



PLEASE READ page 1 & 2 before deciding to fill out this application. Every employee IS REQUIRED to provide personal care (bathing & toileting) for both Men and Women

Dear Applicant:

Thank you for considering employment with CDM Home Care Services. In order to assist you in making an informed decision about our ability to meet your employment needs and expectations, please **carefully** review the following information before completing this application. It is our hope that individuals completing our application for employment have considered the purpose, the mission and the vision of CDM Home Care Services before deciding to seek employment with this organization. It is our goal to employ individuals committed to **helping others remain independent at home** through a commitment to our company goals and ideals.

If you have any questions, or need additional information please ask any member of our staff. Again, thank you for considering CDM Home Care Services.

EMPLOYMENT INFORMATION

- **Mission:**
To provide services that allow individuals to live with dignity in their home or residence.
CDM In-Home Care Services' goal is to improve the quality of life of those we serve. We train our employees to be reliable and confident, and to display a dedication to quality and caring commitment to the elderly and disabled.
- **Position:**
Home Care Specialist
- **Duties:**
Provide assistance with daily tasks. Please see job description and list of tasks included with application materials.
- **Location:**
Private homes of clients in Clark County and the Portland metropolitan area.
- **Wages:**
\$9.50 to start. .25¢ per hour weekend pay differential, \$1.00 per hour Hoyer pay differential. Mileage reimbursement (when applicable) .42¢ per mile.
- **Benefits:**
 - Medical dental and vision benefits available.
 - Paid time off
 - AFLAC insurance programs
 - Eligible for COSTCO, IQ or Columbia Credit Union memberships; and
 - Retirement Plan.

Pre-employment drug testing may be required

HOME CARE SPECIALSIT JOB DESCRIPTION

1. Provides Caring, Dependable and Meaningful, non nursing care to the client.
2. Provides the tasks each client is authorized to receive within each program's guidelines.
3. Provides healthy, safe environment for the client by assisting in keeping the home orderly and clean (routine housekeeping, laundry, kitchen and bathroom. Must be able to sweep, mop and vacuum).
4. Helps to plan prepare, and serve nutritious meals according to the client's needs and any prescribed diet.
5. Shops for food and household supplies.
6. Transports the client to medical appointments when other resources are depleted and to take care of essential errands.
7. Observes client for their general mental and physical condition and reports any changes to the Client Care Coordinator.
8. Provides companionship for the client if authorized
9. Provides personal care tasks including bathing and toileting for both men and women.
10. Practices safety and competency within the job description including ability to respond appropriately to an emergency situation.
11. Completes neat and accurate records of tasks performed during the scheduled visit. Must have adequate and effective communication skills, verbal and auditory ability and legible handwriting.
12. Provides all authorized tasks and hours assigned.
13. Attends all required training.
14. Submits a monthly schedule and reports any schedule changes to the Home Care Supervisor.

I have read and understand the job description and I am able to perform each task listed.

Signature

Date



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Position(s) Applied for Date of Application

Last name First Name Middle Name

Address Number Street City State Zip Code

Telephone Number Cellular Number Social Security #

Emergency Contact Phone

Have you ever filed an application with us before Yes No

If yes, give date

Have you been employed with us before? Yes No

If yes give date

Are you currently employed?

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

On what date would you be available for work?

Are you currently on "lay-off" status and subject to recall? Yes No

EDUCATION

Name & Address of School	Course Study	Years Completed	Diploma Degree
High School			
Undergraduate College			
Graduate Professional			
Other			

INDICATE ANY LANGUAGES YOU CAN SPEAK/READ/WRITE/SIGN

Fluent	Good	Fair
Speak _____		
Read _____		
Write _____		
Sign _____		

PLEASE INDICATE ANY SPECIALIZED TRAINING OR EXPERIENCE

CPR _____
CNA _____
R.N. _____
L.P.N _____
FIRST AID _____
NURSING HOME EXPERIENCE _____
FUNDAMENTALS OF CAREGIVING _____

OTHER QUALIFICATIONS

Summarize special job-related skills and qualification acquired from life experience or volunteer work

NAME: _____

EMPLOYMENT EXPERIENCE Start with your present or last job. Include any job-related military service assignments & volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Employed From/To	Work Performed
Address		
Telephone	Salary-Beg/End	
Job Title	Supervisor	
Reason for Leaving		

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Telephone	Salary-Beg/End	
Job Title	Supervisor	
Reason for Leaving		

ADDITIONAL INFORMATION

Please list any additional skills you would like us to know about.

REFERENCES-NO RELATIVES PLEASE

1. _____ () _____
Name Phone
2. _____ () _____
Name Phone
3. _____ () _____
Name Phone

Recruitment Survey

We are interested in how you first found out about us. Please indicate below the resource you used.

_____ State Unemployment Office	_____ Web Page
_____ Newspaper Ad _____ <i>Name of Publication</i>	_____ Walk In
_____ Employee Referral _____ <i>Name of Employee</i>	_____ Job Fair _____ <i>Please Specify</i>
_____ School _____ <i>Name of Institution</i>	_____ Other _____ <i>Please Specify</i>

TASKS

FEEDING OR EATING

Cut up cooked food for the client. Take food to the client. Butter toast, pancakes, etc .Spoon feed client. Cue client to feed self
Encourage liquids. Keep liquids available

TOILET USE (use disposable latex gloves)

Help the client to and from the bathroom. Help the client on or off the toilet or commode. Clean up when the client is incontinent Empty and clean urinal, commode or bedpan (1 part bleach/ 10 parts water.)Change and dispose of protective undergarments/incontinence pads (i.e. Depends or Chuks Pads) Assist incontinent client with protective undergarments/incontinence pads (i.e. Depends or Chuks Pads) Remind the client (timed toileting)
Empty catheter bag. Assist client to change a colostomy bag. Adjust client's clothing

AMBULATION/LOCOMOTION

Provide support and steadying. Assist client to walk. Hold on to client's arm. Push client while in wheelchair. Give cane or walker to the client. Escort client. Keep walkways clear of clutter. Make sure client wears shoes/slippers

TRANSFER

Assist the client in moving to/from bed, chair, wheelchair, standing position without lifting (use transfer device if needed.) All specialists involved in any form of transfer *MUST* wear a back brace

POSITIONING/BED MOBILITY

Turning bed bound patients. Prop pillows. Positioning a client comfortably in a wheelchair

SPECIALIZED BODY CARE

Apply **non**-prescription lotion/ointments to body, but do not apply it between the toes. Passive Range of Motion exercises. Application of dry bandages. Skin Care including nutrition/hydration, preventative/protective care (to be described on client plan of care)Soak/clean nails. File and clip client's fingernails and toenails. File/clip toenails straight across. Ingrown nails or problem nails should be treated by a podiatrist (medical coupons can be used).

CARE OF APPEARANCE / PERSONAL HYGIENE

Comb and brush the client's hair. Set the client's hair. Brush client's teeth. Clean the client's dentures - oral hygiene (use disposable latex gloves)Shave with electric razor preferably. If using disposable razor, use latex gloves. Applying makeup. Washing/drying face, hands and perineum. Take the client to a beauty or barber shop for haircuts

DRESSING AND UNDRRESSING

Fasten and unfasten clothing. Get the clothing out of closet or dresser. Color coordinate client's clothing. Assist client to put on or take off any item of clothing. Assist client to choose clean/appropriate clothing

BATHING (use disposable latex gloves)

Assist client in/out of the shower. Standby while the client takes a bath. Wash the client's back, feet, legs, other hard to reach areas. Shampoo client's hair. Soak and wash the client's feet. Provide the client with soap, washcloth, and a towel. Assist the client with a sponge bath or bed bath

SELF MEDICATION/MEDICATION MANAGEMENT (WASHINGTON ONLY)

Document administration. Open medisets/bottles. Hand medication in cup or bowl. Read labels to client. Re-order medications. Report adverse reactions. Remind the client to take medication. Monitor medications - check medisets/bottles

MEAL PREPARATION

For safe food preparation/storage techniques, please refer to Food & Beverage Workers' Card Manual (located in back of this manual.) Prepare meals as requested by the client. Encourage the client to eat, following proper nutrition. Prepare food for the client to cook (peel or cut up vegetables and fruits) Prepare meals ahead of time for client to defrost/reheat. Put dishes in the dishwasher, or wash by hand (use rubber gloves) Clean kitchen after each meal

HOUSEWORK/LAUNDRY

Wash clothing, towels, and bed linens, but never by hand (use disposable gloves) Change bed linens (use disposable gloves) Do laundry at client's home or a Laundromat (use disposable gloves) Iron clothing if needed. Mend clothing, sew on buttons, but no alterations. Dry clothing, linen, and towels. May hang laundry to air dry (inside or outside), old laundry, and put it away. Routine housework includes vacuuming, dusting, sweeping/mopping floors, taking out garbage, making bed, and cleaning all bathroom and kitchen surfaces. Wash cupboards, door handles, switch plates, spots on the walls, etc. Clean kitchen after each meal. Clean refrigerator and stove. Clean toilet - use long handled brush and rubber gloves. Clean the oven at least twice a year or as needed. Defrost freezer if ½" of ice is present. Dust, moving large items (lamps, bowls, ashtrays, etc.).

TELEPHONE USE

Answer phone for client. Dial telephone for client. Make calls for client. Take messages for client

TRANSPORTATION

Take client to and from the doctor appointments (as a means of last resort) Pick up the client from the hospital or take to the hospital for tests. Take the client to pick up prescribed medications or attain refills/medisets prepared by Pharmacist Accompany the client on C-Van or in an ambulance. Stay with the client at the doctor's office. Home Care Specialists can assist with finding alternate transportation if needed

SHOPPING

Pay Bills. Get prescribed medications. Shop for clothing. Do banking. Grocery shop (encourage nutritional choices) Trip to the post office. Pick up mail. Christmas shopping

WOOD SUPPLY (IF CLIENT'S ONLY SOURCE OF HEAT)

Bring wood into the client's home. Burn wood

SUPERVISION (If Authorized)

Cueing the client when memory impaired. Providing cognitive support. Providing unscheduled tasks. Remain with a client to ensure their safety when all other tasks are complete

PRE-HIRE INTERVIEW CHECKLIST

Please initial each.

- ___1. C.D.M. is an equal opportunity employer.
- ___2. C.D.M. is a private non-profit agency incorporated in the State of Washington. We provide service to low-income, seniors and others with disabilities in Clark County. Our purpose is to keep seniors and the disabled in their own homes with assistance and out of nursing home placement as long as possible.
- ___3. You *must* have a Social Security card, valid Washington or Oregon ID, and be 18 years of age or older. If you use your own vehicle while employed at CDM, you *must* have a current driver's license (Washington or Oregon) and *proof* of current auto insurance.
- ___4. You are required to sign the following: Oath of Confidentiality, Workplace Policy on Drug & Alcohol Abuse, Request for Criminal History Information (abuse), and Request for Abstract of Driving Record.
- ___5. If you have **not** been a resident of Washington State for a period of three (3) years, CDM is required to take fingerprints.
- ___6. You are paid once-a-month on the 7th, except as follows; if payday (the 7th) falls on a Saturday, employees will be paid on Friday, the 6th. If payday falls on a Sunday, employees will be paid on the 8th. In the event that a holiday interferes with payroll processing, employees will be paid on the 8th.
- ___7. You must complete all training as explained in the interview process.
- ___8. C.D.M. promotes from the ranks when possible.
- ___9. You are employed on a trial basis for three full calendar months.
- ___10. Punctuality and dependability are a must! Work is expected to be performed according to a scheduled time for each client.
- ___11. Authorized and approved mileage and travel time is paid between clients.
- ___12. Benefits include:
 - Workman's Compensation plus unemployment benefits;
 - Medical, dental and vision insurance;
 - Retirement plan for qualified employees; and,
 - Employment with CDM allows you membership in,
 - the Costco Gold Club (\$50.00 per year);
 - the IQ and Columbia Credit Union (minimum of \$25 in share account); and,
 - qualified employees are eligible for earned vacation time after one (1) year.
- ___13. TB testing is required.
- ___14. You are required to work eighty-six (86) hours per month to qualify for benefits.
- ___15. All employees are required to attend 28 hours of training at Clark College. Employees will be paid a training wage of \$9.10 per hour.

Applicants Signature



Availability Agreement

I am applying for employment with CDM In-Home Care Services with the express understanding that I will be available and willing to work the days/shifts I have indicated below. I understand that misrepresentation of my availability may result in the withdrawal of the offer of employment by CDM In-Home Care Services.

Please list specific times you are available to work. Be sure to include “am” or “pm.” If available any time writing “any” is acceptable. If unavailable please mark “x” in the box.

I am available and willing to work:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Start							
End							
Overnight? Yes or No?							

How many hours per week would you prefer to work? _____

Please note any exceptions or additional information regarding your availability:

Applicant Signature

Date

Additional Information

This information will be used to determine if we have clients available that suit your preferences. None of the following information will necessarily be disqualifying. In some instances training is provided, feel free to note "Would like training." DO NOT LEAVE BLANK

CDM provides services to Clark County as well as some Portland Areas.

We have clients in all Vancouver areas; Camas; Washougal; Battleground; Yacolt; Amboy; Ridgefield; La Center; Woodland; as well as Portland and some surrounding Oregon Areas.

Of these locations where are you willing to work?

On a permanent Basis:

Occasionally:

Do you have a valid Drivers License? _____

What State is it issued in? _____

Do you have your own vehicle? _____

Is your vehicle reliable? _____

Is your vehicle insured? _____

Are you willing to work in the homes of people who smoke? _____

Are you willing to work for people who have pets? _____

Are you willing to work in the home of a man? _____

Are you willing to work in the home of a woman? _____

Will you do personal care tasks like assisting with bathing and toileting?

For a man? _____ For a woman? _____

Do you know what a Hoyer Lift is? _____

Do you have experience using a Hoyer Lift? _____

Do you have other transfer experience? _____

What type of transfers to you have experience with? _____

Applicant's Statement

I certify the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which mean that the Employee may resign at any time and the Employer may at any time discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment I understand that false or misleading information or interviews ma result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand that I must work at least 20 hours a week and I agree to work (check your choices)

_____ Full Time _____ Part Time _____ Shift Work _____ Sleepovers _____ Evenings
_____ Weekends _____ 24 hour care _____ Temporary.

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes _____ No _____ Interviewer _____ Date _____

Remarks _____

Employed Yes _____ No _____ Date Hired _____ Hourly Rate/Salary _____

Hired for: Washington _____ Oregon _____

Hired for Supervisor _____ Job Title _____

Hired by _____ Date _____

Notes _____

The following information is needed to comply with federal regulations requiring certain employers to track data related to Equal Opportunity and Affirmative Action. The information will be used only in accordance with those laws and regulations and will be kept strictly confidential. This information will be processed separately from you application and any other employment records for this company before being referred to those handling position openings. We are an affirmative action, equal opportunity employer. If you should need accommodation to participate in this application process, please make your need known at this time. Thank you for your assistance.

Last Name_____	First Name_____	Middle Initial_____
Social Security Number_____	Application Date_____	
Position Applied For_____	Female_____	Male_____
	DOB_____	

Ethnic Information:

_____ White-a person having origins in Europe, North Africa or the Middle East

_____ Black/African American-A person having origins in any black racial group.

_____ Hispanic-a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ White-All Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

_____ Native American-(American Indian or Alaskan Native)-All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community reception