	E	MPLOYMENT A	PPLICATION		OFFICE USE ONLY! //20 Today's Date
UNSCON				So	cial Security #
CONTACT INFORMATION					
			L		
Last Name	First Name	Middle Initial	Suffix (Dr., Jr., Sr.)		// Date of Birth
RESIDENTIAL/MAILING A	DDRESS				
Is your postal/mailing add	dress exactly the sar	ne as the residential	address? 🗅 No 🗅 Yes		
				PA	
Street Address			City	State	Zip
PO Box If Applicable		Municipali	ty/Borough/Township	-	
() Primary Phone #	🗅 Home 🗅 Cell	() Secondary Phone	🛛 Home 🖵 Cell #		
Email Address					
EDUCATION - Circle Last Y	ear Completed				
High School		Vocational Training			
9 10 11 12	1234	12			
High School			College		
Vocational School					
EMPLOYMENT HISTORY					
1st Employer	Add	dress	Position	Date	es of Employment
2nd Employer	Add	dress	Position	Dates of Employment	
3rd Employer	Address Position		Date	es of Employment	
References					
(Please list at least three ('3) personal referenc	es who have known y	ou for at lease one (1) ye	ar)	
#1 Reference Name	How do you k	now this reference?	Co-Worker, Friend, etc.)	()	 Phone Number
#1 NEJETETICE NUTTE	now do you k		Co-worker, Friena, etc.)		
#2 Reference Name	How do you k	now this reference? (Co-Worker, Friend, etc.)	()	Phone Number
#3 Reference Name	How do you k	now this reference? (Co-Worker, Friend, etc.)	()	 Phone Number

1) Have you ever been convicted of a felony? □ NO □ YES, Please explain:	Date
2) Do you have a valid driver's license? YES NO	
3) Is your vehicle available for your own transportation? 🛛 YES 🔲 NO	
4) Do you have auto insurance that covers passengers riding in your car? 🛛 YES 🔲 NO	
Name of Insurance Co Policy #	
5) Do you have physical limitations? 🖵 YES 📮 NO	
If YES, Please List:	
SKILLS	
Please list any special or unique talents, and/or specific skills you are willing to share with us.	
EMERGENCY CONTACT INFORMATION	
() // #1 Emergency Contact Name Phone	Relationship
	Relationship
()	Relationship
	nenationship
Аттасн А Сору of Driver's License / Рното ID	
Attach	
Copy of ID	
Here	
Here	

D By checking this box:

I understand that, as an employee, I will help the agency to the best of my ability and will maintain complete confidentiality concerning all information on clients and/or agency.

v	
Λ	

Applicant's Signature

Date



NORTHEASTERN SENIOR COMMUNITY CENTER "Home Away from Home"

HIPPA LAW UPDATES

The York County Area Agency on Aging notified Senior Community Centers of HIPPA law(s) that affects the confidentiality of our members and home-delivered meals consumers. The law is explained below and we are asking for your signature after you have read, understood and will abide by the confidentiality issue.

Confidentiality Issues

Health Insurance Portability and Accountability Act of 1996 (HIPPA) Public Law 104-191-signed on August 21, 1996 – based on the Kennedy-Kassebaum bill.

Primary Goal:

Make it easier for people to keep health insurance and help the industry control administrative costs.

Components

Title I Health Insurance Portability
Title II is designed to Reduce Health care fraud and abuse
Guarantee security and "<u>privacy</u>" of health information
Enforce standards for health information and transactions
Title III Tax Related Provisions
Title IV Application and Enforcement of Group Health Plan Requirements
Title V Revenue Offsets

Effective Date

October 16, 2002 for Electronic Data Transfer and April 14, 2003 for Privacy.

Privacy Rule

Gives people more control over their health information

*Sets boundaries on the use and health care providers and others must achieve to "protect privacy" of health information. Holds violators accountable with civil and criminal penalties that can be imposed if person's rights are violated. It strikes a balance when public responsibility requires disclosure of some forms of data- for example to protect the public health.



NORTHEASTERN SENIOR COMMUNITY CENTER "HOME AWAY FROM HOME"

Protected health information

Includes individually identifiable health information that is transmitted electronic media, maintained in any electronic media, transmitted or maintained in any other form (including oral or written).

Two concepts:

Consent – A person's written consent before using or disclosing their personal health information to carry out treatment, payment or health care operations.

Authorization – More customized document that gives the provider permission to use the information for other specific purposes, for example for a research project.

Penalties

Civil - \$100 per violation up to \$25,000 per year for multiple violations

Criminal - \$50,000 fine, one year in prison or both. If under False pretenses \$100,000 fine, five years in prison or both. If under Criminal Intent to sell, transfer \$250,000 fine, ten years in prison or both.

How are you affected?

Responsibilities to maintain privacy as Business Associates of YCAAA.

I have read the above HIPPA law and understand that as a volunteer I will be expected to maintain consumer'' confidentiality.

Х

Signature

Date