



Application for Employment

Employees of the Bella Home Service, LLC. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

Position applied for _____

1. First Name: _____ Last Name: _____ MI. _____

2. SSN: ____ / ____ / ____ D.O.B: _____

4. Address: _____ City _____ State _____ Zip Code _____

5. Home Phone: _____ 6. Cell Phone / Pager: _____ Email _____

7. EDUCATION

a. Circle highest high school grade completed 1 2 3 4 5 6 7 8 9 10 11 12 and Year Completed _____

b. If you not completed high school, do you have equivalency diploma? Yes ___ No ___ Date Received _____

c. Circle number of years of post high school education 1 2 3 4 5 6 7

	Name & Location of Institution	Hrs	Degree Received	Major	Minor	Dates Attended
1						
2						
3						

9. EXPERIENCE—Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes ___ No ___

a. Job Title: _____ Duties: _____

Employer: _____ Phone: _____ Type of business: _____

Address: _____

Immediate supervisor: _____ Salary (start): _____ (finish) _____

Dates Start (mo/yr) ____ / ____ to (mo/yr): ____ / ____ Reason for leaving _____

Full-time: _____ Part-time: _____ Hours/week: _____

Full-time: _____ Part-time: _____ Hours/week: _____

a. Job Title: _____ Duties: _____

Employer: _____ Phone: _____ Type of business: _____

Address: _____

Immediate supervisor: _____ Salary (start): _____ (finish) _____

Dates Start (mo/yr) ____/____/____ to (mo/yr): ____/____/____ Reason for leaving _____

Full-time: _____ Part-time: _____ Hours/week: _____

c. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

d. License (to include driver's), certificate or other authorization to practice a trade or profession.

	Type License Number	Expiration Date	Granted by (licensing board)
1			
2			
3			

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

	Name	Address Phone	Relationship
1			
2			
3			

11. MISCELLANEOUS

a. Check which shift you will accept: ____ Day ____ Evening ____ Night ____ Rotating ____ Weekends Specify shift hours _____

b. Check, which job status you would accept: ____ Full-time ____ Part-time (specify): _____

c. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___ Yes ___ No.

d. Are you willing to provide your own transportation if necessary for your employment? ___ Yes ___ No.

e. Have you ever been convicted* for any violation(s) of law? ___ YES ___ NO. If YES, please provide the

following: Description of offense: _____

Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction: _____

_____ County, City and State of Conviction: _____

(For additional convictions use plain paper. Include all information listed above.)

* Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.) ___ Month ___ Day ___ Year.

13. **CERTIFICATION**— *Each Application Requires Current Date and Original Signature* I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Bella Home Care Service ,LLC. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I consent to comply with Bella Home Care Service LLC. Policy on a drug and alcohol free workplace environment and will comply to provide evidence of compliance if requested at any time during work. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Bella Home Care Service, LLC. To rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need to- know basis for good cause shown as determined by the agency head or designee. I consent to comply

Date _____ Applicant Signature _____

Print Name _____

FOR OFFICE USE ONLY

Hired Date	Start Date	Salary/Wage

Remarks

END

EMPLOYMENT REFERENCE CONTACT FORM

(Contact current employer only with permission of applicant)

(I give permission for Bella Home Service, LLC. to contact previous employers for information about me).

Applicant's Name: _____ Signature: _____

Reference #1: Organization: _____ Applicant's position: _____

Employment Dates: From: _____ To: _____ Applicant's Manager/Supervisor: _____

Person contacted: _____ Relationship to applicant: _____

- Does the applicant's strong points on the job? What characteristics do you most admire about the applicant?

- How well does the applicant relate to other people? (superiors, peers, subordinates, other) _____
- Did the applicant exhibit professional behavior while working for you (i.e. conduct, discretion, punctuality, appearance, skills, etc.)? _____
- Are there any weaknesses or problems of which we should be aware? _____
- *Would you hire the applicant again? _____
- Is there anything else I should know about the applicant? _____

Reference #2: Organization: _____ Applicant's position: _____

Employment Dates: From: _____ To: _____ Applicant's Manager/Supervisor: _____

Person contacted: _____ Relationship to applicant: _____

- Does the applicant's strong points on the job? What characteristics do you most admire about the applicant?

- How well does the applicant relate to other people? (superiors, peers, subordinates, other) _____
- Did the applicant exhibit professional behavior while working for you (i.e. conduct, discretion, punctuality, appearance, skills, etc.)? _____
- Are there any weaknesses or problems of which we should be aware? _____
- *Would you hire the applicant again? _____
- Is there anything else I should know about the applicant? _____

Emergency Contact Person/Number/Relationship _____ Tel: (____) _____

Additional Comment: _____

Completed by _____

Date First Reference Information obtained. _____ Date of second Reference information obtained. _____

Bella Home Service, LLC.

8991 Cotswold Dr. Ste 5 Burke, VA 22015

Tel. 703-323-4912 or 703-323-4014



8991 Cotswold Dr Suite 5
Tel. 703-323-4912 Fax 703-323-4914

EMPLOYMENT REFERENCE REQUEST

(Contact current employer only with permission of applicant)

A former employee has applied for a position with our organization and has authorized us to obtain a reference from you. We would appreciate you completing and returning this form to us your earliest convenience.

Applicant Last Name: _____ First Name: _____ Middle: _____

Social Security: _____ Employed From: _____ To: _____ Separation Reason: _____

(I give permission for Bella Home Care, LLC. to contact previous employers for information about me).

Applicant's Name: _____ Signature: _____ Date: _____

Bella Home Care representative (print name): _____ Date: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Performance	Excellent	Good	Satisfactory	Fair	Poor
How well did applicant get along with management and co-workers?					
Rate the applicant's professional behavior while working for you?					
Rate the applicant's overall attendance and Dependability.					
How well does the applicant cooperate?					
Rate how this applicant handled difficult issues.					
Rate this applicant's overall productivity, and customer orientation.					
Rate your overall assessment of this applicant.					

Reason for applicant's separation from your company: _____

If given the opportunity, would you rehire this applicant? Yes: _____ No: _____

Additional Comments: _____

Organization: _____ Phone #: _____

Completed by (print name): _____ Title (print): _____

Signature: _____ Date: _____



8991 Cotswold Dr Suite 5
Tel. 703-323-4912 Fax 703-323-4914

Personal Reference Form

Reference For: _____

Name: _____

1. How long have you know the applicant?
 - a. Personally: _____
 - b. Professionally: _____
2. What has been your professional relationship with the applicant?
 - ☐ Employer
 - ☐ Coworker
 - ☐ Supervisor
 - ☐ Other, please Specify _____
3. Please indicate your appraisal of the applicant in the following categories:
 - a. Personal Honesty _____
 - b. Personal Integrity _____
 - c. Personal Ethics _____
4. Do you know of any instances where the applicant was convicted of illegal conduct or professional misconduct?
5. Additional information and comments which would amplify or clarify the items above and thus assist the Board in evaluating the applicant's experience and qualifications are strongly requested. Is there anything else you would like to add?

Interviewed By: _____

Date Interviewed: _____

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2014
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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):
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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BELLA HOME CARE LLC. CODE OF CONDUCT

A professional relationship with a client includes:

- Maintaining a positive attitude
- Being cleanly and neatly dressed and groomed
- Arriving on time, doing tasks efficiently, and leaving on time
- Finishing an assignment
- Doing only the tasks assigned
- Keeping all clients' information confidential
- Speaking politely and cheerfully to the client, even if you are not in a good mood
- Never cursing or using profanity, even if the client does
- Never discussing your personal problems
- Not giving or accepting gifts
- Calling the client "Mr.," "Mrs.," "Ms.," or "Miss.," and his or her last name, or by the name he or she prefers
- Listening to the client
- Always explaining the care you will provide before providing it
- Always following care practices, such as hand washing, to protect yourself and the client

A professional relationship with an employer includes:

- Maintaining a positive attitude
 - Completing assignments efficiently
 - Consistently following policies and procedures
 - Documenting and reporting carefully and correctly
 - Communicating problems with clients or assignments
 - Reporting anything that keeps you from completing assignments
 - Asking questions when you do not know or understand something
 - Taking directions or criticism without getting upset
 - Always being on time
 - Participating in education programs offered
 - Being a positive role model for your agency at all times
- Home health aides must be compassionate, honest, tactful, conscientious, dependable, respectful, unprejudiced, and tolerant

I have read, understand, and will comply with Bella Home Care Service LLC. Drug and Alcohol Free Workplace Environment Policy

Date _____ Applicant Signature _____
Print Name _____

DRUG AND ALCOHOL FREE WORKPLACE POLICY

Bella Home Care Service LLC maintains a drug free and non-smoking work environment.

Policy Statement - Bella Home Care Service LLC is committed to providing a safe work environment and to fostering the well-being and health of its Employees. That commitment is jeopardized when any Bella Home Care Service LLC Employee illegally uses drugs or alcohol on the job, comes to work with these substances present in his/her body, or under the influence, or possesses, distributes, or sells drugs in the workplace. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that Bella Home Care LLC has a zero tolerance policy on illegal drug and alcohol use.

It is a violation of Bella Home Care Service LLC policy for any Employee to:

- Possess, sell, trade, or offer for sale illegal drugs or otherwise engage in the illegal use of drugs or alcohol, or attempt or assist another to do so while in the course of employment or engaged in a Bella Home Care Service LLC -sponsored activity while on Bella Home Care Service LLC or Client property, or in a Bella Home Care Service LLC or Client-owned, leased or rented vehicle.
- Report to work or conduct Bella Home Care Service LLC business on Bella Home Care Service LLC or Client property or in a Bella Home Care Service LLC or Client-owned, leased or rented vehicle under the influence of illegal drugs or alcohol (with illegal drugs or alcohol in his/her body).
- Use prescription drugs illegally. However, nothing in this policy precludes the appropriate use of legally prescribed medication.

Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit Employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely and promptly disclose any work restrictions to their Manager. Employees should not, however, disclose underlying medical conditions unless directed to do so. If needed Employees may consult Human Resources for a possible reasonable accommodation under the ADA Law.

Bella Home Care Service LLC will also not allow any Employee to perform their duties while taking prescribed drugs that are adversely affecting the Employee's ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in the container labeled by a licensed pharmacist or be prepared to produce this if asked.

Violations of this policy are subject to disciplinary action up to and including terminations.

As a condition of employment, Employees must abide by the terms of this policy, and must notify Bella Home Care Service LLC in writing of any conviction or violation of a criminal drug statute occurring in the workplace no later than 5 calendar days after such conviction. Although adherence to this policy is considered a condition of employment, nothing in this policy alters an Employee's status and shall not constitute nor be deemed a contract or promise of employment. Employees remain free to resign their employment at any time for any or no reason, without notice, and Bella Home Care Service LLC retains the right to terminate any Employee at any time, for any or no reason, without notice.

Bella Home Care Service LLC reserves the right to test Employees at any time. Refusal to take a drug test is grounds for termination. A failed drug test may be retaken without recourse, but will be unscheduled. Some Clients may require a drug test as a condition of badging or other activity. Refusal of such testing would be grounds for dismissal.

I have read, understand, and will comply with Bella Home Care Service LLC Drug and Alcohol Free Workplace Environment Policy.

Date _____ Applicant Signature _____

Print Name _____

BELLA HOME CARE SERVICE, LLC

**CRIMINAL HISTORY SEARCH
CONSENT FORM**

NAME: _____

DATE: _____

I, _____, have had no prior convictions of an offense described in the Health And Safety Code which would bar or potentially bar employment as listed below.

CRIMINAL HOMICIDE
INDECENCY WITH A CHILD
CUSTODY

KIDNAPPING & FALSE IMPRISONMENT
AGREEMENT TO ABDUCT FROM

SOLICITATION OF A CHILD

SALE OR PURCHASE OF A CHILD

ARSON

ROBBERY

AGGRAVATED ROBBERY

ASSAULTIVE OFFENSES

BURGLARY & CRIMINAL TRESPASS

THEFT

WEAPONS

FRAUD

PUBLIC LEWDNESS

INDECENT EXPOSURE

PUBLIC INDECENCY

A FELONY VIOLATION
OF A STATUTE
INTENDED TO CONTROL THE POSSESSION
OR
DISTRIBUTION OF A SUBSTANCE
(VIRGINIA CONTROLLED SUBSTANCE ACT)

I UNDERSTAND THAT THE HOME CARE AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK WITHIN 30 DAYS OF EMPLOYMENT. I, THE UNDERSIGNING, HEREBY AUTHORIZE THIS AGENCY TO CONDUCT AND VERIFY MY CRIMINAL HISTORY BY PERFORMING A CRIMINAL HISTORY CHECK.

SIGNATURE OF EMPLOYEE

SIGNATURE OF SUPERVISOR

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
(Model Form)

SWORN STATEMENT OR AFFIRMATION
Please Print

Last Name First Middle Maiden Social Security Number

Current Mailing Address Street, P.O. Box #, Apt. # City State Zip Code

Name of Licensed/Registered Street, P.O. Box #, Apt. # City State Zip Code
Approved Facility/Provider

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth?

☐ Yes (convicted in Virginia) ☐ Yes (pending in Virginia) ☐ No

If yes or pending, specify crime(s): _____

☐ Yes (convicted outside Virginia) ☐ Yes (pending outside Virginia) ☐ No

If yes or pending, specify crime(s) and state, or other location: _____

2. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth?

☐ Yes (in Virginia) ☐ No (in Virginia)

☐ Yes (outside Virginia) ☐ No (outside Virginia)

If yes or pending, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

Signature

032-05-160/5 (Revised: 2/04)

Date



CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

The trade secrets, proprietary information and other internal information, data and materials the ("Confidential information") of Bella Home Care Service, LLC; Its subsidiaries and affiliates (collectively, "Bella Home Care Service,") are valuable assets. Protection of this information plays a vital role in Bella Home Care's continued growth and its ability to compete. Therefore, in consideration of the wages and salary to paid, employee agrees to the following:

1. Employee' Acknowledgment of the importance of Non- disclosure. Employee acknowledges that the Confidential Information to which Employee shall have access as a result of Employee's employment at Bella Home Care is confidential, unique and valuable and was developed by or for Bella Home Care at substantial cost and over a period of time. Employee acknowledges that disclosure of such confidential information to anyone other than persons authorized by Bella Home Care would cause Bella Home Care Irreparable injury.
2. Employee Agreement Not to Disclose Confidential Information. Employee agrees that in order to appropriately safeguard this Confidential Information.
 - (a) Employee will not directly or indirectly disclose to any other person other than Bella Home Care's directors and officers or other persons, including employees authorized by Bella Home Care, or use of otherwise exploit for the employee's own benefit or for the benefit of anyone other than Bella Home Care, any Confidential Information whether such material is developed before or after the date of this Agreement or employee's employment with Bella Home Care;
 - (b) Employment shall use his or her best efforts to cause all persons or entities to whom any Confidential Information shall be disclosed by him or her hereunder to observe the terms and conditions set forth herein as though each such person or entity were bound hereby;
 - (c) Employee shall remove any Confidential Information from Bella Home Care's premises except in the course of performing his or her duties on behalf of Bella Home Care; and
 - (d) Employee shall have no obligation hereunder to keep confidential any Confidential Information if and to the extent disclosure of any such information is specifically required or allowed by

applicable law, pursuant to an order of a court or administrative agency, or if the information has been released to the public by Bella Home Care; provided, however, that in the event disclosure is required by a subpoena or an order of a court or administrative agency, employee shall provide Bella Home Care with prompt notice of such requirement, prior to making any disclosure, so that Bella Home Care may seek an appropriate protective order. Furthermore, nothing herein shall be construed as to prohibit employee from disclosing employee's own personal pay, benefits data or company policies and procedures, including manuals and forms, as may be specifically permitted by federal law.

3. Information, Data and Materials constituting confidential information. Confidential information includes, but not limited to, such items as :
 - (a) Any patent, patent application copyright, trade name, service mark, service name, "know – how" or trade secrets;
 - (b) Individuals we serve and information relating to any such individual or any party related thereto;
 - (c) Customer lists and information relating to any client of Bella Home Care or any party related thereto;
 - (d) Supplier lists, pricing policies, consulting contracts and competitive bid information;
 - (e) Company records, operational methods and company policies and procedures, including manuals and forms.
 - (f) Marketing data, plans and strategies;
 - (g) Business acquisition, development expansion or capital investment plan or activities;
 - (h) Software and any other confidential technical programs;
 - (i) Personnel information, employee payroll and benefits data;
 - (j) Accounts receivable and account payable;
 - (k) Other financial information, including financial statements, budgets, projections, earnings and any unpublished financial information;
 - (l) Company correspondence and communication with outside parties; and
 - (m) Information data and materials developed by employee.
4. Assignment of Intellectual Property Rights to Bella Home Care. Employee agrees to assign and transfer to Bella Home Care his or her entire right, title and interest in and to any and all improvements, new ideas or concepts or other innovations made or developed by employee (the "innovation") either solely or jointly with others during the course of employment. Employee agrees to make and maintain adequate and written records of all such innovations in the form of notes or reports relating thereto; which records shall be and remain the property of and be available to Bella Home Care at all times. Employee agrees to promptly disclose to Bella Home Care all such innovations and shall not claim any additional or special payment for such assignment.
5. Return of Confidential Information upon Termination. Upon termination of employment for whatever reason, employee agrees to return immediately to Bella Home Care (employee's

Supervisor) any and all confidential information, including copies, extract or other reproductions, in employee's possession or control.

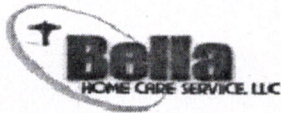
6. Agreement Does Not Constitute Contract of Employment. Employee acknowledges that this Agreement addresses only the treatment of Confidential Information and does not constitute a contract of employment not does it agrees any continued employment of employee by Bella Home Care Service, LLC.
7. Survival. The termination of employee's employment, for whatever reason, shall not extinguish any obligations of Employee hereunder;
8. Enforcement of Agreement. Bella Home Care shall be entitled to specific performance and injunctive or other equitable relief or any breach of this agreement.

IN WITNESS WHEREOF, Employee has signed this Agreement as of the written below.

Print Name

Employee Signature

Date



NON-COMPETE AGREEMENT

As an employee of Bella Home Care Services, LLC, the employee acknowledges that they will be in receipt of confidential information. This information shall include but not be limited to, procedures manuals, in-house policies, patient lists, patient's medical records, financial information and billing records, certifications and applications, actual and prospective markets an patient's, business plans and marketing strategies, customer lists, sales and marketing data, operating systems, income statements, asset and liability information, financial projections and any other confidential information gathered, revealed, acquired or generated by or for Bella Home Care Services, LLC Each employee shall protect and hold in confidence the confidential information to anyone except with the express written consent of M. Hussein). The employee acknowledges and understands the competitive sensitivity of the confidential information and the potential for significant material harm that could result to Bella Home Care Services, LLC in the event that confidential information is disseminated to others, in particular competitors. Therefore, the employee agrees that the appropriate remedy would be an immediate injunction against the violating employee in joining and prohibiting the use and continued dissemination of the confidential information. Further, each employee agrees that the dissemination of the confidential information would cause damages for which damages could not be readily ascertained and would constitute a breach of duty owed by the employee to Bella Home Care Services, LLC Each employee agrees to pay Bella Home Care Services, LLC in any action to enforce this confidentiality agreement or cost of litigation, including attorney's fees and other damages found by the Trier of fact.

As consideration for employment and for the release of this confidential information, employee agrees not to compete against Bella Home Care Services, LLC or to utilize any of the confidential information for a period of two (2) years from the date of their employment terminated with Bella Home Care Services, LLC This Non-Compete Agreement shall be limited to (Virginia) and contiguous counties. This Non-Compete Agreement is not intended to prohibit employee from working as a nurse, therapist or other position in the health service industries but is intended to prohibit employee from working with a competitor of Bella Home Care Services, LLC in the home health industry and utilizing any of the confidential information of Bella Home Care Service, LLC or contacting any of Bella Home Care Services, LLC patients. Employee agrees and warrants that they will not contact, engage, discuss, negotiate or contract with any patient or family member of a patient for those purpose of developing or promoting home health care services of said patient. All parties acknowledge that this confidential information is of a proprietary nature to Bella Home Care Service LLC and if the confidential information was revealed to the general public or to a competitor, the revelation would destroy or impair the expected success of Bella Home Care Service, LLC

*** ANY CONTROVERSY OR CLAIM ARISING OUR OF OR RELATING TO THIS AGREEMENT SHALL BE SUBMITTED TO ARBITRATION BEFORE ONE (1) ARBITRATOR IN (Virginia), IN ACCORDANCE WITH THE COMMERCIAL ARBITRATION RULES OF THE AMERICAN ARBITRATION ASSOCIATION JUDGEMENT UPON THE AWARD RENDERED BY THE ARBITRATOR MAY BE ENTERED BY ANY COURT HAVING JURISDICTION THEREOF. ARBITRATION SHALL BE THE EXCLUSIVE, FINAL AND BINDING METHOD OF RESOLUTION OF ANY CLAIM OR CONTROVERSEY BETWEEN Bella Home Care Service, LLC AND EMPLOYEE ARISING FROM THIS AGREEMENT.**

I HAVE READ AND UNDERSTAND THE ABOVE AND WILL COMPLY WITH THIS AGREEMENT.

Employee Name _____

*Date*_____

Agency Representative

*Date*_____



EMPLOYEE COMMITMENT

Human Resources department and the administration of Bella Home Care are requiring if for any reason you decide not to continue to provide the services for the patient to give us minimum one week notice.

Print Name:

Employee Signature

Date



All Applicants must have the following before start working at Bella Home Care Services:

Employee Name: _____

ITEM	Expires if Applicable
Bella HHC Employment Application	
Driver License/State or US Federal Government Issued ID	
Work Permit, Green Card & American Citizenship	
Social Security Card	
HHA or PCA Certification	
Valid CPR License	
TB Test-Negative Results-12 Months or less	
Employee Competency Evaluation	
Criminal Background	
I-9 Form	
W-4 Form	