

**Caretech, Inc.**  
**Position Description**

**Position: Home Care/Chore Specialist**

Reports To: Home Care/Chore Supervisor

**Position Purpose:**

To provide non-medical care services to the elderly and disabled adults. Services include general household activities enabling the client(s) to maintain a healthy and safe environment.

**Duties:**

The position responsibilities may include, but are not limited to the following: dusting, mopping floors, changing bed linens, vacuuming, making beds, cleaning bathrooms, carrying out trash, washing dishes, laundry, washing inside windows, simple home maintenance and repairs. In some cases, grocery shopping may also be required in addition to client supervision.

**Further Duties:**

- Report any changes in client's health and behavior to the supervisor.
- Report any suspected client abuse or neglect
- Attend training workshops as required
- Promptly complete activity and time sheet reports

**Qualifications:**

- Must be personable and friendly to clients
- Have training and/or experience in carrying out home care/chore services comparable to those which will be authorized
- Ensure that all applicable laws and regulations will be met
- Must be at least 21 years of age
- A high school or equivalent degree is preferred
- Must be able to read, write, and follow directives in the English language

**Requirements:**

- Exercise reasonable caution and care in the use and storage of client's equipment, appliances, tools, and supplies
- Ensure a regular work schedule and quality of service work
- Must agree to and pass background checks with the Adult and Child Abuse and Neglect Registry, Criminal History, and the Department of Motor Vehicles record and review
- Must respect every client's right to confidentiality and safeguard confidential information
- Understand and accept responsibility for the client's safety and property
- Ability to work in a drug-free environment

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Employee Signature

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Date

Personal Application  
(Please type or print clearly; **complete all of the application**)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Full Time: \_\_\_\_\_ Temp: \_\_\_\_\_ Part: \_\_\_\_\_

Salary Expected: \$ \_\_\_\_\_ Former Name(s): \_\_\_\_\_

Are you eligible to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a criminal offense(s)? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

**If "yes," please specify the nature and number of offense(s)** \_\_\_\_\_

\_\_\_\_\_

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**DRIVING RECORD**

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

State Licensed: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

During the past eight years, have you been denied a driver's license or convicted of a moving traffic offense, including but not limited to speeding, driving while intoxicated or reckless driving?

\_\_\_\_\_ Yes\* \_\_\_\_\_ No

**If "yes," please specify the nature and number of offense(s) as well as dates:** \_\_\_\_\_

\_\_\_\_\_

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**\*Note: Answering "Yes" to a violation or conviction above does not automatically disqualify you from employment since the nature of the offense(s), the date of the offense(s) and type of job(s) for which you are applying will be considered.**

**SKILLS**

Professional Skills: \_\_\_\_\_ Years Experience \_\_\_\_\_

\_\_\_\_\_ Years Experience \_\_\_\_\_

Clerical Skills: \_\_\_\_\_ Years Experience \_\_\_\_\_

\_\_\_\_\_ Years Experience \_\_\_\_\_

Labor/Craft Skills: \_\_\_\_\_ Years Experience \_\_\_\_\_

\_\_\_\_\_ Years Experience \_\_\_\_\_

Computer Skills: \_\_\_\_\_ Years Experience \_\_\_\_\_

\_\_\_\_\_ Years Experience \_\_\_\_\_

**SKILLS** continued

Foreign Language: \_\_\_\_\_

Circle all that apply:            Speak            Read            Write

Circle proficiency:            Fluent            Good            Fair

Sign Language:            Fluent            Good            Fair

Additional language(s) \_\_\_\_\_

**LICENSES OR CERTIFICATIONS**

Please list licenses or certifications

CNA	Current _____	Not Current _____
CMA	Current _____	Not Current _____
CPR	Current _____	Not Current _____
Other _____	Current _____	Not Current _____

**EDUCATION**

Please list ALL education, including high school, starting with the highest year completed.

<u>Name of High School, College, University, Trade School, Technical College, etc.</u>	<u>Indicate Major, Degree or Certification received</u>	<u>Graduate? Or Currently Attending?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL REFERENCES**  
(Please do not include relatives)

<b>Name &amp; Address</b>	<b>Telephone # s</b>	<b>Years Known</b>	<b>Relationship</b>
_____	Home: _____	_____	_____
_____	Work: _____	_____	_____
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_____	Home: _____	_____	_____
_____	Work: _____	_____	_____
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_____	Home: _____	_____	_____
_____	Work: _____	_____	_____

# EMPLOYMENT HISTORY

Name: \_\_\_\_\_

**Please list all employers. Begin with most recent or present.**

<b>1.</b>	Employer _____ Supervisor _____ Address _____ City, State, Zip _____ Position Title: _____ Phone No. ( ) _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Dates of Employment: From _____ To _____ Salary: Starting _____ Final _____ Reason for Leaving: _____ May We Contact This Employer: _____ Brief explanation of job duties: _____ _____
<b>2.</b>	Employer _____ Supervisor _____ Address _____ City, State, Zip _____ Position Title: _____ Phone No. ( ) _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Dates of Employment: From _____ To _____ Salary: Starting _____ Final _____ Reason for Leaving: _____ May We Contact This Employer: _____ Brief explanation of job duties: _____ _____
<b>3.</b>	Employer _____ Supervisor _____ Address _____ City, State, Zip _____ Position Title: _____ Phone No. ( ) _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Dates of Employment: From _____ To _____ Salary: Starting _____ Final _____ Reason for Leaving: _____ May We Contact This Employer: _____ Brief explanation of job duties: _____ _____

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby authorize the release, to *Caretech, Inc.*, the results of my medical examination, including drug screening test results, for internal use by *Caretech, Inc.* to evaluate my suitability for employment. I also authorize any educational institutions I have attended, previous and current employers, law enforcement agencies, and any others who possess information about me to release any and all such information to *Caretech, Inc.* In a manner consistent with this authorization, I also hereby release *Caretech, Inc.* from any and all claims or causes of action, in law or equity, which I might otherwise have, arriving from the transmittal of such information to *Caretech, Inc.* and its use of it.

**I further understand and agree to the following:**

- \* I certify that the statements made in this application are true and correct to the best of my knowledge, and that falsification of any information contained herein may result in summary termination of my employment.
- \* An investigation may be done to obtain character information from employers, neighbors, friends, colleagues and associates, and others who may have knowledge of me.
- \* A satisfactory evaluation of my knowledge, skills, abilities, and overall suitability for employment, determined in part on the basis of any medical examination and drug screen test results and conducted by *Caretech, Inc.* in its sole and unlimited discretion, shall be a condition to employment. I shall take all tests required for the position I seek.
- \* I shall provide proof of citizenship or authority to work in the United States.
- \* My employment at *Caretech, Inc.* is at the will of *Caretech, Inc.* and myself and may be terminated, with or without cause, by *Caretech, Inc.* or myself at any time with no notice required.
- \* *Caretech, Inc.* may change the terms and conditions of my employment at any time without giving notice.
- \* No one but the President or a designated representative of *Caretech, Inc.* has the authority to enter into any contract for employment with me which contains terms that are contrary to any herein.
- \* If my employment ends, *Caretech, Inc.* may provide confidential information from my records to any prospective employer with no liability to itself or its staff.

***Caretech, Inc.* is an Equal Opportunity Employer and adheres to all anti-discriminatory laws, local, state, and federal.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Caretech, Inc.**  
**Job Applicant Form**

*I certify that I:*

**Yes**

**No**

- |   |       |       |
|---|-------|-------|
| 1) Am free of communicable disease.   | _____ | _____ |
| 2) Am physically capable of providing services as described in the job description.                                 | _____ | _____ |
| 3) Have knowledge of basic first aid skills and available emergency medical resources.                              | _____ | _____ |
| 4) Will exercise caution and care in use and storage of client's equipment, appliances, tools, and supplies.        | _____ | _____ |
| 5) Have had training and/or experience in carrying out chore services comparable to those which will be authorized. | _____ | _____ |

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date

**STATE OF IOWA  
NON-LAW ENFORCEMENT RECORD CHECK REQUEST  
FORM A**

ACCOUNT NUMBER \_\_\_\_\_

**TO: Iowa Division of Criminal Investigation    FROM    Caretech, Inc.**  
:

**Bureau of Identification, 1<sup>st</sup> Floor  
215 E 7<sup>th</sup> Street  
Des Moines, IA 50319  
(515) 725-6066  
(515) 725-6080 (fax)**

11904 Arbor, Street, Suite 201  
Omaha, NE 68144  
Phone #(402) 697 5121  
Fax # (402) 330-341

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

**REQUEST**

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
/ / <b>Date of Birth</b> (mandatory)	<b>Sex</b> (mandatory)	- - <b>Social Security Number</b> (recommended)
<b>Signature of Requester</b>		

***There is a separate Form "A" required for each last name submitted***

(DCI Use Only)

**RESULTS**

As of \_\_\_\_\_, a Name and date of birth check revealed:

**CCH record attached**                          **No CCH record found**   

DCI initials \_\_\_\_\_

**WAIVER**

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

_____ <b>Signature</b>	_____ <b>Date</b>
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Iowa Department of Human Services

**AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION**

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send both copies to the Central Abuse Registry, Iowa Department of Human services, Hoover Building, Fifth Floor, Des Moines, Iowa 50319-0114.

<b>PART A: To be completed by the person requesting information.</b>				
1.	Requester <b>Caretech, Inc.</b>			
	Address P.O. Box 402			
	City Boys Town	State NE	Zip Code 68010	Phone Number FAX # (402) 330-3411
	2. The information concerns:			
Name (first, middle initial, last)				
Maiden Name or Alias (if applicable)			Birth Date	Social Security Number
Address				
City		State:	Zip Code	County
3.	What is the purpose of your request for child abuse information?  Employment as a Caregiver			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
Signature			Date	
<b>Part B: To be completed by the person authorizing the Department of Human Services to release child abuse information.</b>				
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.				
Signature <b>X</b>			Date	
<b>Part C: To be completed by the Central Abuse Registry or designee.</b>				
1. <input type="checkbox"/> The person named in A-2 is listed on the Child Abuse Registry as having abused a child.				
2. <input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.				
3. <input type="checkbox"/> This request for information is denied because the form is incomplete.				
Signature			Date	
Comments				

**Caretech, Inc.**

“Excellence in helping others live independently”

Equal Employment Opportunity Information

**Caretech, Inc.** is an **Equal Employment Opportunity Employer**. The information requested is voluntary; it will remain separate from your application for employment and will in no way be used to make a selection decision. The information is for statistical purposes only, and used in analyzing the effectiveness of our recruiting and selection strategies in reaching a diverse population for our purpose.

Name: First \_\_\_\_\_ MI: \_\_\_\_\_ Last \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Application date: \_\_\_\_\_

Position (s) applied for: \_\_\_\_\_

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Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

EEO Code: \_\_\_\_\_ White (Not of Hispanic Origin)  
\_\_\_\_\_ Black (Not of Hispanic Origin)  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian Pacific Islander  
\_\_\_\_\_ American Indian/ Alaskan Native  
\_\_\_\_\_ Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a Veteran of the United States Armed Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “yes,” please provide date(s) of active duty: to \_\_\_\_\_ from \_\_\_\_\_

Branch of service: \_\_\_\_\_ Rank: \_\_\_\_\_

Type of discharge: \_\_\_\_\_