



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status.

Name		Date
Street Address		
City	State	ZIP
Phone	Email	

Emergency Contact	
Name	Phone
Address	Relationship

I am applying for a position as a
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide details

Transportation: Many caregiver positions require the caregiver to transport a client.		
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make and model car	
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

Availability			
Number of hours you would like to work	Times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no

Comments

Education		
High school	City/State	Did you graduate? Y/N
College	City/State	Major of study
Other	City/State	Field of study
Degrees/certificates		
Special skills or courses		

Experience
Discuss any training or experience working with the elderly
What would you like most about working with the elderly?
What would you like least about working with the elderly?

Skills								
Please indicate whether you have assisted with or performed the following tasks for seniors.								
Companionship	<input type="checkbox"/> Y	<input type="checkbox"/> N	Vacuuming	<input type="checkbox"/> Y	<input type="checkbox"/> N	Laundry	<input type="checkbox"/> Y	<input type="checkbox"/> N
Bathing/dressing	<input type="checkbox"/> Y	<input type="checkbox"/> N	Dusting	<input type="checkbox"/> Y	<input type="checkbox"/> N	Grocery shopping	<input type="checkbox"/> Y	<input type="checkbox"/> N
Grooming	<input type="checkbox"/> Y	<input type="checkbox"/> N	Clean bathrooms	<input type="checkbox"/> Y	<input type="checkbox"/> N	Cooking	<input type="checkbox"/> Y	<input type="checkbox"/> N
Incontinence	<input type="checkbox"/> Y	<input type="checkbox"/> N	Clean kitchen	<input type="checkbox"/> Y	<input type="checkbox"/> N	Driving	<input type="checkbox"/> Y	<input type="checkbox"/> N

Transfer assist	<input type="checkbox"/> y <input type="checkbox"/> N	Bed linen changes	<input type="checkbox"/> y <input type="checkbox"/> N	Medication reminders	<input type="checkbox"/> y <input type="checkbox"/> N
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Physical Ability
Do you have the ability to lift 25 pounds?
Are you able to lift and place a folded wheelchair into a car?

Employment History		
Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required.		
May we contact your current employer? <input type="checkbox"/> yes <input type="checkbox"/> no		
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		

Supervisor	Phone
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Business References			
Name	Address	Relationship/Years Known	Local Phone #

Personal References			
Name	Address	Relationship/Years Known	Local Phone #

<p>CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. All employees of Lowcountry Companions are "Employees at Will". This means that employment for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the employee or Lowcountry Companions. Lowcountry Companions maintains a strong policy of equal opportunity employment (EOE). We hire, train, promote and compensate for advancement without regards for race, color, religion, marital status, sex, age or disability. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.</p>	
Signature	Date

LOWCOUNTRY COMPANIONS, LLC

CNA/PCA JOB DESCRIPTION

JOB SUMMARY:

Under direct supervision of the Director of Clinical Care, the Caregiver provides direct personal care services to adult and geriatric clients and assists with home management tasks in the client's place of residence.

1) CHAIN OF COMMAND a) Receives direction and supervision from the Scheduling Manager.

2) QUALIFICATIONS

a) Minimum 2 years experience as an attendant in a hospital, nursing facility, assisted living, home health or has completed a CNA course. For companion care services, other experience will be considered.

b) Good communication skills with an ability to work effectively with diverse populations.

c) Understanding of and compassion for the care needs of Lowcountry Companions clients.

d) Car available for daily work.

e) Valid driver's license and car insurance.

3) PHYSICAL REQUIREMENTS

a) Ability to communicate clearly in person and by telephone on a frequent basis.

b) Able to safely transfer clients from bed to standing and sitting positions and from sitting position to standing.

c) Assist clients to ambulate safely.

d) Have no prior/current mental/physical conditions that prevent you from performing your duties such as but not limited to climbing steps or lifting.

For Office Use Only - Interviewer Comments