

Family Personal Care, LLC

Employment Application

APPLICATION INFORMATION			
Last Name:	First:	M.I.	Date:
Street Address:		Apartment/Unit #	
City:	State:	Zip Code:	
Phone:	E-mail		
Date Available:	Social Security No.	Date of Birth:	
Position Applied for:		Desired Salary:	
Are you a Citizen of the United States? Yes No If no, are you authorized to work in the United States? Yes No			
Have you ever worked for this Company before? Yes No If so when?			
Have you ever been convicted of a felony? Yes No If yes when?			
Are you over 18 years of age? Yes No (Office Only / Starting Salary_____)			
EDUCATION			
Name of High School:		Address:	
From:	to:	Did you graduate?	Yes No Degree:
Name of College:		Address:	
From:	to:	Did you graduate?	Yes No Degree:
Other Education:		Address:	
From:	to:	Did you graduate?	Yes No Degree:
REFERENCES			
<i>(Please list three reference)</i>			
Full Name:		Relationship:	
Address:		Phone # ()	
Full Name:		Relationship:	
Address:		Phone # ()	
Full Name:		Relationship:	
Address:		Phone # ()	

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PREVIOUS EMPLOYMENT		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities:		
From:	to:	Reason for leaving?
<i>May we contact your supervisor for a reference?</i>	Yes	No
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities:		
From:	to:	Reason for leaving?
<i>May we contact your supervisor for a reference?</i>	Yes	No
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities:		
From:	to:	Reason for leaving?
<i>May we contact your supervisor for a reference?</i>	Yes	No
MILITARY SERVICES		
Branch	From:	To:
Rank at Discharge	Type of Discharge	
<i>If other than honorable, explain</i>		
DISCLAIMER AND SIGNATURE		
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information or interview may result in my release.		
Signature:	Date:	

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AUTHORIZATION TO RELEASE INFORMATION- TO BE FILLED OUT BY EMPLOYEE

I _____, authorize my previous employer to release the requested information to Family Personal Care, I also release the employer from any and all liability resulting from the release of such information, I understand that the employer, if so directed by the court, may release other information.

Position Applied for Personal Care Attendant Other

Applicant Signature

Social Security #

EMPLOYMENT VERIFICATION- TO BE FILLED OUT BY EMPLOYER

Currently Employed Yes No

Dependable Yes No

Dates of Employment

Cooperative Yes No

Eligible for Rehire Yes No

Quality of Work Good Fair Poor

Position Held

Reason for Leaving

Print Name

Title

Signature

Date

Comments

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TASK AND SKILLS INVENTORY

Applicant: Please indicate your level of experience in the following areas by checking the appropriate box:

PERSONAL CARE

BED BATH	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
TUB BATH	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
SHOWER	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
ORAL CARE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
HAIR CARE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
PERINEAL CARE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
SKIN/BACK CARE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
LOTION CARE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT

ACTIVITIES

AMBULATE WITH ASSISTIVE DEVICES	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
STANDING PRACTICE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
SITTING BALANCE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
WHEELCHAIR USE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
TRANSFERS	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
POSITIONING	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
TEACHING ACTIVITIES OF DAILY LIVING (ADL'S)	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT

NUTRITION/MEAL PREPARATION

PREPARE NUTRITIONAL MEALS/SNACKS	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
ASSISTIVE FEEDING	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
MONITOR/RECORD INPUT AND OUTPUT	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT

HOMEMAKING

OCCUPIED BED LINEN CHANGE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
UNOCCUPIED BED LINEN CHANGE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
LAUNDRY (WASH, DRY, FOLD)	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
LIGHT HOUSEKEEPING (BATHROOM, KITCHEN, & BEDROOM)	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
GROCERY SHOPPING	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT

Applicant Name

Applicant Signature

Supervisor Name

Supervisor Signature