

A Better Solution Home Care

Application for Employment-Caregiver

Today's Date:

Name (Last, First, MI):

Street Address:

E-mail address:

City, State, Zip:

Driver's license number:

Phone number(s):

Employment Desired

Position applied for:

Date available for work:

How did you hear about A Better Solution?

Circle all locations you're willing to work:
STANWOOD office: Stanwood/Camano N. Snohomish Skagit **All**
SEATTLE office: Seattle Area Eastside S. Snohomish County **All**

Education

	School Name	Course/Major	Total Years	Date	Degree/Diploma
High School					
College					
Technical Training/Other					

Check all Certifications you hold:

- | | | | |
|------------------------------|------------------------------|---|--|
| <input type="checkbox"/> CNA | <input type="checkbox"/> HCA | <input type="checkbox"/> Nurse Delegation | <input type="checkbox"/> Delegation for Diabetes |
| <input type="checkbox"/> NAR | <input type="checkbox"/> CPR | <input type="checkbox"/> First Aid | |

Other:

Employment History

List below all present and past employers over the past 10 years, starting with your most recent employer. You must complete this section even if attaching a resume.

1. Most Recent Employer:			
City, State	Start Date	End Date	Essential job functions of final position:
			1.
Supervisor(s):			2.
Phone number:			3.
Job position(s):	Email address of supervisor:		
Reason(s) for leaving:			
What value did you add to this company?			
2. Employer:			
City, State:	Start Date	End Date	Essential job functions of final position:
			1.
Supervisor(s):			2.
Phone number:			3.
Job position(s):	E-mail address of supervisor:		
Reason(s) for leaving:			
What value did you add to this company?			
3. Employer:			
City, State:	Start Date	End Date	Essential job functions of final position:
			1.
Supervisor(s):			2.
Phone number:			3.
Job position(s):	E-mail address of supervisor:		
Reason(s) for leaving:			
What value did you add to this company?			

Professional References

List below three persons not related to you who **are supervisors or have knowledge of your work performances** within the last five years:

Name:	Telephone:
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Relationship:	Years Known:
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Job Title/Company:

Name:	Telephone:
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Relationship:	Years Known:
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Job Title/Company:

Name:	Telephone:
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Relationship:	Years Known:
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Job Title/Company:

Additional Space to Expand on Any Points or explain periods of unemployment.

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By signing this application I verify that all information given is true and complete to the best of my knowledge. I also acknowledge that if hired, A Better Solution Home Care will perform a mandatory criminal background check and I herein give my permission for them to do so.

I affirm and agree that providing false, misleading, or incomplete information on an application, in a resume, or during the interview process is grounds for disqualification from employment or termination if hired. This disclaimer expressly waives any liability for A Better Solution if the applicant is not hired or is terminated for providing false information.

Signature

Date

Additional Information

If hired, can you provide proof of citizenship or proof of your legal right to work in the U.S.?
Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If NO, which duties can you not perform?

What is your means of transportation to and from work?

What is your back up plan if you have disruptions in transportation?

Character Questions

1. What would you consider your biggest accomplishment to be?
2. Name one short term goal:
3. How about a long term goal?
4. If you could have 24 hours of uninterrupted time to do whatever your heart desired... what would you do?
5. One word that best describes you as a person?
6. What unique quality separates you from other caregivers?



Reference Release

In signing this release, I give A Better Solution Home Care (ABS) permission to contact any of my former and current employers to obtain a reference check. I understand that this process is required to become an employee of ABS and that they may obtain this information via phone, fax, e-mail, or mail.

I also acknowledge that ABS will be asking of any employer to give a fair assessment of my skills in relationship to the position I am applying for today, with the understanding that they are not required to comply with this assessment. If in the event they refuse to assess my skills, they will be required to provide my beginning and ending dates of employment, my position with the company, and whether or not I am eligible for rehire.

Print Name

Date

Signature

Please return to:
Stanwood Applicants
A Better Solution Home Care
9522 271st St NW
Stanwood WA 98292
Ph: 360-629-4510

Seattle Applicants
A Better Solution Home Care
12810 NE 178th ST Ste 234
Woodinville, WA 98072
Ph: 206-446-8896

Fax: 360-629-4658
Email: recruiting@abettersolutionhc.com

A Better Solution Home Care Consistent Scheduling System

Name

Date

Please select the amount of hours you would prefer to work and initial accordingly:

Up to 20 hours per week * Up to 1 weekend per month Initial: _____

21-30 hours per week * Up to 2 weekends per month Initial: _____

31+ hours per week * Up to 3 weekends per month Initial: _____

* **Working in home care often means having to cover weekend shifts.** If you are absolutely unable to cover weekends with no exception please tell us why:

*

* _____

* Please circle which weekend days you can do:

Saturday

Sunday

Either

Both

Fill in your maximum availability below. If there are any days that you absolutely cannot work, **cross those days off**. This schedule should reflect your weekend commitment listed above.

****Understand that the less you are available to work, the fewer hours you are likely to get. You may never have to cover weekends. ****

<i>Write in desired hours in the columns to the right</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Or circle a preferred shift:

Be sure to enter the earliest time you are able to start a shift to the latest you can work on each day. If your availability varies from week to week, please let us know.

ABS Skills Inventory Checklist

Name: _____

Date: _____

Please use this form to rate yourself on a scale of “Very skilled”, “Moderately skilled”, or “Unskilled” for each caregiving task. Check one for each task.

Personal Care	Very Skilled	Moderately Skilled	Unskilled
Shampooing Hair			
Shaving			
Oral Hygiene			
Denture Care			
Dressing			
Showering			
Tub Bathing			
Sponge Bathing			
Bed Baths			
Skin Care			
Pressure Ulcers			
Foot Care			
Diabetes Knowledge			
Blood Glucose Monitoring			
Peri Care			
Range of Motion			
Toileting	Very Skilled	Moderately Skilled	Unskilled
Urinary Incontinence			
Urinary Problems			
Bowel Incontinence			
Bowel Problems			
Transfers Toilet/Commode			
Use of Bedpan/Urinal			
Catheter Care			
Stoma care			
Changing Briefs			
Ambulation	Very Skilled	Moderately Skilled	Unskilled
Wheelchair			
Walker Caine			
Hoyer Lift			
Lift Chairs			
Transfer: Standby/Assist			
Transfer: Full Assist			
Transfer/Gait Belt			
Turn/Reposition			

Medications/Treatments	Very Skilled	Moderately Skilled	Unskilled
Reminders			
Hospice Medications			
Oxygen			
Special Needs	Very Skilled	Moderately Skilled	Unskilled
Behavior Monitoring			
Wandering Prevention			
Fall Prevention			
Difficult Behaviors			
Developmental Disabilities			
Dementia Care			
Eating Assistance	Very Skilled	Moderately Skilled	Unskilled
Meal Planning			
Meal Preparation			
Special Diets			
Dysphasia			
Traveling/Transporting	Very Skilled	Moderately Skilled	Unskilled
Travel to Medical Services			
Essential Shopping			
Community Activities			
Recreation			
Home Management	Very Skilled	Moderately Skilled	Unskilled
General Housekeeping			
Cooking			
Gardening			
Laundry			
Other Tasks Not Listed	Very Skilled	Moderately Skilled	Unskilled