



APPLICATION FOR EMPLOYMENT

Application Date: _____

Instructions: Please complete all sections of this form. Incomplete or unsigned forms will not be considered. Sign where indicated. Applications are considered for a 90-day period only. Dates requested within the application are used only to verify the accuracy of information.

PERSONAL INFORMATION

Name: _____
First Middle Last

Address: _____
Street City State Zip

Are you at least 18 years old? Yes No

Phone: Home _____ Cell _____

Is your cell phone a smart phone with data capability? Yes No

E-mail _____

Position Applied for: _____

Full Time Part Time Reserve/Temporary

EMERGENCY CONTACT

Name: _____
First Middle Last

Relationship: _____ Phone: _____

Address: _____
First Middle Last

TRANSPORTATION

Do you have dependable transportation? Yes No

Do you have auto insurance? Yes No

PHYSICAL ABILITY

Do you have the ability to lift 25 pounds? Yes No

If No, Please explain: _____

Are you able to lift and place a folded wheelchair into a car? Yes No

If No, Please explain: _____

Can you stand for extended periods of time? Yes No

If No, Please explain: _____

EDUCATION

High School: _____
Name City State

Did you graduate? Yes No Year: _____

Technical School: _____
Name City State

Degree Obtained: _____ Area of Study: _____

Did you graduate? Yes No Year: _____

College/University: _____
Name City State

Degree Obtained: _____ Area of Study: _____

Did you graduate? Yes No Year: _____

College/University: _____
Name City State

Degree Obtained: _____ Area of Study: _____

Did you graduate? Yes No Year: _____

Other: _____
Name City State

Degree/Certification Obtained: _____ Year: _____

Professional Licensure: _____
Type State Expiration

WORK EXPERIENCE

(List experience for the past ten years. Do not leave gaps. If necessary, attach additional sheets.

Are you currently employed? Yes No

Have you ever been fired or asked to resign from a job? Yes No

Current/Most Recent Employer:

Name	City	State	Phone
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Position: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____ Supervisor: _____

May we contact this employer? Yes No

Is this work experience directly related to the job for which you are applying? Yes No

How? _____

Past Employer:

Name	City	State	Phone
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Position: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____ Supervisor: _____

May we contact this employer? Yes No

Is this work experience directly related to the job for which you are applying? Yes No

How? _____

Past Employer:

Name	City	State	Phone
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Position: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____ Supervisor: _____

May we contact this employer? Yes No

Is this work experience directly related to the job for which you are applying? Yes No

How? _____

Past Employer:

Name City State Phone

Position: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____ Supervisor: _____

May we contact this employer? Yes No

Is this work experience directly related to the job for which you are applying? Yes No

How? _____

Past Employer:

Name City State Phone

Position: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____ Supervisor: _____

May we contact this employer? Yes No

Is this work experience directly related to the job for which you are applying? Yes No

How? _____

EMPLOYMENT QUESTIONS

1. What qualities do you have that make you a good candidate for this position with our company?

2. Explain your experience working with elderly individuals?

3. How reliable are you? What is your attendance record at your current/last place of employment?

4. What do you or would you like most about working with elderly individuals?

5. What would do you/ would you like least about working with elderly individuals?

SKILLS

Please indicate whether you have assisted with or performed the following tasks for individuals other than yourself.

Companionship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vacuuming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathing/dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dusting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grocery shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grooming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean bathrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incontinence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer assist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bed linen changes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Please list 2 business references and 3 personal references we may contact. Do not list relatives.

Reference: _____
 Name City Phone Years Known

Relationship: Personal Professional Explain: _____
 (Contacted by: _____)
 Staff Name Date

Reference: _____
 Name City Phone Years Known

Relationship: Personal Professional Explain: _____
 (Contacted by: _____)
 Staff Name Date

Reference: _____
 Name City Phone Years Known

Relationship: Personal Professional Explain: _____
 (Contacted by: _____)
 Staff Name Date

Reference: _____
 Name City Phone Years Known

Relationship: Personal Professional Explain: _____
 (Contacted by: _____)
 Staff Name Date

Reference: _____
 Name City Phone Years Known

Relationship: Personal Professional Explain: _____
 (Contacted by: _____)
 Staff Name Date

AVAILABILITY

Please indicate when you are available to work for Independence Assistance.

Day of the week	Time: 1 st Preference	Time: 2 nd Preference
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

I am absolutely NOT available on these dates and times:

 Day Date Time

 Day Date Time

 Day Date Time

Can you be called at the last minute in case of an emergency? Yes No

CONVICTION

Complete this section if you have ever been convicted of a crime including but not limited to a misdemeanor and/or felony conviction. All applicants are subject to a criminal background check. A Criminal conviction does not automatically mean that you will not be employed.

Have you ever pled guilty or been convicted of a crime? Yes No

List all misdemeanor and felony convictions with dates. You may include any mitigating factors that you feel should be considered.

AUTHORIZATION AND AFFIRMATION

FOR THIS TYPE OF EMPLOYMENT STATE LAW REQUIRES A CRIMINAL BACKGROUND CHECK AS CONDITION OF EMPLOYMENT.

Please initial each of the following statements:

- _____ I certify that all information contained in this application is true.
- _____ I understand that any false statement, misrepresentation or omission of facts on this application, regardless of when discovered, will result in the rejection of my application for employment or dismissal from employment.
- _____ I authorize investigation of all statements contained in this application and any supporting documents.
- _____ I authorize IASBG, LLC to secure information about my education or experience from former employers, educational institutions, government agencies or references I have provided, and for those parties to provide information pertaining to me.
- _____ I release all parties from any liability arising from the release of information.
- _____ I understand that employment is subject to a criminal background and motor vehicle check, proof of insurance, and passing a drug screening test.

I understand that if I am offered employment:

- _____ I will be required to provide proof that I am 18 years or older.
- _____ I will be required to submit proof of my identity and my legal right to work in the United States of America.
- _____ I understand that if my job requires me to drive, I am required to possess a current and valid driver's license, maintain a good driving record, and carry valid auto insurance. I specifically authorize IASBG, LLC to investigate my driving record and insurance.
- _____ I will abide by all rules and regulations of IASBG, LLC.
- _____ My employment shall be at-will and for an indefinite period. I understand that my employment may be terminated at any time with or without cause and with or without prior notice.
- _____ I understand that, except for the CEO or COO, no supervisor or manager may alter or amend the above conditions. Only the CEO or COO has the authority to enter into any agreement of employment of a specified period of time or make any agreement contrary to the foregoing, and then only in writing.

I have read, understand, acknowledge, and agree to abide by all of the above statements. I consent to all investigation authorizations stated above.

Signature: _____ Date: _____

Printed Name: _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, _____, _____
First Name Middle Name Last Name

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of IASBG to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IASBG for identification purposes and for the release of information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statement on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application without reservation, any party or agency contact by IASBG to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I hereby do _____ do not _____ authorize you to contact my current and former employers for Employment and Reference Verifications.

I have the right to make a request to IASBG, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

Care Assistant JOB DESCRIPTION:

Each client will require different assistance and have different needs which will be determined by and agreed upon by a member of management and the client during the initial or subsequent interview and home evaluation.

As a Care Assistant, you will be responsible for the following:

- 1) Assisting with activities of daily living for the client which may include:
 - Ambulation
 - Medication reminders
 - Personal Care (feeding, grooming, toileting, etc.)
 - Bathing assistance
 - Dressing assistance
 - Transportation and/or transportation arrangements
 - Toileting
 - Housekeeping, including sweeping, mopping, vacuuming, dusting, cleaning toilets, sinks, tubs/showers, etc.
 - Laundry
 - Shopping and errands
 - Meal preparation, cooking, and cleanup
 - Pet care
 - Social stimulation and emotional support
 - Monitor the safety and well-being of the client

- 2) Assist with self-administration of medication(s) by reminding the client when to take medication(s) and observing to ensure the client takes the medication(s) as directed. Refer to (KRS 216.710(b) 1,2,3 (a,b,c) 4 for correct procedures on assisting the client with self-administration.

- 3) Notify supervisor of any signs or suspicions of abuse or neglect against the client.

This is a PRN position. Scheduled hours will be based on the client’s needs. No overtime shall be worked unless approved by a member of management. If you are aware of possible overtime for the week you must email the management for approval. You must have prior approval to be compensated for overtime.

Employees must own and carry a cell phone, have reliable transportation, and have auto insurance coverage.

I understand that this is a PRN position and my hours of employment vary and are not guaranteed.

Care Assistant

Date