



## Application for Pre-Employment

Date of application \_\_\_\_\_ Date you can start \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States?  
 Yes  No

Have you ever been convicted of a felony?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been bonded?  Yes  No

I understand that we are a drug free workplace and require a drug screen prior to employment.  
 Yes  No

If you are applying for a position that requires driving, please complete the following information:

Do you have a valid driver's license?  Yes  No

### **YOUR EDUCATION AND TRAINING**

Please circle highest grade completed:  
1 2 3 4 5 6 7 8      9 10 11 12      1 2 3 4 5      1 2 3 4  
Grade School      High School      College      Trade/Tech

### **AVAILABILITY**

Can you work: Days Evenings Weekend Overnight Live-in  
How many days? 1 2 3 4 5

Number of Hours you would like to work each week

Availability-Please indicate the times you **ARE available to work.**

Sunday	Monday	Tuesday	Wed.	Thurs.	Fri.	Sat.

**WORK/VOLUNTEER EXPERIENCE**

Beginning with your present or more recent employer, describe your employment experiences below:

Are you presently employed? [ ] Yes [ ] No

Are you on layoff or subject to recall? [ ] Yes [ ] No

1. Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Kind of Business: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
Description of your work and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact your present employer at this time? [ ] Yes [ ] No Please Explain: \_\_\_\_\_

2. Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Kind of Business: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
Description of your work and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact your present employer at this time? [ ] Yes [ ] No Please Explain: \_\_\_\_\_

3. Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Kind of Business: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
Description of your work and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact your present employer at this time? [ ] Yes [ ] No Please Explain: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION AND RECORDS**

I \_\_\_\_\_, have applied for a job with *Home Helpers*. I give my permission to conduct any investigation regarding the information contained in my employment applications. I give my permission to contact any former employer, bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Caregiver Job Description/Application Process**

**Caregivers** also called Homemakers, Home Health Aides, Home Attendants or Personal Care Assistants. They take care of elderly and disabled clients, in the clients' home. They also care for children when their parents are sick or disabled. Caregivers do whatever is needed for patients who can't live alone without help. They keep a home running as normally as possible and make it possible for the client to stay at home instead of moving to a nursing home or assisted living facility. *No Medical Training is needed or Required.*

### **Typical Duties include:**

- Grooming: Hair care, shaving, oral care and skin care.
- Bathing Assistance: Shower assistance, tub bath, bed bath.
- Dressing Assistance: Assisting with dressing and undressing a client.
- Toileting Assistance: bathroom, bedside commode, urinal, bedpan or adult disposable briefs.
- Ambulation Assistance: use of walker, cane, gait belt or crutches.
- Transferring: from bed, wheelchair, low chair, use of lift, turning client in bed.
- Medication Reminders: reminding clients to take medications already in 7 day pill box (caregivers never fill pill boxes or dose out of prescription bottles)
- Cleaning for client safety and comfort: kitchen, bedroom, bathroom, laundry, changing sheets, and light housework of clients living spaces.
- Meals: shopping for food, cooking food, following special diets, serving food, feeding client
- Emotional Support: companionship, teaching, having conversations, playing cards.
- Transportation: errands, medical appointments, shopping. Client Vehicle or Caregiver vehicle may be used. (If caregiver drives client a .43 per mile reimbursement applies)
- Communication: coordinating patient care with other members of health care team. Reporting changes in patient condition to family, agency and medical team. Keep records of patient care.

### **Working Conditions:**

Caregivers work in the clients homes. They must be able to bend down, lift, and do other things associated with cleaning, cooking and care giving. They must also be able to handle patient suffering that might be due to physical or emotional problems at home. Since most clients can not be left alone, caregivers will be required to take "on duty meal break" and not leave the clients home during the break.

### **Training Requirements:**

Formal training is not required to work as a non-medical in-home caregiver in California. It is helpful to complete 120 hours of specialized training to obtain a Home Health Aide certificate or Certified Nursing Assistant. Training will cover basic nutrition, meal planning and preparation, home cleaning tasks, techniques for bathing, turning and transferring the client. Other requirements: You must have a valid California driver's license and access to a car, and pass a pre-employment background check, drug screen, and physical.

**Compensation:** Caregivers working for Home Helpers are paid based on the skills required for a client as well as the length of the visit and client contract. Hourly pay ranges from \$8.75-\$12 per hour.

**Work Schedules:** Many Caregivers are retirees and work only part time. Home Helpers can generally accommodate many schedule types as our clients have many needs.

### **Application Process**

1. Complete 5 page Application Packet in its entirety.
2. Apply in person at Home Helpers office: 3404 Bechelli Lane Suite E., Redding M-F between 8:30am-5pm
3. Be prepared for a 5-10 minute interview when dropping off application. (As time permits)
4. Interviews are scheduled based on your background and references, skill set, availability and location.



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Personal References (no family members please)

1. Name:  
Phone #:  
Relationship:  
Years Known:  
Comments:
  
2. Name:  
Phone #:  
Relationship:  
Years Known:  
Comments:
  
3. Name:  
Phone #:  
Relationship:  
Years Known:  
Comments:

## Home Helpers Skill List

Each of the following skills on this list are specific procedures that appear on patient care plans. By completing this evaluation, we can make sure that you are offered assignments that are within your skill level.

Please evaluate yourself on each skill using the following scale.	1 = I have never performed this skill. 2 = I need to review this skill; I have not done this in a long time. 3 = I can perform this skill without any help. 4 = I can teach this skill to others. 5 = I will not perform this skill; I am not comfortable doing this.				
	1	2	3	4	5
<b>Observational Skills</b>					
I can observe the client for:					
Confusion, difficulty breathing					
Difficulty going to the bathroom, loss of appetite, new bruising					
Depression, general illness and overall change in condition					
I know what a bedsore is					
<b>Communication skills</b>					
I can report my observations to medical staff or family members.					
I can accurately document client care in my chart notes.					
I am comfortable providing companionship to client.					
<b>Emergency Procedures</b>					
I know to call 911 for patient emergencies					
I know how to notify hospice for changes in their clients.					
<b>Technical Skills</b>					
I know how to take a blood pressure, pulse, and temperature					
I know how to count respirations					
I can give a complete bed bath					
I can shampoo client in bed					
I can assist a client taking a shower or tub bath					
Skin care (lotion, change band aids)					
Nail care (clean, file, trim)					
Pressure relief – Massage, use of pillows, turning					
Backrub – with lotion, observing for pressure spots					
Shave a male patient					
Oral hygiene – Brush teeth					
Brush dentures					
Lip care					
Toileting – in bathroom					
Bedpan					
Diaper					
in Bed					
Urinal					
Catheter care – cleaning & emptying collection bag					

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Please evaluate yourself on each skill using the following scale.	1 = I have never performed this skill. 2 = I need to review this skill; I have not done this in a long time. 3 = I can perform this skill without any help. 4 = I can teach this skill to others. 5 = I will not perform this skill; I am not comfortable doing this.				
	1	2	3	4	5
Transfer Techniques – Ambulating with assistance					
Use of gait belt					
From bed to wheelchair					
Slide board					
Hoyer lift					
Walk assist					
Cane assist					
Repositioning in bed					
Range of Motion exercises – active					
Make an occupied bed					
Count intake and output					
Apply elastic stockings properly					
Use oxygen safely					
I know how to cook					
I know how to plan a meal					
I know how to drive with client in the car					
I can dress and undress a client					
I know how to iron					
I can do light housekeeping					
<b>Additional skills not listed above</b>					