Personal Assistant Application

Dear Applicant,

This application packet is intended for use in assembling the ***PIRS*** Personal Assistant registry list, and in no way guarantees employment. In order for you to be referred through this agency, it is important for you to read this application packet thoroughly.

Please fill out the application completely. If you have any questions, they can be addressed during your interview.

The **Employment History** and **Reference** sections are very important and must include full names and current phone numbers. Work related and personal references are required (**no relatives**). If any reference returns a negative response, ***PIRS*** will not place your name on the registry.

Once all of your references have been verified and reflect a positive result, your name may be included in our registry. We refer your name, phone number, and qualifications to employers with disabilities based on your application. According to the terms of the **Personal Assistant Contract**, which you must sign to be considered for referral, approval of your application does not mean automatic referral. It is at ***PIRS'*** discretion to refer assistants as they see fit.

Thank you for taking the time to fill this out accurately and completely.

PIRS Staff

Guidelines for Good Home Care

- **Recognize and respect the rights of each individual.**
- **All persons have the right to be free from mental, physical and financial abuse.**
- **Persons must be assured of confidential treatment of their personal, financial and medical records.**
- **Treat each individual with consideration, respect and full recognition of their dignity and individuality, including privacy in treatment and in care of their personal needs.**
- **Persons must be free to associate and communicate privately with persons of their choice, and to send and receive personal mail unopened.**
- **Respect that each individual's basic needs and interests, including mental, physical, emotional, spiritual and social.**
- **Practice good health habits. If you have a condition that may be contagious, contact your employer before going to work.**
- **Show equal courtesy and respect to all regardless of race, religious beliefs, sexual preference, abilities, age or mental condition.**
- **Carry out your duties with a sense of responsibility and to the best of your ability. Be cooperative and communicative when working with others, and show respect for the work done by others.**
- **Keep all information about individuals and families confidential when outside the work site.**
- **Do not bring your personal problems to work.**
- **Carry out work responsibilities agreed upon, but be willing to learn new procedures and to update previously learned skills.**
- **Ask before using any items in the home. For example, do not eat your consumer's food, use the phone, turn on the television, or bring children or pets with you to work without asking for permission first.**

PERSONAL ASSISTANT APPLICATION

NAME _____ DATE _____

Address_____

CITY _____ STATE _____ Zip _____

PHONE _____ MSG. _____

AUTO INSURANCE: COMPANY NAME _____

POLICY NUMBER _____ DRIVER'S LIC. # _____

NAME, ADDRESS & PHONE # OF PERSON TO CONTACT IN CASE OF EMERGENCY

_____

_____

ARE YOU WILLING TO WORK IN A SMOKE-FREE ENVIROMENT? _____

ARE YOU WILLING TO WORK IN A SMOKE ENVIRONMENT? _____

HAVE YOU BEEN CONVICTED OF A FELONY? _____

IF YES, DESCRIBE CONDITIONS _____
CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT

SALARY PREFERENCE: $_____HOUR: $_____WEEK: $_____MONTH:

LOCATION PREFERENCES: AUBURN SOUTH PLACER CO. COLFAX KINGS BEACH

EL DORADO-WEST SLOPE EL DORADO EAST SLOPE S. LAKE TAHOE ALPINE OTHER

SCHEDULE PREFERENCES: FULL-TIME PART-TIME SPLIT SHIFT LIVE-IN

EMERGENCY/ON-CALL OTHER

CIRCLE ALL THAT APPLY, MAY BE MORE THAN ONE*

DAYS AVAILABLE: (Circle all that apply) S M T W Th F S

Other comments about schedule, e.g., flexible schedules, min. hours, etc.:_____

_____

_____

Have you had any experience in assistant work or nursing? Explain when and what your duties were:

_____

_____

Have you been trained in lifting and transferring? Yes_____ No _____

If yes, where, and what type of training? _____

What is the maximum weight you will lift? _____

Training: Certificates and date(s) received:

Home Health Aide _____ Nurse's Aide _____

First Aid _____ CPR _____

Other_____

How did you find out about PIRS? _____

Willing to work with: Female _____ Male _____ No Preference _____ Alzheimer's _____
Quadriplegic_____ Paraplegic _____ Elderly_____ Any _____

Comments: _____

_____

SERVICES YOU ARE <u>WILLING</u> TO PERFORM: Check all that apply

<u>PERSONAL CARE</u>

1. Respiration Yes ___ No___ Willing to learn___
2. Bowel care Yes ___ No___ Willing to learn___
3. Bladder care Yes ___ No___ Willing to learn___
4. Feeding Yes ___ No___ Willing to learn___
5. Bathing Yes ___ No___ Willing to learn___
6. Dressing Yes ___ No___ Willing to learn___
7. Menstrual Care Yes ___ No___ Willing to learn___
8. Ambulation Yes ___ No___ Willing to learn___
9. Moving in and out of bed Yes ___ No___ Willing to learn___
10. Oral hygiene and grooming Yes ___ No___ Willing to learn___
11. Skin care Yes ___ No___ Willing to learn___
12. Care and assistance with prosthesis Yes ___ No___ Willing to learn___
13. Range of motion Yes ___ No___ Willing to learn___
14. Assist at night Yes ___ No___ Willing to learn___
15. Companionship Yes ___ No___ Willing to learn___
16. Other_____

_____

<u>DOMESTIC SERVICES</u>

1. Light cleaning Yes ___ No___ Willing to learn____
2. Heavy cleaning Yes ___ No___ Willing to learn____
3. Laundry Yes ___ No___ Willing to learn____
4. Shopping Yes ___ No___ Willing to learn____
5. Meal preparation Yes ___ No___ Willing to learn____
6. Meal clean-up and menus Yes ___ No___ Willing to learn____
7. Transportation Yes ___ No___ Willing to learn____
8. Watering/Light yard work Yes ___ No___ Willing to learn____
9. Reading (books, bills, letters, ect.) Yes ___ No___ Willing to learn____
10. Feeding pets Yes ___ No___ Willing to learn____

Other_____

_____

WORK HISTORY (see instructions below, then begin with current or last employer)

1. Employer's Name and Address: Supervisor's Name & Title:

Telephone #	Position:
Start Date:	End Date:
Starting Salary:	Ending Salary:
Description of Duties:	Reason for Leaving:

2. Employer's Name and Address: Supervisor's Name & Title:

Telephone #	Position:
Start Date:	End Date:
Starting Salary:	Ending Salary:
Description of Duties:	Reason for Leaving:

3. Employer's Name and Address: Supervisor's Name & Title:

Telephone #	Position:
Start Date:	End Date:
Starting Salary:	Ending Salary:
Description of Duties:	Reason for Leaving:

Note – if you have had more than three employers, copy this page of the application form before you begin, so that a full history is given.

REFERENCES

Please note: Application cannot be accepted without complete name, address and phone number of three personal references (no relatives, please). Thank you.

1.

NAME _____

ADDRESS_____

CITY STATE ZIP_____

PHONE (W)_____ (H)_____

RELATIONSHIP _____

HOW LONG HAVE YOU KNOWN THIS PERSON?_____YEARS _____ MONTHS

2.

NAME _____

ADDRESS_____

CITY STATE ZIP_____

PHONE (W)_____ (H)_____

RELATIONSHIP _____

HOW LONG HAVE YOU KNOWN THIS PERSON?_____YEARS _____ MONTHS

3.

NAME _____

ADDRESS_____

CITY STATE ZIP_____

PHONE (W)_____ (H)_____

RELATIONSHIP _____

HOW LONG HAVE YOU KNOWN THIS PERSON?_____YEARS _____ MONTHS

Placer Independent Resource Services
11768 Atwood Rd., Ste. #29
Auburn, CA 95603
Voice: (530) 885-6100 TTY: (530) 885-0326 FAX: (530) 885-3032

PERSONAL ASSISTANT CONTRACT

PLEASE READ CAREFULLY

I understand that I will not be employed by **PIRS**, but will be screened and have references checked to be considered for referral to **PIRS'** consumers. I will not be automatically referred to disabled employers in the community. It is **PIRS'** discretion to refer assistants as they see fit.

I understand I am expected to be well groomed, dependable, patient, and am to follow written and verbal instructions, and give at least two weeks notice to my employer before leaving my job; breaking this understanding will mean that referrals through **PIRS** will discontinue.

I will report to **PIRS** when I am hired by an employer with a disability within two weeks. If I have any problems with my employer after working with her/him for a while, I will report to **PIRS**.

I authorize that information regarding previous employment and personal characteristics be provided to **PIRS** by the parties listed as references in my application. The information will be used for employment purposes only.

I give my full permission for release of all information on this application to **PIRS** and associated agencies, as needed.

The above information is true and factual to the best of my knowledge.

_____ _____

APPLICANT SIGNATURE DATE