

# Attendant Application

Date: \_\_\_\_\_

## Personal Data

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ Is this your own phone? Yes\_\_No\_\_

Social Sec. #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver's License #: \_\_\_\_\_ Transportation: Own Car\_\_Bus\_\_Other \_\_\_\_\_

Are you a student? \_\_\_\_\_ Major: \_\_\_\_\_

Are you available to work over vacations? Yes\_\_No\_\_

Have you ever been convicted of an offense other than a minor traffic violation? Yes\_\_No\_\_ If yes, describe offense and when it occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had contact with us before? \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Have you ever worked with persons with physical disabilities? Yes\_\_No\_\_ If yes, explain types and describe duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Preferences and Availability

Do you prefer working with males, females, or either? \_\_\_\_\_

Do you prefer a live-in or part-time position? \_\_\_\_\_

List day/hours of week available: Shift One: Shift Two:

Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Please check the following duties that you are willing to perform:

<input type="checkbox"/> BLADDER CARE	<input type="checkbox"/> BOWEL CARE	<input type="checkbox"/> DRESSING
<input type="checkbox"/> EQUIPMENT MAINTENANCE	<input type="checkbox"/> GROOMING AND MINOR HYGIENE	<input type="checkbox"/> HOUSE CLEANING
<input type="checkbox"/> HOUSEHOLD MANAGEMENT	<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> MEAL CLEAN-UP
<input type="checkbox"/> MEAL CONSUMPTION	<input type="checkbox"/> MEAL PREPARATION	<input type="checkbox"/> MEDICATIONS
<input type="checkbox"/> OTHER	<input type="checkbox"/> ROM EXERCISES	<input type="checkbox"/> SHOPPING
<input type="checkbox"/> TRANSFERS	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> TURNING ON BED
<input type="checkbox"/> TYPE OF BATH OR SHOWER	<input type="checkbox"/> UNDRRESSING	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Employment History (most recent first)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Are you eligible for rehire? \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Are you eligible for rehire? \_\_\_\_\_

Do we have permission to contact your past employer?  
\_\_\_\_\_

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## References

Please list three personal references, not related to you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Independent Living Resource Center accepts job applications for personal care attendant positions as a service to consumers who may need PCAs. Consumers establish working relationships with PCAs, which may be employment or independent contractor relationships. Independent Living Resource Center is NOT either an employer or independent contractor with consumers or PCAs. PCAs are responsible for negotiating working relationships with the individual consumers, including discussion of responsibility for payment of taxes, etc.