Helping Hand Caregivers Ltd.

Professional in home senior care

Dear Applicant,

Thank you for your application request. We are looking for reliable and dependable individuals who understand the important responsibility of caring for other human beings.

While there are some special skills required to assist elderly citizens, there are additional qualities that each of our employees must possess. We are looking for individuals who understand what it means to take care of those who have lost the ability to take care of themselves. Who are compassionate, caring, patient, honest, and motivated about helping the sick and frail in our communities.

Your job duties could include companionship, meal preparation, light housekeeping, medication reminders, bathing/grooming, transportation, and other reasonable requests.

Before you respond to this application you must be prepared to submit to a criminal background check, provide a DMV driving record and take a TB test at any local health agency.

It is mandatory that individuals chosen to care for our clients be clean and clear of any questionable background and health issues while offering a safe driving experience.

You must have an automobile and proof of current insurance to be considered.

We offer experienced non-certified individuals competitive hourly wages starting at \$9.00. CNA's start at \$10.00 per hour. Live-in caregivers can earn from \$100.00- \$120.00 per day depending on the case. We offer all Federal and State mandated employee benefits and an opportunity to participate in an employer sponsored, tax deferred, IRA retirement program.

<u>Please mail you application and release form to Peggy Innes, 387 Hawthorne Ave.,</u> <u>Gurnee IL. 60031</u>

Sincerely,

Peggy Innes Director, Caregiver Services



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.

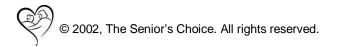
Name					Date	
Street Address						
City		State	ZIP			
Phone			SSN			
Emergency Contact						
Name			Phone			
Address			Relationship			
I am applying for a position as a						
Have you ever been convicted of a	felony?					
If yes, please provide details						
Transportation: Many caregiver positio	ns requir	e the caregiver to	transport a client			
Do you have dependable transport	ation?		Make and model car			
License plate #	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 not available to work		Can you be called at the last minute in case of emergency?	
Comments	1		1		1	

Education			
High school	City/State	Dates	
College	City/State	Dates	
Other	City/State	Dates	
Degrees/certificates Special skills or courses			
Experience			
Discuss any training or experience w	vorking 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.									
Companion- ship	🗌 yes 🗌 no		Vacuuming	🗌 yes	no		Laundry	🗌 yes	no
Bathing/ dressing	🗌 yes 🗌 no		Dusting	🗌 yes	no		Grocery shopping	🗌 yes	no
Grooming	🗌 yes 🗌 no		Clean bathrooms	🗌 yes	no		Cooking	🗌 yes	no
Incontinence	🗌 yes 🗌 no		Clean kitchen	🗌 yes	🗌 no		Driving	🗌 yes	no
Transfer assist	🗌 yes 🗌 no		Bed linen changes	🗌 yes	no		Medication reminders	🗌 yes	no



Employment History			
Please go back at least five years and tell us	s about your work history. Use	reverse side of sheet if	additional
space is required.			
May we contact your current employer?			
Company	From	То	
Job title	Reason left		
Duties			
Supervisor	Phone		
Company	From	То	
Job title	Reason left		
Duties			
Supervisor	Phone		
Company	From	То	
Job title	Reason left		
Duties	I		
Supervisor	Phone		
Company	From	То	
Job title	Reason left		
Duties	I		
Supervisor	Phone		

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

Personal References				
Name	Address	Relationship/Years Known	Local Phone #	
Name	Address	Relationship/Years Known	Local Phone #	
Name	Address	Relationship/Years Known	Local Phone #	
Name	Address	Relationship/Years Known	Local Phone #	
Name	Address	Relationship/Years Known	Local Phone #	

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. 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.

Signature

Date

For Office Use Only – Interviewer Comments