

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

Employee Signature

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) _____

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: _____

***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)

Name & Address	Telephone # s	Years Known	Relationship
_____	Home: _____	_____	_____
_____	Work: _____	_____	_____

_____	Home: _____	_____	_____
_____	Work: _____	_____	_____

_____	Home: _____	_____	_____
_____	Work: _____	_____	_____

EMPLOYMENT HISTORY

Name: _____

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

1. Employer _____ Supervisor _____
Address _____ City, State, Zip _____
Position Title: _____ Phone No. () _____ Full-time Part-time
Dates of Employment: From _____ To _____ Salary: Starting _____ Final _____
Reason for Leaving: _____ May We Contact This Employer: _____
Brief explanation of job duties: _____

2. Employer _____ Supervisor _____
Address _____ City, State, Zip _____
Position Title: _____ Phone No. () _____ Full-time Part-time
Dates of Employment: From _____ To _____ Salary: Starting _____ Final _____
Reason for Leaving: _____ May We Contact This Employer: _____
Brief explanation of job duties: _____

3. Employer _____ Supervisor _____
Address _____ City, State, Zip _____
Position Title: _____ Phone No. () _____ Full-time 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



Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: CARETECH INCORPORATED (402)-330-3411
Please do not use abbreviations

Address and Phone Number: P.O. Box 402 Boys Town, NE 68010
(402) 697-5121

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant) _____ Date _____

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth _____ Applicant Social Security Number _____

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

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: _____

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 dates(s) of active duty: to _____ from _____

Branch of service: _____ Rank: _____

Type of discharge: _____