

 **JOB DESCRIPTION**

*ALL caregivers are expected to assist our clients with the following duties:*

**BATHING AND PERSONAL CARE:**

Shower, Bed Baths, Sponge Bath, Full Bath Assistance/Supervision, Skin Care/Lotion & Bathroom Cleanup

**PERSONAL CARE:**

Changing Briefs, Combing Hair, Oral Care, Shaving, etc.

**MOBILITY:**

Transferring with a Gait Belt, Hoyer Lift, and Normal Transferring

**SHOPPING AND ERRANDS:**

Must have dependable transportation, valid Driver’s License and maintain proof of current car insurance

**TRANSPORTATION:**

Dr. Office Visits, Picking up Prescriptions, Errands, Beauty Appointments, Shopping, etc. Mileage paid when for client (private clients only).

**HOMEMAKING:**

General Cleaning, Dusting, Vacuuming, Laundry, Floors, Beds, Ironing, Kitchens & Bathrooms, etc., to the client’s satisfaction

**MEAL PREPARATION:**

Breakfast, Lunch, Dinner, Snacks, and Meals for later consumption (always ask your client how they want their food prepared). Note: Special dietary needs, diabetic, etc.

**MEDICATION REMINDERS:**

Time Reminders only. Caregiver cannot dispense medication.

**COMPANIONSHIP:**

Talking, Reading, Games/Puzzles, Going for Walks, General Socialization, etc.

**SPECIALIZED SERVICES:**

Respite Care, Alzheimer’s and Dementia Care, Hospice Care

**AVAILABILITY:**

The availability you fill out today is what you are accountable to upon hire and cannot be changed within your first 90 days. Cases are assigned based on your availability and you are expected to service the clients assigned to you.

All Primary Home Care employees are required to attend two mandatory in-service trainings per year. The days and times will be announced.

If you feel you can accommodate all of the above, please complete the attached application and forms. We would love to welcome you into our Home Care Team, provided you can complete and pass all phases of our hiring process. You must present Primary Home Care with a current TB Test (within three years).



Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Put an "X" in the box of hours you are available to work. If you are unable to work during a particular hour, do not put a mark in the box! Every employee is required to work every other weekend. Understand that your availability cannot change in your first 90 days of employment.**

|  |
| --- |
| **Availability**  |
|  | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday**  |
| **Early AM****6am-9am** |  |  |  |  |  |  |  |
| **Late AM****9am-12pm** |  |  |  |  |  |  |  |
| **Early Afternoon****12pm-3pm** |  |  |  |  |  |  |  |
| **Late Afternoon****3pm-6pm** |  |  |  |  |  |  |  |
| **Early Evening****5pm-9pm** |  |  |  |  |  |  |  |
| **Late Evening****8pm-12am** |  |  |  |  |  |  |  |
| **Overnight****11pm-7am** |  |  |  |  |  |  |  |
| **OTHER: Specify exact times** |  |  |  |  |  |  |  |

**Please check the areas where you are willing to work:**

|  |  |
| --- | --- |
| * Alma
* Auburn
* Bay City
* Breckenridge
* Clare
* Coleman
* Edmore
* Farwell
* Freeland
* Gladwin
* Harrison
* Hemlock
 | * Ithaca
* Kawkawlin
* Lake
* Linwood
* Merrill
* Midland
* Mt. Pleasant
* Pinconning
* Riverdale
* St. Louis
* Saginaw
* Shepherd
 |

**I wish to work:**

 Full Time (32+ hours) Part Time (15-28 hours)

**I prefer:** Mornings Afternoons Evenings Overnights

I would like a minimum of \_\_\_\_\_\_\_\_\_\_\_ hours and a maximum of \_\_\_\_\_\_\_\_\_\_ hours.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



I have experience with the following: (circle all that apply)

 **Conditions and Diseases Skills Other**

|  |  |  |
| --- | --- | --- |
| AlcoholismALSAlzheimer'sAnxietyAutismBrain Injury/Closed Head InjuryCancerCellulitisCerebral PalsyCongestive Heart DiseaseCOPD/EmphysemaDepressionDiabetesEpilepsyMSMyalgiaParalysisParaplegiaParkinson’sQuadriplegiaSeizuresStrokesSundowners Syndrome | Bathing/ShoweringBowel ProgramBreathing treatmentsCatheter CareColostomy bagsCPR CertifiedDiabetes testingEnemaFeeding TubesFoley BagsHomemakingHospiceMeal PreparationPersonal CareToiletingVital SignsWound Care**Transfer Assistance** Gait BeltsHoyer LiftSara LiftSlide BoardStand By AssistPivot Transfer | Cats In Home Dogs In HomesClients that smokeProper Hand washingRange of MotionPositioning/TurningOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 **Employment Application**

|  |
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| Primary Home Care is dedicated to a policy of non-discrimination in employment. No question is asked for the purpose of excluding any applicant due to race, color, national origin, creed, religion, age, sex, handicap, height, weight, marital status, or citizenship. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.  |

**Position Applying for Date Available to Start**

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **Last Name First Name M.I. Today’s Date** |
|  |  |  |  |
| **Street Address City State Zip Code** |
|  |  |  |  |

**Home Phone Cell Phone E-Mail Address**

|  |  |  |
| --- | --- | --- |
|  |  |  |

#  **How did you learn about us?**

|  |
| --- |
| \_\_\_\_ Advertisement \_\_\_\_ Friend \_\_\_\_ Former Employee \_\_\_\_ Walk In\_\_\_\_ Employment Agency \_\_\_\_ Job Fair \_\_\_\_ Relative \_\_\_\_ OtherName of Person Referring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Are you currently working? If Yes, what is your current pay rate? $\_\_\_\_\_\_\_\_ | Yes | No |
| Have you ever filed an application with us before? Date:  | Yes | No |
| Have you ever been employed with us before? Date:  | Yes | No |
| Do you have a valid Driver’s License? | Yes | No |
| Do you have your own dependable transportation? | Yes | No |
| Are there any reasons which would prevent you from performing the essential functions of the job for which you are applying? If yes explain. | Yes | No |
| Explanation: |
| Do you have U.S Military service? Dates: (From) \_\_\_\_\_\_\_\_\_\_ (To)\_\_\_\_\_\_\_\_\_\_ Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education:** | **Name & Location** | **Course of Study** | **Years Completed** | **Diploma?** |
| High School |  |  |  |  |
| College |  |  |  |  |
| Other |  |  |  |  |

|  |
| --- |
| **If Applicable Document Expiration Dates of the Following:** |
| CNA/MA License Expiration Date: | CPR Card Expiration Date: | TB Test Expiration: |

**At ALL times in order to maintain employment you MUST: have a cell phone or home phone, dependable and insured vehicle for transportation and be available to work every other weekend. \_\_\_\_\_\_\_\_ Initials**

|  |
| --- |
| PHC_logo_4c_filled letters |

**Please fill out work history completely including correct phone number and address.**

|  |  |  |
| --- | --- | --- |
| **WORK EXPERIENCE** | DATES EMPLOYEDFrom To\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_HOURLY RATEStart Left At$ $  | **WORK PERFORMED** |
| Employer: |  |
| Address:  |  |
| Phone:  |  |
| Job Title: |  |
| Supervisor: |  |
| Reason for Leaving: | May we contact? \_\_\_\_Yes \_\_\_\_\_No |
| What did you like most about this position? |
| What did you like least about this position? |

|  |  |  |
| --- | --- | --- |
| **WORK EXPERIENCE** | DATES EMPLOYEDFrom To\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_HOURLY RATEStart Left At$ $  | **WORK PERFORMED** |
| Employer: |  |
| Address:  |  |
| Phone:  |  |
| Job Title: |  |
| Supervisor: |  |
| Reason for Leaving: | May we contact? \_\_\_\_Yes \_\_\_\_\_No |
| What did you like most about this position? |
| What did you like least about this position? |

|  |  |  |
| --- | --- | --- |
| **WORK EXPERIENCE** | DATES EMPLOYEDFrom To\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_HOURLY RATEStart Left At$ $  | **WORK PERFORMED** |
| Employer: |  |
| Address:  |  |
| Phone:  |  |
| Job Title: |  |
| Supervisor: |  |
| Reason for Leaving: | May we contact? \_\_\_\_Yes \_\_\_\_\_No |
| What did you like most about this position? |
| What did you like least about this position? |

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PHC_logo_4c_filled letters |

**Because of the nature of our work, company policy and City Ordinance; please complete the following questions by circling your answer.**

|  |  |  |
| --- | --- | --- |
| Are you able to lift at least 30 pounds?  | Yes | No |
| If NO, please explain: |
| Do you have any limitations that would not allow you to meet the lifting requirement? | Yes | No |
| If YES, please explain: |
| Do you have any allergies or fears to animals? | Yes | No |
| If YES, please explain: |
| Our company policy states that we run random drug tests. Would this be a problem for you? | Yes | No |
| You may not smoke at or near clients home. Would this be a problem for you? | Yes | No |

Describe any specialized skills or training you may have:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initial:**

\_\_\_\_\_\_\_\_I certify that the information contained in this application or any resume I have supplied is correct and understand that falsification of this information is grounds for termination in accordance with Primary Home Care’s policy. I certify that the answers given by me to the forgoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I hereby authorize a background check of my past employment, activities, and statements contained in this application and release from liability and responsibility all persons, companies or corporations supplying such information. I understand that such information may include a record of disciplinary action assessed by previous employers and hereby release such parties from any obligation to provide me with written notification of such disclosure.

\_\_\_\_\_\_\_\_I understand that if I have a physical, mental or medical impairment which would interfere with my ability to perform in a position at Primary Home Care but which may be accommodated, the law requires that I notify Primary Home Care in writing of this need for accommodation within 182 days after I become aware or should reasonably have known the accommodation was needed.

\_\_\_\_\_\_\_\_I understand that it is Primary Home Care’s policy to maintain a work place that is free from the effects of both legal and illegal drugs and/or alcohol abuse. Primary Home Care may conduct drug testing of job applicants. Should I be considered for employment, I may be contacted regarding the time and location of the drug test. Refusal to take or failing the drug test will disqualify me from considerations for employment.

\_\_\_\_\_\_\_\_I understand that in order to be hired, I must establish my legal right to work in the United States. When requested, later in the application process, I will provide Primary Home Care with documentation establishing my legal right to work.

\_\_\_\_\_\_\_\_I agree to conform to the policies and procedures of Primary Home Care. I understand that this application is not a contract of employment and that the employer follows an “employment at will” in that I, or the employer, may terminate my employment at any time for any reason consistent with Local, State or Federal law. I understand that compensation, benefits and Primary Home Care’s policies may be amended modified or eliminated at any time with or without notice. I further understand that no person has any authority to enter into any agreement of employment for any specified period of time or to make any agreement or contract to the foregoing, except by written agreement signed by the President of Primary Home Care.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Professional References:**

* Applicants **must** provide 3 professional references.
* Family members are **NOT** to be used as references.

**Reference 1**

|  |  |
| --- | --- |
| Name: | Phone Number: ( )  |
| Best Time to Call: | Occupation: |
| **Office Use Only**:Date Contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments:Recommendation: |

**Reference 2**

|  |  |
| --- | --- |
| Name: | Phone Number: ( )  |
| Best Time to Call: | Occupation: |
| **Office Use Only**:Date Contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments:Recommendation: |

**Reference 3**

|  |  |
| --- | --- |
| Name: | Phone Number: ( )  |
| Best Time to Call: | Occupation: |
| **Office Use Only**:Date Contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments:Recommendation: |



 **EMPLOYMENT VERIFICATION**

I understand that Primary Home Care will conduct a background investigation with regard to my candidacy for employment. This investigation may include work references and verification of previous employment, educational background, driving records, criminal conviction records, personal references, and other information provided by me during the pre-employment process. I also understand this investigation may include inquiries into any criminal charges currently pending against me as well as my credit history in any case where such history is relevant to performance of the position for which I am applying.

 By my signature below, I authorize the investigation and release of information, including the release to Primary Home Care, of any information concerning my previous employment with other employees and any information they may have, personal or otherwise. I hereby release and discharge Primary Home Care and all such former employers and their respective representatives from all liability for any damages to me or my reputation that may result from furnishing such information to Primary Home Care representative. I also herby waive and release any rights to notice I may have under any state’s personnel file or right to know laws.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

Applicant Full Name (Print Clearly) Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

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O*FFICE USE ONLY –* ***DO NOT WRITE BELOW THIS LINE***

Please provide the following information

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Being Considered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_

What was the reason for separation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the employee eligible for rehire? \_\_\_\_ Yes \_\_\_\_ No

If you have any other information which will aid us in evaluating the applicant, please indicate below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The information contained in this transmittal is **CONFIDENTIAL** and intended for the individual to whom it is addressed. If you received this transmittal in error, please notify us at the above phone number and return via fax.



**APPLICANT EEO / AFFIRMATIVE ACTION BACKGROUND FORM**

It is the policy of Primary Home Care to provide equal employment opportunity to all qualified applicants for employment without regard to personal characteristics, including race, color, weight, height, religion, national origin, sex, sexual orientation, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves.

Completing this form is voluntary and in no way affects the decision regarding your application for employment. Information provided on this form is for statistical purposes. This form is confidential and will be maintained separately from your application form.

\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Position Applied for (List One) Referred By

Race/ethnic origin: Sex:

 White Male

 Hispanic / Latino Female

 American Indian / Native American

 Black / African American

 Asian

 Native Hawaiian / Pacific Islander

 Two or more races

Are you a U.S. Veteran? Yes No

Are you disabled? Yes No