



CASE MANAGEMENT
caregiving
APPLICATION FOR EMPLOYMENT

Office use only:
Interviewed _____
Date app. Received _____
Applicant follow up _____

Name: _____

Date: _____

Address: _____

Please complete the following application in its entirety. All employment decisions are made pursuant to our policy of providing equal opportunities without regard to race, color, national origins, ancestry, marital status, sex age or other non-job-related physical handicaps. Your application will be considered with others who have also applied for this position.

Employment Desired:

Position: _____ Salary Expected: _____

Full time Part time Days Swing Nights

Personal Information:

Telephone: _____ Cell _____ Social Security # _____

Email Address: _____

Are you over eighteen (18) years of age? Yes No

Have you been convicted of a misdemeanor? Yes No

Have you been convicted of a felony? Yes No

Did it result in imprisonment? Yes No Explain fully _____

Applicant should note that the existence of a conviction will not necessarily disqualify them from a position.

If you are selected for employment with Case Management Caregiving, LLC, upon hire, you will be required to produce original or certified documents establishing your identity and employment eligibility. A background check will be done. You will need to provide drivers license, proof of car insurance and social security card.

How did you learn of this position? Craigslist Job Service Indeed Other _____

An employee Name of employee: _____ Relationship: _____

Date Available to start: _____ Days Available: S M T W TH F S

Between What Hours Can You Work: _____

*Feel free to attach school/Work schedule.

Allergies to animals: Yes No type: _____

Are you a smoker? Yes No Would you have a problem working with someone who is? Yes No

Education:

High School: _____ Did you graduate? Yes No
(name, city & state)

College: _____ Did you graduate? Yes No
(name, city and state)

Degree In: _____ Subject taken: _____
Other courses or experience you have had that will help in the position: _____
Currently attending? Yes No

Employment History: List former and current positions, list most recent employer first.

Company _____
Address _____
Phone Number _____ Job Title _____
From (Mo/Yr) _____ To (Mo/ Yr) _____
Specific duties _____

Supervisor _____ Salary _____
Reason for leaving _____

Company _____
Address _____
Phone Number _____ Job Title _____
From (Mo/Yr) _____ To (Mo/ Yr) _____
Specific duties _____

Supervisor _____ Salary _____
Reason for leaving _____

Company _____
Address _____
Phone Number _____ Job Title _____
From (Mo/Yr) _____ To (Mo/ Yr) _____
Specific duties _____

Supervisor _____ Salary _____
Reason for leaving _____

Company _____
Address _____
Phone Number _____ Job Title _____
From (Mo/Yr) _____ To (Mo/ Yr) _____
Specific duties _____

Supervisor _____ Salary _____
Reason for leaving _____

May we contact your current employer? Yes No If no, please explain why: _____

Do you currently hold a professional license or certification? Yes No

If yes please mark type: RN LPN CNA MSW Other _____

Expiration date: _____ State _____ Number: _____

Please list all job-related organizations, professional groups, or associations to which you belong: _____

References: Please list three (3) people who have first-hand knowledge of your abilities, experience and work habits. Please do not include relatives.

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone# _____

Emergency Notification:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Are you related to anyone in our employment? Yes No Name: _____

I hereby certify that all of the information that is listed herein is true and accurate to the best of my knowledge. I understand that any discovery of any false statements, misrepresentation or omissions of requested material on this application shall be grounds for dismissal. I authorize the investigation of anything supplied on this application and hereby release my present and past employers and named references from any damages that may result from furnishing said information. Also, I do consent that, if I am hired, my employment may be terminated anytime either by myself or employer; with or without just cause. If I choose to leave, I will give at least two weeks' notice.

I certify that I have read the above statement and understand its terms.

Signature _____ Date _____

Please take the time to answer these additional questions.

1. Do you have a reliable vehicle? Yes No
2. Do you have a current driver's license? Yes No Current vehicle insurance? Yes No
3. What do you consider to be your strong points? _____

4. What are your weaker points? _____

5. There are many facets to our work; which would you be most interested in? # 1, 2, 3, & 4 being lowest
Hands on care Errands & transportation Housekeeping Companionship
6. Have you ever worked with Hospice patients before? Yes No
Is this something you feel you could do? Explain. _____

7. Do you have any physical limitations or previous injuries that would affect your work with dependent clients? _____

8. How much experience have you had with Dementia/ Alzheimer's disease? _____

9. Is there any health concern or disease you feel you have a higher level of training or skills in (your specialty)? _____
10. Would you be willing to travel to the greater Missoula area/ Bitterroot Valley? Yes No
11. How would you rate your transfer skills? Good Fair Poor
What kind of transfers are you familiar with? Explain. _____

Case Management Caregiving

CARE GIVER SKILLS CHECK LIST

Please check all skills in which you are proficient:

Hygiene:

- Tub Bathing
- Showering
- Bed Bath
- Hair Care
- Oral Care
- Skin Care
- Nail Care
- Shaving
- Dressing Assist

Skills:

- Catheter Care
- Applying External Catheter
- Use of Glucometer
- Make occupied bed

Food:

- Knowledge on nutrition
- Food Preparation (cooking)
- Knowledge on Special diets

Tasks:

- Comparative shopping
- House Cleaning
- Laundry
- Gardening
- Organization

Monitoring:

- Blood Pressure
- Respiration
- Temperature

Communication:

- Communication skills
- Sign Language
- Assisting Visually Impaired
- Behavior Modification
- Orientation for Memory Impaired

Misc:

- Range of Motion Exercises
- Recording I and O
- Universal Precautions

Employee Signature

Case Management Caregiving Rep

For office use only:

Occupied bed: Verbal Physical **Transfer:** _____ Verbal Physical
(type)

Comments: _____

