

# Adult Transitional Care, LLC

## Personal Care Employment Application

By filling out this application and questionnaire, you are applying for employment at Adult Transitional Care. This Company is dedicated to a policy of non-discrimination of applicants on any basis including race, color, religion, sex, ancestry, national origin, age, handicap, disability, medical condition, or marital status.

Your Full Name			Date	
Street Address		City	State	Zip
Home Phone	Email address	Tax ID / SSN #	Do you smoke? yes                  no	
Cell Phone				
Date of Birth (Optional)	Gender    Female    Male	How did you hear about us:		

<b>Alternate Contact</b>	
Name	Phone
Address	Relationship

Are you currently employed? If Yes, Explain.    Yes    No	Explain:
Have you ever been convicted of a misdemeanor/felony? If Yes, provide details yes    no    Details:	

<b>Transportation</b>		
Do you have dependable transportation? yes    no	Make and model car	
Do you have self-transportation? yes    no	Do you have a valid Driver license? yes    no	
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

**Availability**

Appx. hours per week available:

Days/Times you **are** availableDays & times **not** available

Can you be called at the last minute in case of emergency?

yes no

Select the school districts that you will accept work:

State College 1 Bellefonte 2 Bald Eagle 3 Penns Valley 4 Philipsburg 5

**What Education Qualifies You To Work As a Caregiver?**

High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates

Degrees/certificates – All Degrees / Certificates must be presented copy. All will be verified with provider/issuer.

Special skills or courses – Any skills that assist in making you qualified as a

**What is Your Past Experience?**

Discuss any training or experience working with older adults. How are you trained and/or experienced in working with the elderly?

What do *YOU* do that shows and proves you're Reliable, Trustworthy and Honest?

What would you like least about working with older adults?

**Skills for Personal Care Employees**

Please indicate which of the following skills you are prepared to provide if referred to seniors / families:

Companion Care & Safety	yes	no	Medication reminders	yes	no	Oral Care	yes	no
Alzheimer's/ Dementia	yes	no	Transportation	yes	no	Shaving Assistance	yes	no
Indoor plant care	yes	no	Bathing (Reg., bed, sponge)	yes	no	Assist w / P.T. Exercises	yes	no
Meal Prep / Clean Up	yes	no	Dressing/ Grooming	yes	no	Assist w/ Prosthesis	yes	no
Speak fluent English	yes	no	Incontinence	yes	no	Hospice	yes	no
Light Housekeeping	yes	no	Ambulation	yes	no	Willing to Work w/Pets	yes	no
Laundry	yes	no	Transfer assist	yes	no	Other _____		

**Work History**

Please provide at least five years of recent, verifiable work history followed by verifiable references.

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

**Why Do You Feel You Would Be An Excellent Addition to Our Team?**

**Business | Professional References**

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

**Character & Personal References**

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

**Please list person who will always know how to reach you**

Name	Address	Phone:	Email:
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**CERTIFICATION AND RELEASE:** I certify that I have read and understand the general requirements of Independent Care Contractors/Providers 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 completely understand that I am submitting this Application as an interested Adult Transitional Care Provider and that by submitting this there is no guarantee for employment. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application and/or termination. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, work, criminal and credit 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.

Signature	Date
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**Our Office Use Only** – *Interview/Comments/Reference Check /Notes*