



APPLICATION FOR EMPLOYMENT

Date

First Name		Middle Name		Last Name	
Social Security Number				Additional, former names or aliases? If so, please list below:	
Address				Apt. No.	
City		State		Zip	
Telephone No. (include area code)				Cellular Phone No.	
County				INS proof of legal right to work if not U.S. Citizen	
Driver License No.				Vehicle Make / Model	
Insurance Carrier				Policy Number	
Highest Educational Level Completed				CNA Certifications, Licences, etc.	
Date of last PPD				Referred By: (Internet, Employee, Advertisement, etc.)	
Other special training/skills					
E-mail Address					

WORK HISTORY

You must complete this portion. A resume may not be submitted *in lieu* of completing the application.

(May we contact your current employer? Yes No)

Name and Address of Company	From Month/Year	To Month/Year	Reason for Leaving	Name of Supervisor
Duties Performed:				
Title				
Telephone				
Name and Address of Company	From Month/Year	To Month/Year	Reason for Leaving	Name of Supervisor
Duties Performed:				
Title				
Telephone				

Name and Address of Company	From Month/Year	To Month/Year	Reason for Leaving	Name of Supervisor
	Duties Performed:			
Title				
Telephone				

If additional employments, attach resume to job application.

REFERENCES

(Please include three PROFESSIONAL references)

Name	Title
Address	
Telephone and Email Address	Company
Name	Title
Address	
Telephone and Email Address	Company
Name	Title
Address	
Telephone and Email Address	Company

PERSONAL HISTORY

Have you ever been arrested and/or charged with a crime?	Yes	No	If yes, please explain:
Are you willing to work in homes with animals? (Cats, dogs, hamsters, reptiles, etc.)	Yes	No	If no, please explain:
Are you able to perform the duties of this job with or without special accommodation?	Yes	No	If yes, please explain:

EMERGENCY CONTACT

In case of emergency, please notify:	
Name	Relationship
Address	Telephone

All employees of Care For Life 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 Care For Life. No promises or representations to the employee along with the designated Care For Life representative.

Care For Life maintains a strong policy of equal opportunity employment (EOE). We hire, train, promote and compensate for advancement without regards for race, color, religion, martial status, sex, age or disability.

Authorization to Obtain and Disclose Information

I, _____ hereby authorize Care For Life to contact my former employers and the personal references I have given with regard to my job performance and character. If this position requires either that I drive the client’s vehicle or drive my vehicle, I agree to provide a copy of proof of current auto insurance and proof of a valid driver’s license. I understand that Care for Life may check public court records for cases, civil or criminal, listed under my name.

**Typical Shifts are: 7am-3pm, 3pm-11pm, 11pm-7am, etc.
(List if you are available for longer hours)**

DAYS/HOURS AVAILABLE

Days	1st Choice		2nd Choice		3rd Choice		Staff Comments
	Beginning Time of Availability	Ending Time of Availability	Beginning Time of Availability	Ending Time of Availability	Beginning Time of Availability	Ending Time of Availability	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours Per Week							

I attest to the best of my knowledge and belief that all above information is true and accurate:

_____ Applicant’s Signature

_____ Date

Care For Life Skill Profile

Name (Please Print)

Using the Key, please rate your experience level between 1 and 3 in the **LEFT** hand column

KEY
1 = No experience
2 = Limited experience
3 = Educational AND extensive experience

RATE YOUR EXPERIENCE	HOMECARE SKILLS	SKILLS EVAL	DO NOT WRITE IN THIS
	Mouth Care/Oral Hygiene		
	Constipation Prevention		
	Incontinent Care: Bowel		
	Incontinent Care: Urinary		
	Bed Bath		
	Sponge Bath		
	Tub/Shower Assistance		
	Shampoo in Bed, Sink, Tub		
	Skin Care Prevention of Bed Sores		
	Turning/Positioning		
	Making an Unoccupied Bed		
	Transfers: Stand-by Assistance Bed to w/c and visa versa w/c to bath and visa versa w/c to BSC and visa versa		
	Assessment of Vital Signs: Pulse Blood Pressure Temperature		
	Universal Precautions: Spills Chemical Hand Washing		
	Experience with the Elderly		
	Care of Terminally Ill Client (Hospice)		
	Care of Patient with Dementia		
	Bedpan/Urinal		
	Catheter Care: Male Female		
	Are you a good cook?		
	Special Diet – Low Salt		
	Special Diet – Low Fat		
	Special Diet – Prone to Choking		
	Special Diet – Diabetic		
	Making an Occupied Bed		
	Range of Motion Exercises		
	Pressure Stockings		
	Lifting Technique		
	Oxygen		
	Nebulizer		
	Hoyer Lift		
	List Other Skills		

Are you willing to work in a home with animals? Y N Please Specify: _____ Smokers: Y N

Signature of Applicant

Date

Care For Life Signature

**CARE FOR LIFE
EMPLOYMENT VERIFICATION**

APPLICANT COMPLETE THIS BOX:

I am seeking employment with Care For Life. I hereby release from all liability the company or people completing this form, and authorize them to release all information regarding my employment with them.

APPLICANT NAME: _____ SSN: _____

OTHER NAME USED: _____

SIGNATURE: _____

OFFICE STAFF TO COMPLETE THIS SECTION

Employer: _____ Attention: _____

Telephone: _____ Fax: _____

Date Faxed: _____

Employment dates: __/__/__ to __/__/__

If employment dates are not correct, please correct: __/__/__ to __/__/__

During employment period caregiver was a: **Circle One:** CNA PCA OTHER

Did employee average 20 or more hours a week? **Circle One:** Yes No

Where there any breaks in service? **Circle One:** Yes No

If there were any breaks in service, please list dates and reason for break.

Comments: _____

By: _____ Date: _____

Title: _____

**Please Complete and fax to Care For Life, Inc. @ (843)852-0500 or
Mail to: Attn: HR, Care For Life, Inc. 1033 Suite C, Charleston, SC 29407 ASAP- Thank You**

CARE FOR LIFE, INC.
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.
- b) Good communication skills with an ability to work effectively with diverse populations.
- c) Understanding of and compassion for the care needs of Care For Life 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.
- e) Proof of current PPD required. PPD must be renewed annually or chest x-ray every five years if had positive PPD.

4) JOB RESPONSIBILITIES

- a) Weekend work
 - 1. Caregivers that are available to work (24) hours or more per pay period must meet the following requirements:
 - (a) Must be available to work (1) full weekend (1 shift Saturday and 1 shift Sunday) twice per month and
 - (b) Must be have **on-call** availability to work one shift a month. The following shifts are available to fulfill your on-call responsibility: Fridays 11 p.m. – 7:00 a.m., or Saturdays, Sundays, holidays any shift.
 - 2. Caregivers hired to work only weekends must meet the following requirements:
 - (a) Must have **on-call** availability to work one shift a month. The following shifts are available to fulfill your on-call responsibility:
 - (i) Any shift during the weekday or holiday or
 - (ii) Fridays 11 pm – 7:00 am, or Saturdays, Sundays, holidays any shift.
 - 3. Must request a pager, if you do not have a cell phone or pager.
- b) Provides for the safety needs of clients, staff and public.

1. Notifies Care For Life of an unsafe conditions and rectifies the conditions, if feasible.
 2. Communicates and/or consults with the Care For Life office staff to resolve environmental and/or safety problems.
 3. Participates in mandatory in-service programs.
 4. Complies with all agency policies including safety and infection control.
- c) Provides direct services and assistance to clients in their place of residence, as needed, included but not limited to:
1. Home maintenance: sweeping, vacuuming, wiping kitchen counters and sinks, cleaning the bathroom, storing food and supplies, taking out the garbage, changing linen on the client's bed, shopping, and running errands consistent with client's needs.
 2. Grooming, oral care, shaving, dressing, bathing (i.e. sponge bath, transferring in and out of tub or shower), hearing aids, glasses and nail care***. Caregivers **should not** cut nor clip toenails or fingernails. Fingernails may be filed with a steel file or emery board. You may also clean under nails with an "orange stick". Fingernails may be painted with polish if the client so desires. If toenails are long and thick, notify the Director of Clinical Care.
 3. Note and report problems with skin.
 4. Transfer to and from toilet/commode including emptying and cleaning of the commode and incontinence aids.
 5. Ambulation.
 6. Supervise daily physical activities.
 7. Turn and position bed-bound clients.
 8. Laundry services.
 9. Dietary: preparation of meals.
 10. Clean up after meals (i.e. washing and drying dishes, pots, utensils and putting them away)
 11. Ensures the safety of memory-impaired and judgment-impaired clients.
- d) Report all changes in client's condition to the Care For Life Office.
- e) Documents care provided on designated forms according to the care plan.
- f) Complies with Care For Life policies and procedures.
- g) Other duties as assigned by the Care For Life Office.

EMPLOYEE SIGNATURE _____ DATE _____