

Magneon Homes, Inc.

Reference Request

Previous Employment Information:

Supervisor:

Address:

Company/Employer:

Telephone:

Employee Information:

Employee:

Job Title:

Date: (from) (to)

I hereby authorize Magneon Homes, Inc. to contact the above person regarding my services and character and do hereby unconditionally release the agency or person completing this form from all liability for any damage which may result from furnishing such information.

Applicant's signature: _____ Date: _____

Your name has been given as a reference by the job applicant. The information you provide will be held in strict confidence. Thank you.

Evaluation Category	Satisfactory	Unsatisfactory
Performance		
Reliability		
Cooperation		
Quality of Work		
Attitude		

Reason for leaving: _____

Will you rehire? YES ___ NO ___ If NOT, reason? _____

Reference completed by: _____ Title: _____

Signature: _____ Date: _____

Magneon Homes, Inc.
Acknowledgement / Agreement

EMPLOYEE HANDBOOK

This is to acknowledge that I have received a copy of the Employee Handbook and understand that it contains important information on general personnel policies on my privileges and obligations as an employee. I agree that I will read and comply with the policies governing my employment. If I do not understand any of these policies, I will contact Magneon Homes, Inc. for clarification.

I further understand that Magneon Homes, Inc. may change, supplement or rescind any policies, benefits, or practices described in the Handbook from time to time in its sole and absolute discretion with or without prior notice with the exception of the employment at-will provision.

No statement(s) in the Handbook or in other statement(s) of company policy, including statement made during performance appraisals, are to be construed as an expressed or implied promise of continuing employment, unless expressly agreed and confirmed in writing by both Magneon Homes, Inc. and the employee.

Further, I understand that employment with Magneon Homes, Inc. is not for a specified term and is at the mutual consent of the employee and Magneon Homes, Inc. Accordingly, either the employee or Magneon Homes, Inc. can terminate the employment relationship at-will or without cause, at any time.

JOB DESCRIPTION

This is to acknowledge that I have received my specific Job Description.

Employee Signature: _____ Date: _____

Printed Name: _____

Magneon Homes, Inc.
Acknowledgement / Agreement

STATEMENT OF PATIENT /CLIENT CONFIDENTIALITY

I must hold confidential and private all information pertaining to patients, patient records, client facility policies and procedures.

All protected patient information shall be kept safeguarded pursuant to the policies and procedures of the facility, the regulations issued hereunder, and any applicable state law to prevent impermissible disclosure, loss or misuse, and to ensure that only authorized persons have access to such protected information.

Private and confidential information will only be released to an outside party when legally required to do so and to the extent minimally necessary to respond to the request.

Failure to maintain confidentiality and privacy may lead to disciplinary action up to and including termination as well as any actions designated by the appropriate disciplinary and/or credentialing board.

I understand that any breach of confidentiality may be grounds for immediate termination of employment as well as any appropriate legal actions.

I understand and acknowledge the above Confidentiality Statements.

I HAVE READ AND UNDERSTAND THE SIGNIFICANCE OF THESE POLICIES.

Employee Signature: _____ Date: _____

Printed Name: _____

Magneon Homes, Inc.
Acknowledgement / Agreement

LEGAL AND ETHICAL RESPONSIBILITY

Magneon Homes, Inc. acknowledges both legal and ethical responsibility to protect the Privacy of patients/residents and employees. Consequently, this indiscriminate or unauthorized review, use or disclosure of personnel information, medical or otherwise, regarding any patients/residents or employee is expressly prohibited.

Except when required in the regular course of business, the discussion or use, transmission or narration, in any form of any patients/residents information which is obtained in the regular course of your employment is strictly forbidden.

Those individuals who also have access to employee information are expected to respect and treat the confidentiality of such information in the same manner as that of patients/residents information.

Any violation of this policy shall constitute grounds for severe disciplinary action, including possible termination of the offending employee.

I HAVE READ AND UNDERSTAND THE SIGNIFICANCE OF THESE POLICIES.

Employee Signature: _____ Date: _____

Printed Name: _____

Magneon Homes, Inc.
Acknowledgement / Agreement

Paid Time Off (PTO)

After 1 year of service, at the hire date anniversary, employees accrue paid sick leave at a rate of one hour for every 30 hours worked, up to a maximum of **48** hours or **six** days per year.

Timekeeping and Meals Breaks

It is the Company's policy to comply with applicable laws that require records to be maintained of the hours worked by our employees. Every employee is responsible for accurately recording time worked.

In addition to recording arrival and departure time, non-exempt employees are required to accurately record the start and end of each meal period as well as any departure for non-work related reasons.

If employee is working more than 5 hours, 30 minutes of meal period is required.

Employee Signature: _____ Date: _____

Printed Name: _____

Magneon Homes, Inc.
Acknowledgement / Agreement

Workplace Video Monitoring Consent

This form acknowledges that I understand and agree to Magneon Homes Inc use of Video cameras to monitor common areas of the facility.

Employee Signature: _____ Date: _____

Printed Name: _____

Magneon Homes, Inc.
Acknowledgement / Agreement

Social Media Confidentiality Agreement

It is the responsibility of all employees to preserve and protect confidential client/resident, employee and business information.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, client/resident care records and any other information generated in connection with individual client/resident care, risk management and/or peer review activities.
2. I will not post or share information or photos about client/resident, discussions, activities (including but not limited to: doctors, employees, staff, facilities, or equipment) online in any form (including but not limited to: e-mail, websites, message boards, blogs, or social networking websites).

I acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms.

In the event of a breach or threatened breach of this Social Media Confidentiality Agreement, I acknowledge that Mageon Homes Inc may, as applicable and as it deems appropriate, pursue disciplinary action up to and including termination from Mageon Homes Inc.

Employee Signature: _____ Date: _____

Printed Name: _____

Magneon Homes, Inc.
Acknowledgement / Agreement

Limited use of cell phones during work hours

During work hours, Employees are expected to limited use or put away cell phones, tablets and/or other similar personal communication devices in order to give their undivided attention for work related matters, which includes the needs, care and safety of clients/residents.

However, employees are allowed to use cell phones during break and meal periods.

Employee Signature: _____ Date: _____

Printed Name: _____