



Your Name: _____

Pre-Interview Screening

Please take a few minutes to answer the following questions before completing the rest of the application. If you have answered "NO" to any of these questions, you do not meet our minimum requirements and will not be considered at this time. We thank you for your interest in our company and hope you will try us again once you can answer "Yes" to everything.

Circle the appropriate answer:

Do you have a running car?

Yes No

Do you have a current driver's license?

Yes No

Do you have current car insurance?

Yes No

Do you have a working cell phone with Texting?

Yes No

Do you have a working Computer?

Yes No

Does your computer have internet access?

Yes No

Are you able and willing to work either Saturday or Sunday?

Yes No

Circle which weekend days you are able & willing to Work.

Saturday Sunday Both



Sunshine In Home Care LLC

Employment Application

Date of Application: _____

Date Available for Employment: _____

Position Applying For: _____

Looking For: Part Time # of Hours: _____ Full Time # of Hours: _____

Last Name First Name Middle Initial

Mailing Address City State Zip Code

Home Phone Cell Phone Number Email

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

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

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

REFERRAL INFORMATION

How did you hear about us? (Please check)

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

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Sunshine In Home Care LLC 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: _____

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

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

CERTIFICATION

I certify that the information on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Sunshine In Home Care LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Employee Candidate Signature

Date

On Hire Training: It is the policy of Sunshine In Home Care LLC to provide paid training for all caregivers. It is Sunshine’s policy that if a new hire Quits, as a No Call No Show, or has multiple complaints from clients that could potentially cause termination of staff within the first 90 days. Sunshine will take the cost of training from staff’s final paycheck.

By signing below, you acknowledge that you understand the policy stated above.

Employee Signature: _____ Date: _____

Availability List

Sunshine In Home Care LLC

EMPLOYEE NAME: _____

Phone # _____ DATE OF HIRE: _____

We expect our caregivers to accept all work scheduled during their stated availability. Unless there are extenuating circumstances, (which we will consider on a case-by-case basis), we expect a caregiver availability not to change for a period of at least 90 days. After the 90-day period has ended, if you wish to modify your hours of availability, you may do so by completing a new Employee Availability Form and giving it to the Administrator / Scheduler at least two weeks prior to the effective date of the change.

Three occasions of refusing to accept work scheduled during your stated availability, without prior notice, may be grounds for written warning.

Sometimes, we need to fill shifts after the schedule has been made available on Thursday. We expect caregivers to be willing to help fill shifts during their stated availability times. Consistent refusal to accept these extra shifts, will reflect poorly on your performance appraisals. Consistently being willing to accept extra shifts, will reflect positively on your performance appraisals, as here at Sunshine In Home Care we value team players.

Write the hours you are available each day in the boxes below.

(Everyone is expected to be available for at least 8 hours on either Saturday or Sunday)

| AVAILABLE | FROM: | TO: |
|--|-------|-----|
| Mon | | |
| Tues | | |
| Weds | | |
| Thurs | | |
| Fri | | |
| Sat | | |
| Sun | | |
| ONLY list towns to which you are willing to travel: | | |
| | | |

Statement Of Driving Status

I am currently licensed to drive a motor vehicle in the state of Oregon, I carry auto insurance on my vehicle, and I have supplied Sunshine In Home Care LLC a current copy of my license and auto insurance.

Signature _____ Date _____

NO DRIVERS LICENSE

I, _____, declare that I do not have a driver's license in the state of Oregon and therefore will find other forms of transportation to get to my scheduled visits (ie. public transportation)

Signature _____ Date _____

CAREGIVER INITIAL SKILLS ASSESSMENT
Rating Factors

Caregiver Name: _____

For each of the items outlined below, fill in the rating that best applies to your experience in that area.

- 0. No Experience you have not experienced this yet.
- 1. Almost No Experience. Have seen this done or have done it once or twice.
- 2. More Training Needed Not comfortable or did it a long time ago.
- 3. Comfortable performing this task alone in the home.
- 4. Very comfortable performing this task.
- 5. Extremely Confident Extremely confident; could train others on this task.

Please rate yourself in the following areas from 0-5 based on the scale outlined above.

- **Level 1 Caregiver Duties**

_____ Provides companionship, friendship, and emotional support by talking, listening, sharing experiences, and engaging client in activities that are pleasing to them, both in the home and in the community, as client is inclined and able.

_____ Remains calm in an emergency. Follow company emergency procedures and takes appropriate action to promote safety and to prevent further injury until help arrives.

_____ Escorts client to medical facilities, errands, shopping, and outings as specified in the Service Plan, using caregiver's or the client's car.

_____ Shops and runs errands for clients, using client's money. Completes accurate mileage logs and receipt/expense records. May use your own or client's vehicle.

_____ Cleans kitchen.

_____ Cleans bathroom.

_____ Provides routine housekeeping activities such as dusting, vacuuming, making beds, mopping floors.

_____ Washes, dries, and puts away laundry.

_____ Changes bed linens and makes bed.

_____ Assists with basic yard care: watering, planting, and weeding.

_____ Prepares nutritious and tasty breakfasts, Lunch, Dinner.

_____ Provides medication reminders.

_____ Assists with pet care: feeding, watering, walking, litter boxes, etc.

Office Use Only: # _____ of Tasks rated 3 or More.

Level 2 Caregiver Duties

- _____ (Optional) Recognizes and treats injuries using emergency first aid until help arrives. Must have first aid certificate.
- _____ (Optional) Recognizes & responds to a cardiac emergency using CPR until help arrives. Must have CPR certificate.
- _____ Assists client with meal planning and preparation in accordance with dietary guidelines or restrictions recommended by their doctors or the client's individual preferences.
- _____ Prepares meals for clients with low sodium restrictions.
- _____ Prepares meals for a client with low fat restrictions.
- _____ Prepares vegetarian meals.
- _____ Provides medication assistance.
- _____ Provides nail care following company policy.
- _____ Stand by assists with ambulation using walker, cane, handrails or stairs.
- _____ Stand by assists when client is bathing or showering.
- _____ Stand by assists when client is dressing or undressing.
- _____ Hands on assists client with eating Shaves client (electric razor only)
- _____ Hands on assists client with grooming
- _____ Hands no assists client with oral care including brushing and flossing.
- _____ Stand by assists client with toileting.
- _____ Stand by assists client with transferring in and out of bed, chairs, toilet, vehicles, and bath/shower.
- _____ Demonstrated experience with mild dementia and behaviors.

Office Use Only: # _____ of Tasks rated 3 or More.

Level 3 Caregiver Duties

- _____ Prepares meals for clients with diabetic restrictions Provides medication administration.
- _____ Fills secondary medication containers from written medication list Administers eye drops.
- _____ Accurately completes and maintains Medication Administration Record Takes and records client's vital signs and blood pressure.
- _____ Assists client with installing new oxygen tubing, as appropriate.
- _____ Assists client to switch from oxygen concentrator to portable oxygen unit _Hands on assists with all ambulation.
- _____ Trains clients no proper walker usage techniques Hands on assists clients with bathing and showering.
- _____ Provides client with sponge bath.
- _____ Hands on assist client with dressing and undressing.
- _____ Shaves clients with bladed razor per company policy (no diabetics; not on Coumadin)
- _____ Grooms the client.
- _____ Cleans dentures. Hands on assists client with putting in their dentures.
- _____ Assists with recommended TP and exercises.
- _____ Assists with recommended OT and exercises.
- _____ Hands on assists client with toileting.
- _____ Changes adult briefs and maintains good skin condition for incontinent clients.
- _____ Hands on assists with all transferring.
- _____ Performs stand pivot transfers.
- _____ Performs transfers using slide board.
- _____ Performs transfers using gait belt.
- _____ Demonstrated experience with moderate dementia and related behaviors.

- _____ Demonstrated experience with clients with mild to moderate Parkinson's Disease
- _____ Demonstrated experience with clients who are moderately impaired due to stroke.

Office Use Only: # _____ of Tasks rated 3 or More

Level 4 Caregiver Duties

- Demonstrated experience with severe dementia and/or Alzheimer's and related behaviors.
- Demonstrated ability to assist, advise, and comfort family at client's passing calmly and appropriately.
- Administers suppositories.
- Cleans and manages feeding tubes (delegated nursing task)
- Performs colostomy bag care (delegated nursing task)
- Administers insulin injections (delegated nursing task)
- Performs occupied bed changes.
- Provides bed baths.
- Dresses and undresses client
- Feeds client
- Performs external catheter care.
- Performs transfers with manual hydraulic Hoyer Lift Repositions chair-bound and bed-bound clients.
- Demonstrated experience with clients with moderate to severe Parkinson's Disease.
- Demonstrated experience with clients who are severely impaired due to stroke.
- Demonstrated Experience with Hospice Patients.

Extra Credit (Place a check mark next to those licenses that you currently hold)

- Holds current C.N.A. License.
- Holds current First Aid Certificate Holds current CPR Certificate.
- Holds current Med Aid License.

Office Use Only: # of Tasks rated 3 or More _____ of 16 + _____ (Current Licenses)

I _____ certify that I answered these to the best of my knowledge/abilities. I understand this will be used for my initial placement in the home.

Personal References:

Please provide 4 personal references

NAME: _____ PHONE # _____ YEARS KNOWN: _____

NAME: _____ PHONE # _____ YEARS KNOWN: _____

NAME: _____ PHONE # _____ YEARS KNOWN: _____

NAME: _____ PHONE # _____ YEARS KNOWN: _____