



Employment Application

Availability: check all that you could work

Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___
Day hours ___ Evening hours (5-9P) ___ nights (9P-12MN) ___ overnights ___ live-in ___

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired: Per Diem Number of Hours: _____
 Part Time Number of Hours: _____
 Full Time Number of Hours: _____

Last Name First Name Middle Initial

Mailing Address City State Zip Code

(_____) _____ (_____) _____ (_____) _____
Home Phone Number Cell Phone Number or Work Phone Number

Email address

Social Security Number Language skills other than English (written/spoken) Date of Birth

Have you ever been employed here before? Yes or No If yes, when? _____

Are you legally eligible for employment in the US? Yes No

If not legal citizen: Do you have a green card? Yes No

Do you have a social security card? Yes No

Has your visa expired? Yes No

REFERRAL INFORMATION

How did you hear about us? (Please check)

- Newspaper Ad _____ Internet _____
Which newspaper? Which site?
- Current Employee _____
We'd like to thank them
- Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Western Slope in Home Care an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.



Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
 Address: _____ End Date: _____
 Position: _____ Phone Number: (____) _____
 Supervisor: _____ Salary: _____
 Reason for Leaving: _____ Final Salary: _____

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 Reason for Leaving: _____ Final Salary: _____

Education	Name & Location	Course of Study	Years Completed	Date Graduated
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High School:	_____			
College:	_____			
Other:	_____			
Other:	_____			

Military Service

Branch of Service: _____ Dates of Service: _____
 Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
 Special Schooling and/or Duties: _____

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Criminal History

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date



Companion

Job Summary:

The Companion is a paraprofessional, providing services in the home for Consumers under the direct supervision of a qualified supervisor.

Companion services include support, encouragement, companionship, respite breaks for family or caregivers, and provision of and instruction in reporting of changes in the Consumer's situation. The Companion is assigned to a Consumer by the coordinator and follows a written plan of service.

Organizational Relationship: The Companion reports directly to a qualified supervisor

Risk Of Occupational Exposure To Blood Borne Pathogens: C: no exposure

Qualifications:

High School graduate with at least 1 year experience as a companion or life working experience.

Complete an Agency training/orientation program.

Effective interpersonal communication skills.

Use of an automobile with possession of liability insurance.

Must be able to read, write in English and follow instructions.

Must have a criminal background check.

Responsibilities:

The duties consist of a combination of activities, which include, but are not limited to:

- Provide respite breaks for family or caregivers.
- Provide assistance with reading and writing correspondence and publications.
- Observation and feedback to the coordinator/supervisor on Consumer's behavior, mood, and adjustment in the home.
- Notifies superior of any safety issues.
- Being supportive and encouragement during periods of loneliness, depressions, bereavement etc.

The Companion performs duties according to a written assignment:

- Follows the plan of service for tasks.
- Records observations and tasks and signs each entry on the appropriate form for each visit made.
- Communicates on a weekly basis or more often as necessary with the supervisor.
- Immediately reports emergency situations by phone to supervisor or office.
- Keeps an accurate time and mileage report.
- Follows assignments and regulations.
- Follows specific office orders for each Consumer.
- Uses policy manual as guidelines.
- Works within the organizational channel of authority and knows the area of responsibility of all other team members.
- Wears appropriate clothing and ID badge when at work.
- Confirming on a weekly basis, the scheduling of visits with the Supervisor, to coordinate necessary visits with other personnel.
- Notifying the Agency of absences due to illness, emergency leave, normal vacation periods, or special professional meetings, which will affect agreed service with the Agency.



Companion : (pg 2 sign off)

Functional Abilities:

Must be able to read 12 point or larger type.

Must be able to hear and speak in English.

Must be able to stoop and bend.

Must be able to travel to prospective Consumers' residences.

Must be able to carry bundles weighing up to 10 pounds, up stairs.

Employee Signature: _____ Date: _____



Personal Care Worker (PCW)

Job Summary:

An individual who, under supervision, provides assistance with nutritional and environmental support, personal hygiene, feeding and dressing.

Organizational Relationship: Reports to the Supervisor

Risk Of Occupational Exposure To Blood Borne Pathogens: B: limited exposure

Qualifications:

Has successfully completed one of the following:

1. Demonstrated competency by passing a competency exam developed by the Agency or other entity which meets the CO regulatory requirements.
2. A training program developed by the Agency that meets all the CO state requirements.
3. A training program meeting the training standards by virtue of the agency's participation as a provider in a Medicaid Waiver or other publically funded program providing home & community based services.
4. Another program identified by the CO DOH by subsequent publication in the CO Bulletin or on the DOH website.

Practices good hygiene and is neat in personal appearance.

Speaks, reads, and writes English.

Must have current CPR certification.

Must have criminal background check.

Responsibilities:

- Personal Services - assists with:

- Bath (tub, shower or bed)
- Oral hygiene
- Grooming and care of hair
- Ordinary care of nails
- Routine skin care/ lotion massage
- Positioning and turning of patents that cannot assist self- in bed and chair
- Elimination
- Assist with eating, dressing walking and toileting
- Remind Consumer to take self-administered medications

- Homemaking - assists with:

- Meal planning and preparation in accordance with complex and modified diets
- Feeding
- Linen change (occupied and unoccupied)
- Laundry, Consumer's only
- Light housekeeping; washing dishes, clean kitchen, dust & vacuum, only those rooms the Consumer uses.
- List needed supplies and grocery shopping



- **Personal Care Worker (PCW) (pg. 2 sign off)**

PCW'S ARE REQUIRED TO:

- Follow universal precautions whenever giving any aspect of Consumer service.
- Maintain confidentiality.
- Perform ONLY those functions specified for each individual Consumer on the service plan.
- Respond to the physical, emotional and development needs of Consumers.
- Follow emergency procedures in the event of any incident, e.g., accident, injury or significant change in Consumer's condition.

Essential Administrative Functions:

- Follow Consumer rights at all times.
- Record each activity performed on each case on a daily basis.
- Report any incidents or Consumer changes immediately.
- Submit Daily Activity Sheets and record accurately on a timely basis (WEEKLY).
- Follow instructions, is punctual and is at work as scheduled.
- Follow all appropriate agency policies.
- Attend in-service education annually per agency policy.
- Provide all information required for the maintenance of her/his personnel record as per State regulations and Agency policy.
- Show interest, asks questions and seek help as indicated; is receptive to supervision.
- Develop relationships and is cooperative with Consumer, family and supervisor.
- Maintain appropriate appearance.
- Is productive and uses time efficiently.
- Follows instructions, is punctual and attendance is acceptable.
- Cooperates with supervisor and with Consumer/family.
- Is self-reliant and plans appropriately.
- Other duties as are reasonably assigned

Functional Abilities:

Is able to carry bundles up stairs weighing up to 10 pounds.
 Must be able to stoop and bend.
 Must be able to travel to prospective Consumer's place of residence.
 Must be able to hear and effectively communicate in English.

Employee Signature: _____ Date: _____



Reference Form #1 of 2 (two references are required)

Who should we send this to: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Western Slope in Home Care

Name: _____ Social Security # _____
Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERRAL

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/title of Reference

Date



Reference Form #2 of 2 (two references are required)

Who should we send this to: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Western Slope in Home Care

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Last First Middle initial

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Date

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