



EXPERIENCED IN HOME CARE & ASSISTANCE APPLICATION

How did you hear about us? _____
Employee Referral _____

Name: _____ Date: _____

Address: _____

Phone: _____ Email Address: _____

SSN: _____ DOB: _____

How many years of professional experience do you have? _____

Are you looking for? ___ FT ___ PT ___ PRN Shifts: ___ Days ___ Evenings ___ Nights

Do you have your own independent mode of transportation to commute to work? ___ Yes ___ No

Do you have a valid driver's license? ___ Yes ___ No Driver's License No. _____

Do you have current auto insurance? ___ Yes ___ No

Vehicle: Year _____ Make _____ Model _____

The hourly rate for caregivers is between \$13.00 - \$15.75, is this acceptable? ___ Yes ___ No

Employment History

1. Employer Name: _____ Phone: _____

Duties: _____

Position Title: _____ Dates Employed: From: _____ To: _____

Reason for leaving: _____

2. Employer Name: _____ Phone: _____

Duties: _____

Position Title: _____ Dates Employed: From: _____ To: _____

Reason for leaving: _____

3. Employer Name: _____ Phone: _____

Duties: _____

Position Title: _____ Dates Employed: From: _____ To: _____

Reason for leaving: _____



Emergency Contacts

1. Emergency Contact: _____
Name Phone

2. Emergency Contact: _____
Name Phone

Professional References

Contact 1: _____
Name Phone Yrs. Known

Address: _____

*****DO NOT COMPLETE – FOR OFFICE USE ONLY***:**

Position Held: _____ Dates of Employment: _____

Eligible for rehire: ___ Yes ___ No

Additional Comments:

Contact 2: _____
Name Phone Yrs. Known

Address: _____

*****DO NOT COMPLETE – FOR OFFICE USE ONLY***:**

Position Held: _____ Dates of Employment: _____

Eligible for rehire: ___ Yes ___ No

Additional Comments:

I have applied for employment with Experienced In-Home Care & Assistance, LLC and have provided information about my previous employment. I authorize this organization to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history. The information I have provided on this application is true. I am aware that any omission or inconsistency in this application will disqualify me from employment with Experienced In-Home Care & Assistance, LLC.

Applicant Signature: _____ Date: _____

HR Manager: _____ Date: _____



Applicant Drug Screening and Consent

I hereby consent to a drug or alcohol test and to furnish a sample of my urine as determined by the staff at Experienced In-Home Care & Assistance, LLC in order to meet their policy regarding the selection of applicants for employment.

I further agree to hold harmless Experienced In-Home Care & Assistance, LLC from any liability arising in whole or part out of the collection of my provided specimen, testing and the use of the information from said testing, in connection with the Company's consideration of my application for employment. I understand that it is the current use of illegal drugs that would prohibit me from being employed at this company.

Applicant Signature: _____

Date: _____

Printed Name: _____

Date: _____

Equal Employment Opportunity

Experienced In-Home Care & Assistance, LLC provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristics protected by federal, state, or local laws.



Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used:

Current Address: _____ Since (Mo/Yr) _____

Previous Address: _____ Since (Mo/Yr) _____

Previous Address: _____ Since (Mo/Yr) _____

SSN: _____ DOB: _____

Telephone: _____ Driver's License No. / State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Experienced In-Home Care & Assistance, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, or county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me to Experienced In-Home Care & Assistance, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Experienced In-Home Care & Assistance, LLC and its designated agents and representatives shall maintain all information received for this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Applicant Signature: _____ Date: _____



Work Availability

Please indicate the times you are available to work on the following days:

(***)PLEASE NOTE WORKING EVERY OTHER WEEKEND IS PREFERRED(***)

Day of Week	Morning Availability	Evening Availability	Overnight Availability
EXAMPLE:	6AM-5PM	N/A	9PM-7AM
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Holiday Schedule A: Yes OR No	Christmas	Mother's Day	Easter OR Memorial Day
Holiday Schedule B: Yes OR No	July 4 th OR Labor Day	Thanksgiving	Father's Day

Demographics:	Yes	No	Other/Please Explain:
Willing to work with clients who smoke?			
Wiling to work with cats?			
Willing to work with dogs?			
Willing to work in Ballwin/Wildwood? 63011, 63021			
Willing to work in Pacific/Grover? 63069, 63011, 63050			
Wiling to work in Fenton/South County? 63026, 63149			
Willing to work in North County?			
Willing to work in St. Louis City?			
Willing to work in South County?			

Have you ever worked on a care team where you were relieving someone and vice versa? __Yes __No



How would you handle your relief running late and you had to meet another obligation? (Please explain)

What current license(s) or certifications do you currently have? Please circle any of the following:

RN LPN CNA CMT Insulin Certification CPR Other: _____

Competency Skills

HOSPICE/PALLIATIVE CARE	6 months or less of experience: Training or Support Needed	1-2 Years: Independently Experienced	3-5 Years or More: Proficient, No Support Needed
Bed Baths			
Admin. Hospice/Comfort Meds.			
Oxygen			
Respirations			
Turn/Reposition Bed Bound Client			
Catheter Care			
Wound Care/Dressing Care			
Bed Bound Care			
Making An Occupied Bed			
Pulse			

ADL'S	6 months or less of experience: Training of Support Needed	1-2 Years: Independently Experienced	3-5 Years or More: Proficient, No Support Needed
Stroke Care			
Alzheimer's/Dementia Care			
Parkinson's			
Paralysis			
Heart Disease			
Aphasia			
Dysphagia			
Aspirations Swallow Precautions			
Respirations			
Tracheotomy Care			
Feeding Tube			
Incontinence Care			
Bedside Commode			
Enema/Bowel Routine			
C. Diff			
Fall Risk Prevention			
Hoyer Lift			
Sit-to-Stand Lift			



Pivot Disc			
Sliding Board			
Turning and Repositioning			
Gait Belt			
Grab Bars			
Glucose Monitoring			
Blood Pressure Monitoring (Manually)			

Do you have any weight restrictions? _____

Are you comfortable with: ___ Cats ___ Dogs ___ Smokers ___ Live-in shifts

Other languages spoken: _____

Grooming and Appearance Policy

The following guidelines have been developed in order to help our employees be the most successful in their jobs at Experienced In-Home Care & Assistance, LLC. It is important that as a representative of our company, employees project a picture of professionalism at all times and complement the overall mission and values of our agency. Please note, Experienced In-Home Care & Assistance, LLC reserves the right to modify this policy at any time.

DRESS/ATTIRE

Please report for your assignments in clean, properly fitting scrubs – unless otherwise advised. Solid color scrubs are preferred: black/navy/khaki, logo free (some prints/designs are acceptable. Please wear clean tennis shoes or shoes that have a secure fit and non-slip sole. If there are specific shift requirements that do not allow scrubs, you will be notified by the scheduling department.

TATTOOS

Prominent tattoos on any body part visible to the public must be covered. The Employee Experience Department can work with you to determine the most effective method of concealing any prominent tattoos.

BODY PIERCING/JEWELRY

Rings or other body piercing jewelry through the nose, eyelid, tongue, or other visible body parts (other than ear lobes) are not acceptable and need to be removed prior to your shift. A clear stud is acceptable if absolutely necessary.

If you wear a necklace, please keep it inside of your shift, so that it will not interfere with your job duties. Dangling, long, or hoop accessories are not allowed when performing shift work as they present a safety issue.

HAIR

Hair must be kept in a clean, neat, and professional manner. It is not permissible to wear a hat, scarf, cap, or bonnet covering the hair during your shift. (Exception: If the head covering is for religious purposes).



Please note: if hair colored a non-natural tone, our ability to assign you clients may be affected and/or limited. You may be asked to change to a natural hair tone or wear a wig to meet client preferences as needed. You, of course, have the right to refuse our request, but please understand that it may mean being removed from a client's care team. We will make every attempt to assign you to a new client as quickly as possible. Non-natural colors include green, purple, blue, red, pink, orange, yellow, etc.

BLUETOOTH AND OTHER TELEPHONIC ACCESSORIES

Please do not wear Bluetooth devices or other telephonic accessories, such as headphones, during your shift (even if not in use). They are strictly prohibited based on safety and also inhibit the ability to establish rapport with your client.

FINGERNAILS

Fingernails must be trimmed short, to ¼" length, to avoid scratching or gouging a client. This is a policy that is absolutely critical in the prevention of infection and injury to our elderly clients. This policy will be strictly enforced. You may be requested to shorten the length of your fingernails during the interviewing process, please do not be offended. We understand it may require an appointment with a nail professional and we will give you adequate time to resolve the issue.

I have read and agree with the forementioned policies and policies regarding grooming and appearance.

Applicant Name: _____ **Date:** _____

HR Manager: _____ **Date:** _____