

JOB DESCRIPTION



PERSONAL CARE AIDE

EDUCATION: High School graduate or equivalent preferred. Forty-four (44) to fifty-nine (59) hours classroom and/or documented on the job training preferred. Minimum 18 years of age.

EXPERIENCE: 0-6 months

DUTIES AND RESPONSIBILITIES:

- Assist ambulatory client with mobility and toileting
- Provide care for normal, unbroken skin
- Assist with personal hygiene by setting up the supplies needed for the client to complete hair and scalp grooming and fingernail grooming
- Assist with bathing by assisting in and out of shower, tub and basin
- Shave client
- Provide basic first aid
- Make unoccupied bed
- Assist limited function client with dressing
- Assist with meal preparation and cutting up food for client
- Assist in and encourage physical activities and/or prescribed exercises
- Assist with following budget prepared by case manager
- Assist to find/use community services
- Perform reading and writing tasks
- Provide companionship/emotional support
- Demonstrate and assist with basic housekeeping tasks (sweeping, vacuuming, dusting, mopping, dishes, etc)
- Assist in organizing household routine
- Assist in purchasing clothing or other household items
- Assist with planning and preparing proper meals
- Skills listed below must have competency demonstrated and verified by RN before performing
- Apply Ace bandages, TEDs, binders
- Apply/remove prosthetic devices for stable clients
- Assist client with self-monitoring of temperature, pulse, blood pressure and weight



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

DATE OF APPLICATION: _____

Name: _____

Last, First, Middle Initial

Address: _____

Street, (Apt), City, State ZIP

Contact Information: _____

Home Telephone

Mobile

Email

Available Start Date: _____

Desired Salary: _____

POSITION SOUGHT: _____

Are you a citizen of the U.S.? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

EDUCATION:

	Name and Location	Graduate?	Diploma/Degree/Accreditation	Major/Subjects of Study
High School		YES NO		
College or University		YES NO		
Specialized Training		YES NO		
Other Education		YES NO		



PREVIOUS EXPERIENCE:

Please list beginning from most recent:

Dates Employed		Company Name	Location	Role/Title
FROM	TO			

Job notes, tasks, and reason for leaving

May we contact your previous supervisor for a reference? YES NO

Dates Employed		Company Name	Location	Role/Title
FROM	TO			

Job notes, tasks, and reason for leaving

May we contact your previous supervisor for a reference? YES NO

Dates Employed		Company Name	Location	Role/Title
FROM	TO			

Job notes, tasks, and reason for leaving

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Dates Employed		Company Name	Location	Role/Title
FROM	TO			

Job notes, tasks, and reason for leaving

May we contact your previous supervisor for a reference? YES NO



REFERENCES:

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____
Street (Apt.) City, State ZIP

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____
Street (Apt.) City, State ZIP

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____
Street (Apt.) City, State ZIP

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

ADDITIONAL INFORMATION:

Do you have any special skills? _____

Are you a smoker? YES NO

Do you speak another language? YES NO
If Yes, what language(s)?

Are you allergic to animals? YES NO
If yes, what animal(s)?

Do you have any fear of pets? CATS DOGS Other: _____
Do you have any limitations? YES NO
If Yes, what limitations?

Are you available for emergency calls? YES NO
Can you work weekends? YES NO
Are you available to fill in for other aides? YES NO M T W Th F Sa Su

Are you CPR Certified? YES NO Expiration: _____

Are you First Aid Certified? YES NO Expiration: _____



VICTORY HOME HEALTH EMPLOYMENT APPLICATION

- Victory Home Health Care LLC will not hire individuals with a conviction or prior history of child, elderly, or any abuse, neglect or mistreatment. Reference of past employment will be checked as per Federal, State, and Local rules and regulations
- Victory Home Health Care LLC will actively and aggressively investigate all allegations of Abuse and or Neglect. At the time of the initial report, formal investigative procedures will be followed
- Immediately upon observation or discovery of any Abuse or Neglect, a report to the Agency Administrator or immediate supervisor must be made. Failure to report Abuse or Neglect will result in disciplinary action up to, and including, termination
- Guardian(s), advocates and or advocates care coordinators, case managers, and appropriate State Agencies must be notified as per Federal, State, and Local rules and regulations
- A preliminary decision regarding the allegation shall be made within five (5) calendar days of the allegations unless doing so would violate protective service procedures. A final written report must be completed within 7 days from the incident
- All employees and contractors will receive instruction/training in preventing and reporting abuse, mistreatment or neglect of persons on at least an annual basis as well as instructions in the appropriate approaches to managing persons with Alzheimer's and Parkinson's disease
- Any person who is subjected to retaliatory action upon making a report of individual abuse, neglect or exploitation, or whose report is ignored without cause, shall immediately contact the Agency Director or RN Supervisor. Any employee or contractor found guilty of retaliatory action may be subject to disciplinary action, including termination

I. _____ have read and understand the policy on Abuse and Neglect. I agree to abide by this policy. I understand that not abiding by this policy could result in a disciplinary action including possible termination of contractual employment

SIGNATURE

DATE

SIGNATURE

DATE