engaging in unlawful harassment against individuals based on race, color, creed, national origin, religion, gender, sexual orientation, pregnancy, genetic information, age, physical or mental disability, veteran status, marital status, or any other protected classification under federal, state, or local law. Conduct considered harassment is defined below. This policy applies in all work settings, whether occurring on MM property, and to all aspects of the employment relationship, including hiring, recruiting, placement, transfer, promotion, compensation, discipline, termination, layoff, recall, training, and leaves of absence. It also applies to all applicants for hire and employees, whether the conduct is directed at a fellow employee or to an outside party, such as an independent contractor, vendor, supplier, customer, or any other party that conducts business with MM. Furthermore, MM aims to protect its employees from workplace harassment by non-employees and will take appropriate steps to remedy any such harassment.

Employees violating this policy are subject to discipline, including possible termination. Instances of harassment are serious matters, and all employees must make every effort to uphold and support MM's anti-harassment policy. This includes reporting all instances of harassment to an MM manager. It is MM's policy to promptly investigate any reported instance in a thorough manner. MM forbids any retaliation against those who report or investigate harassment.

Sexual Harassment Defined

Sexual harassment constitutes discrimination and is illegal under federal, state, and local laws. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, when, for example a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include a range of subtle and not-so-subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess, or sexual deficiencies; leering or whistling; repeated uninvited physical contact or touching, such as patting,

pinching, or grabbing another's body; insulting or obscene comments or gestures; displays in the workplace of sexually suggestive objects or pictures; and other physical, verbal, written, or visual conduct of a sexual nature regardless of the rank, position, gender, or sexual orientation of those involved. Sexual harassment may also occur through transmission using MM's electronic communications system or through other online conduct. Sex-based harassment, that is, harassment not involving sexual activity or language (e.g., male manager yells only at female employees and not males), may also constitute discrimination if it is severe or pervasive and directed at employees because of their sex.

Harassment Defined

Harassment because an employee filed a complaint, presented a grievance, or in good faith provided information relating to personal care services provided by MM is not permitted. Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is defined as verbal, written, or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law or that of his/her relatives, friends, or associates, and that a) has the purpose or effect of creating an intimidating, hostile, or offensive work environment; b) has the purpose or effect of unreasonably interfering with an individual's work performance; or c) otherwise adversely affects an individual's employment opportunities.

Harassment includes, but is not limited to, epithets, slurs, or negative stereotyping; threatening, intimidating, or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is circulated in a work setting, whether by being posted on MM premises or communicated via email, phone, text messages, online forums, or other means.

Harassment and Discrimination Complaint Procedure

To maintain a safe and enjoyable work environment, it is imperative that any employee who believes that he or she has been the victim or witness of harassment or discrimination, as prohibited by this policy or law, should immediately report such behavior to a human resources manager. Discrimination or harassment should be reported whether engaged in by an employee, independent contractor, vendor, supplier, customer, or any other party that conducts business with MM.

Many times, individuals are not even aware that their behavior is harmful to others. If they feel comfortable doing so, victims and witnesses of harassment or discrimination have the option to first seek to remedy the situation informally by notifying the offending party that his or her actions are not welcome and are believed to constitute a violation of MM policy. If warranted by the situation, this type of open and frank discussion can help resolve problems before they escalate to the point of irreparably harming working relationships. However, victims and witnesses who do not feel comfortable trying.

to resolve the problem verbally should immediately report the offending behavior to a human resources manager.

Upon receiving a report of harassment or discrimination, MM will promptly complete an investigation to determine the merits of the allegations, discover the nature and extent of the improper behavior, and, if necessary, determine the proper corrective action to take, which may include termination. MM may take any legal steps it believes are necessary in making its investigation, which may include, without limitation, reviewing electronic communications and conducting interviews of any individuals who may have information relevant to the allegations. MM will make every effort to keep the investigation as confidential as possible under the circumstances while still being as thorough in its efforts as is necessary to do its due diligence. All employees are required to cooperate and be forthcoming in assisting with MM's investigations, and any employee possessing information that may be helpful should notify the human resources manager.

Employees should not refrain from reporting harassment or discrimination or cooperating in investigations for fear of reprisal. Retaliation against those who report or cooperate in investigations is strictly prohibited in any form. Freedom to report and cooperate in investigations is an essential component of enforcing MM's anti-harassment and discrimination policies. Therefore, employees who report or cooperate in investigations must not receive any ill treatment or disadvantage due to their participation in helping enforce MM policy. Employees who are victims or witnesses of retaliation is encouraged to report retaliation to a human resources manager. Reports of retaliation will be investigated, and corrective action will be taken, according to the same harassment and discrimination procedures outlined above. Similarly, intentionally false, or malicious reports of harassment, discrimination, or retaliation that MM becomes aware of will be investigated, and corrective action will be taken, according to the procedures.

If the victim or alleged offender does not agree with the resolution of a complaint, then that party has the right to appeal the decision to the President of MM, who will have the final say on the matter. Victims and alleged offenders who still do not agree with the final resolution of a complaint may seek legal remedy by contacting the state or federal agency responsible for enforcing such matters.

I acknowledge that I have received a received and read the Anti-Harassment Policy and will abide by these rules.

Employee Name (printed): _____

Employee Signature: _____



ABUSE, NEGLECT AND EXPLOITATION NOTICE

Any assisted living facility staff who has cause to believe that the physical or mental health or welfare of a resident has been or may be adversely affected by abuse, neglect, or exploitation or that the resident has died due to abuse or neglect, must report the abuse, neglect, or exploitation to:

DADS Consumer Rights and Services section at 1-800-458-9858 or via the DADS website; **and** one of the following law enforcement agencies:

1. The local police if the facility is in the city limits; **or**
2. The sheriff's department if the facility is not in the city limits.

ABUSE means the negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to a resident by the resident's caregiver, family member, or other individual who has an ongoing relationship with the resident; **or**

Sexual abuse of a resident, including any involuntary or nonconsensual sexual conduct that would constitute an offense under Section 21.08 of the Penal Code (indecent exposure), or Chapter 22 of the Penal Code (assaultive offenses), committed by the resident's caregiver, family member, or other individual who has an ongoing relationship with the resident.

NEGLECT means the failure to provide for oneself the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caregiver to provide such goods or services.

EXPLOITATION means the illegal or improper act or process of a caregiver, family member, or other individual who has an ongoing relationship with the resident using the resources of a resident for monetary or personal benefit, profit, or gain without the informed consent of the resident.

I HAVE READ THE ABOVE LANGUAGE AND UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT I MAY BE **CRIMINALLY LIABLE** IF I DO NOT REPORT ABUSE, NEGLECT OR EXPLOITATION OF ANY RESIDENT TO DADS AND THE PROPER LAW ENFORCEMENT AGENCY.

Employee Signature

Date

Employee Printed Name

MOVING MOUNTAINS

Safety Policy and Acknowledgement

MM's Policy helps us preserve the best possible conditions for our employees and residents. Every resident and employee have the right to feel safe. Our company is committed to follow legal standards and create a hazard-free workplace.

This Safety Policy applies to all prospective and current employees of the company as well as volunteers, contractors, and consultants.

There are two aspects to consider when establishing a Safety Program: Preventative Action **and** Emergency Management.

Preventative Action

Preventative action is any action we take to avoid injuries or illness related to workplace conditions.

MM will conduct periodical risk assessments and job hazard analysis to discover what is likely to harm residents or employees. We'll establish preventative measures accordingly.

Potential threats and dangerous situations include but are not limited to:

- Performing tasks on heights, scaffolds, ladders, and other unsteady structures
- Slippery or uneven surfaces
- Electrical infrastructure
- Noise/temperature
- Quality of air

We'll take the following preventative measures:

- When employees work in dangerous contexts or locations, we'll make sure there are safety precautions like safety nets and ropes.
- We'll provide protection gear like gloves, protective uniforms, goggles etc. Using safety equipment is obligatory.
- Inspectors and quality control employees will inspect equipment and infrastructure regularly.
- We'll hold employee training sessions in health & safety standards and procedures.
- All highly dangerous job tasks require at least two employees to be present.
- Exposure to chemicals and radiation will not exceed a certain time limit.
- Employees who do repairs or cleaning need to put up caution signs.
- We'll prohibit smoking indoors.

Also, we'll enforce a substance abuse policy to protect employees from colleagues' misconduct.

Emergency Management

Emergency management refers to our plan to deal with sudden catastrophes like hurricanes, tornadoes, fire, or floods. These depend on human error or natural forces.

Our emergency management involves the following provisions:

- Functional smoke alarms and sprinklers are regularly inspected.
- Technicians (external or internal) are available to repair leakages, damages, and blackouts quickly.
- Fire extinguishers and other fire protection equipment that are easily accessible.
- An evacuation plan was posted on the walls of each floor and online.
- Fire escapes and safety exits that are clearly indicated and safe.
- Fully stocked first-aid kits at convenient locations

We'll also schedule fire drills and emergency evacuations periodically. We will monitor the performance of health and safety procedures and will revise them to ensure a higher level of protection.

Additional measures

Our company will also keep abreast of changes and try to promote health & safety actively. We will:

- Update our policy according to changes in occupational health and safety legislation.
- Use incentive actions for health & safety (e.g., presenting safe employee awards.)
- Analyze past incidents to discover what went wrong.
- Establish clear procedures for accident reporting.
- Revise work procedures to make them safer.

Our company will also consult experts or insurance representatives to ensure it complies with local and international standards.

Disciplinary Consequences

Employees should follow health and safety instructions and will be held accountable when they don't. We'll take disciplinary action that may extend to termination when employees consistently disregard health and safety rules.

It's everyone's responsibility to contribute to a healthy and safe workplace.

Employee Name (printed) _____

Employee Signature _____

Date: _____



Uniform Order Form

Employee Name: _____

Employee Job Title: _____

Employee Top Size: _____

Employee Pant/Bottom Size: _____

I, _____, understand that when I no longer work for Moving Mountains, I will turn in my uniform. If I do not turn in the uniform, I will have \$150.00 subtracted from my last paycheck.

Employee Name (Printed)

Employee Signature

To be entered by HR:

Scrub Color: _____

Polo Color: _____

Pant Color: _____

Order Date: _____

Received Date: _____

Issued Date: _____



MEMORANDUM

DATE: TO: 10/29/2021

FROM: CC: ALL STAFF

RE:

CC:

RE:

There is to be no cell phone use while at work or at any Moving Mountains LLC Cell phones are to be left in vehicles.

Exceptions:

1. First line supervisors can use cell phones,
2. Cell phones can be used during employee breaks, and
3. Drivers will check out Inspired cell phone from Security Desk before transport.

I read and understand the above policy.

Employee signature

date



EMPLOYEE REFERRAL PROGRAM

Moving Mountains values our employees and wants to encourage them to spread the word about our great employment opportunities.

So, we are offering a job referral incentive program. We want our employees to encourage others to apply for jobs at Inspired.

THE REFERRAL PROGRAM IS:

Applicant must complete application and list the current employee on the referral section of application.

Applicant must pass a background check, drug screening, and must agree to take all vaccines required.

If Moving Mountains offers the referred applicant a full-time position and the applicant accepts the job, the employee who referred the application will receive the following:

- \$5.00 Starbucks gift card on the day referred employee starts the position.
- \$50 Visa gift card (after completion of 2 weeks of training)
- \$100 Visa gift card (upon 6-month anniversary of referred employee)
- \$150 Visa gift card (upon 1 year anniversary of referred employee)

*Employees can refer multi applicants, there is no maximum limit to this program.

*Upon hire of referred applicant a schedule of the referral payout will be given to the employee listed on the application.

We hope you participate and "SPREAD THE WORD!"

MOVING MOUNTAINS

Emergency Plan

Moving Mountains has an Emergency Plan that includes proper responses to hurricanes, tornadoes, floods, power outages, and fires. The Plan also includes evacuation procedures.

I acknowledge that I have received a copy of the Emergency Plan and have read and reviewed the Plan.

Employee Name (printed): _____

Employee Signature: _____

Date: _____

MOVING MOUNTAINS

Bomb Threat

Ask the following questions to the caller when you receive a bomb threat.

1. When is the bomb going off?
2. Where is the bomb located?
3. What does the bomb look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address'?
9. What is your name?

Try to gain as much information as possible!

Try to determine sex, age, voice characteristics of caller, background noises, etc.

What to do next:

Notify operator, notify administrator and after hours on-call person. Document all details of call on the bomb threat call form and forward to administration.

Employee Name (printed): _____

Employee Signature: _____

Date: _____

MOVING MOUNTAINS

Acknowledgment of Policy & Procedure Manual

By signing this acknowledgment form, I affirm that I have received and reviewed Moving Mountains' Policy & Procedure Manual.

Employee Name (printed): _____

Employee Signature: _____

Date: _____

Facility: _____

Witness Signature: _____

INSERT
INSURANCE

Insert

Texas Employer
New Hire Reporting Form

W-4/W-9 Form

Employment Verification
(I-9)

MOVING MOUNTAINS

Discharge Pay

Any employee discharged from MM will not be allowed back on MM property. All discharged employees' paycheck (s) will be directly deposited. All discharged employees will have the opportunity to pack their belongings from the site with a facility manager present. If any belongings are on-site, they will be mailed to the employee. All employees must turn in their name badge before receiving their final paycheck.

Employee Signature

Date

Witness Signature

Date