



The Senior's Companion Application for Employment



JOB DESCRIPTION

Prior to the start of each assignment THE SENIOR'S COMPANION will provide you with background information about your client and review any special needs this client may have. The following describes your primary responsibilities to your client. The Care Plan will specify exactly what you do for the individual client.

OBJECTIVE: TO PROVIDE PROFESSIONAL CAREGIVING SERVICES TO ENABLE THE CLIENT TO REMAIN INDEPENDENT IN THEIR OWN HOME.

- Assist with walking and light exercise
- Plan & prepare meals followed by clean-up.
- Make beds
- Light housekeeping to include light dusting and light vacuuming
- Laundry
- Supervise household maintenance such as housecleaning service, plumber, gardener
- Run errands
- Provide incidental transportation using client or caregiver car.
- In sleep-over or live-in situations
 - o Assist client to and from bed
 - o Assist client throughout the night
 - o Prepare morning meals and cleanup.
 - o Launder my sheets.

Other Requirements

- Document in The Care Plan Daily
- Record my hours worked on the Client Time Sheet and submit a signed time sheet weekly.
- Report any significant client changes to the office immediately.

Qualifications

- Ability to treat clients with dignity and respect
- Ability to read and write English at an average adult level
- Ability to speak English clearly, both in person and on the phone
- Ability to drive or use public transportation to get to work
- Ability to be flexible and adapt to new situations

Please mail your completed application form to:

**The Senior's Companion, Inc.
10280 Radford Mill Terrace
Mechanicsville, VA 23116**

Or fax to:

(804) 569-6104





The Senior's Companion Application for Employment



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status.

Name		Date
Street Address		
City	State	ZIP
Phone	SSN	

Emergency Contact	
Name	Phone
Address	Relationship

I am applying for a position as a

Have you ever been convicted of a felony?
 yes no

If yes, please provide details

Transportation: Many caregiver positions require the caregiver to transport a client.		
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make and model car	
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

Availability			
Number of hours you would like to work	Times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Comments			



Education

High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates		
Special skills or courses		

Experience

Discuss any training or experience working with the elderly
What would you like most about working with the elderly?
What would you like least about working with the elderly?

Skills

Please indicate whether you have assisted with or performed the following tasks for seniors.

Companion-ship	<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



Employment History

Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required.

May we contact your current employer?

yes no

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	



Business References			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

Personal References			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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For Office Use Only – Interviewer Comments
