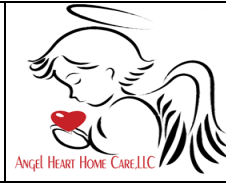


Angel Heart Home Care, LLC  
825 N. Circle Suite 203, Colorado Springs, CO 80909



## Employee Agreement & Acknowledgement

Dated: \_\_\_\_\_

### Agency

Angel Heart Home Care, LLC  
825 N. Circle Suite 203,  
Colorado Springs, CO. 80909  
719-201-9474  
contact@ahcare.org

### Employee

I \_\_\_\_\_, have read Angel Heart Home Care, LLC's policies regarding hiring on this date: \_\_\_\_\_. I acknowledge and agree that currently I meet all the following requirements for employment at Angel Heart Home Care, LLC:

1. Must be 18 or older
2. Must have reliable transportation
3. Must have a valid DL
4. Must pass background check
5. That all missed visits will be reported to the agency
6. That you understand you cannot transport clients
7. Must be able to train and use Clear Care Telephony or GPS Mobile

I also acknowledge that if at any time I can no longer meet these requirements I must inform Angel Heart Home Care, LLC immediately; and it may be grounds for dismissal. If I do not report any changes to Angel Heart Home Care, LLC and the agency is informed by someone other than myself, I understand I will be immediately terminated.

X \_\_\_\_\_  
Employee Signature

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

X \_\_\_\_\_  
Agency Representative Signature

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