

# ProCare



## Home Care

*ProCare With A Family Touch*

ProCare Home Care

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### JOB/EMPLOYMENT APPLICATION for a HOME CARE ASSISTANT

#### JOB/EMPLOYMENT APPLICATION

##### Personal Information

**Name**

First \_\_\_\_\_ 2<sup>nd</sup> Initial \_\_\_\_\_  
Last: \_\_\_\_\_

**Address**

Street: \_\_\_\_\_ Apartment: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Other: \_\_\_\_\_

**Electronic**

Email Address: \_\_\_\_\_

**Date of Birth**

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

(Needed to perform a criminal background check and for fingerprinting registration- information is protected and kept in a secure location).

**SSN**

Social Security Number: \_\_\_\_\_

(Needed to perform a criminal background check and for fingerprinting registration- information is protected and kept in a secure location).

**Gender**

Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Language**

What languages do you speak? \_\_\_\_\_  
\_\_\_\_\_

**Emergency  
Contact**

Name & Phone Number of Person to contact in the event of an emergency:

Local: \_\_\_\_\_

Out-of-Area: \_\_\_\_\_

##### Education

**Formal**

Diploma: \_\_\_\_\_

Certificate: \_\_\_\_\_

Degree: \_\_\_\_\_

Other: \_\_\_\_\_

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Other: \_\_\_\_\_

## Informal

Are you a Certified Nurses Assistant (State Level): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have current CPR? \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Have you taken a Food Safety course? \_\_\_\_\_

(training provided in orientation if no)

Other: \_\_\_\_\_

(Specify)

Other: \_\_\_\_\_

(Specify)

## Restrictions

### Work Limitations

List any work limitations that you may have and briefly describe:

Hearing: \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Speech: \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Lifting: \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Health: \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Physical: \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Emotional: \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Other: \_\_\_ Yes \_\_\_ No \_\_\_\_\_

## Availability for Work

### Hours & Days Available for Work

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Short-notice \_\_\_\_\_ Split Shift

Indicate Days and List Hours Available for Work:

\_\_\_\_\_ Sunday: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Monday: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Tuesday: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Wednesday: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Thursday: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Friday: From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Saturday: From: \_\_\_\_\_ To: \_\_\_\_\_

What is the minimum number of hours you will work in one day? \_\_\_\_\_

What is the maximum number of hours you will work in one day? \_\_\_\_\_

## Client Types and Work Duties

### Type of Position(s) Preferred

\_\_\_\_\_ Home Maker \_\_\_\_\_ Personal Care \_\_\_\_\_ Companion \_\_\_\_\_ Live-In

\_\_\_\_\_ Other: \_\_\_\_\_  
(Specify)

Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept:

\_\_\_\_\_ Weekdays (Monday a.m. to Friday a.m.) \_\_\_\_\_ Weekends: (Friday a.m. to Monday a.m.)

### Clients Not Willing/Able to Work With

\_\_\_\_\_ Dementias/Alzheimers

\_\_\_\_\_ Smokers

\_\_\_\_\_ Mental Retardation

\_\_\_\_\_ Behavioral Disorders

\_\_\_\_\_ Elderly (over 65)

\_\_\_\_\_ Children

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Physical Disabilities

\_\_\_\_\_ Pets

\_\_\_\_\_ Females

\_\_\_\_\_ Males

\_\_\_\_\_ Client use of marijuana for medicinal purposes

\_\_\_\_\_ HIVPositive/Aids

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(Specify)

**Duties Not  
Willing/Able  
to Perform**

Bathing  Housekeeping  
 Grooming  Laundry  
 Oral Care  Meal Preparation  
 Dressing  Shopping  
 Bowel Care  Transportation  
 Bladder Care  Medication Reminding  
 Feeding  Friendly Reassurance Phone Call/Home Visit  
 Ambulation  Other \_\_\_\_\_

**Experience**

Indicate which of the following you have experience in:  
 Bathing/Showering  Housekeeping  
 Grooming  Laundry  
 Personal Hygiene  Meal Preparation  
 Dressing  Shopping  
 Bowel Care  Transportation  
 Bladder Care  Medication Reminding  
 Feeding  Friendly Reassurance Phone Call or Home Visit  
 Ambulation  Socialization  
 Toileting  Other \_\_\_\_\_

(Specify)

**Assignment  
Location**

Are you restricted in the geographical location you are willing/able to work?  Yes  No Explain:  
\_\_\_\_\_

## Transportation

**Type**

Private Vehicle  Bus  Bike  Other: \_\_\_\_\_  
(Specify)

**Driver's  
License**

Do you have a valid Driver's License?: \_\_\_\_\_

**Transporting  
Clients**

Are you willing to transport clients in your private vehicle? \_\_\_\_\_  
Do you have adequate vehicle insurance? \_\_\_\_\_  
Are you willing to drive a client's vehicle? \_\_\_\_\_  
Are you willing to escort a client in their own vehicle? \_\_\_\_\_  
Are you willing to escort a client on public transportation? \_\_\_\_\_  
Comments: \_\_\_\_\_

## Abuse Investigation

Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain:  
 Yes  No \_\_\_\_\_  
\_\_\_\_\_

## Reference Information

**Work Related  
#1  
(Last  
Position)**

Company Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. & Email Address: \_\_\_\_\_:  
Supervisor's Name \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_

# JOB/EMPLOYMENT APPLICATION

Reason for Leaving: \_\_\_\_\_

**Work Related  
#2  
(2<sup>nd</sup> Last  
Position)**

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. & Email Address: \_\_\_\_\_:

Supervisor's Name \_\_\_\_\_:

Position Held: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Work Related  
#3  
(3<sup>rd</sup> Last  
Position)**

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. & Email Address: \_\_\_\_\_:

Supervisor's Name \_\_\_\_\_:

Position Held: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Personal  
#1**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. & Email Address: \_\_\_\_\_:

Nature of Friendship (*friend, co-worker, family etc.*) \_\_\_\_\_  
(*Other than relative.*)

**Personal  
#2**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. & Email Address: \_\_\_\_\_:

Nature of Friendship (*friend, co-worker, teacher etc.*) \_\_\_\_\_  
(*Other than relative.*)

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to **ProCare Home Care**, and I hereby release and discharge any of the above and **ProCare Home Care**, from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test, if part of the Agency's pre-employment policy.

I understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

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

\_\_\_\_\_  
Date