

A Better Solution Home Care Application for Employment

Today's Date:

Personal Information

Name (Last, First, MI):

Street Address:

City, State, Zip:

Home phone number:

Cell phone number:

E-mail address:

DOB:

Social security number:

Driver's license number:

Employment Desired

Position applied for:

Date available for work:

How did you hear about A Better Solution?

*Write in
desired hours
in the columns
to the right*

Mon

Tues.

Wed.

Thurs.

Fri.

Sat.

Sun.

OR circle one:
All
24-hr. shifts
Overnights

Circle all locations you're willing to work: Stanwood/Camano Marysville/Arlington
Mount Vernon/Burlington Sedro-Woolley La Conner Anacortes **All**

Education

	School Name	Course/Major	Total Years	Date	Degree/Diploma
High School					
College					
Technical Training					
Other (specify)					

List any certifications, classes or other education not listed above which may help qualify you for this position (Example: Fundamentals of Caregiving, NAC, NAR, etc.):

Employment History

List below all present and past employers over the past 10 years, starting with your most recent employer. Account for all periods of unemployment. **You must complete this section even if attaching a resume.** May we contact your current employer? Yes No

1. Employer (current Yes No):		Start Date	End Date	Essential job functions of final position:
Address:				1.
City, State, Zip:		Starting Salary	Ending Salary	2.
Phone number:				3.
Fax number:	Supervisor(s):			4.
Job position(s):		Email address of supervisor:		

Reason(s) for leaving:

What value did you add to this company?

2. Employer:		Start Date	End Date	Essential job functions of final position:
Address:				1.
City, State, Zip:		Starting Salary	Ending Salary	2.
Phone number:				3.
Fax number:	Supervisor(s):			4.
Job position(s):		E-mail address of supervisor:		

Reason(s) for leaving:

What value did you add to this company?

Employment History Continued on next page...

3. Employer:		Start Date	End Date	Essential job functions of final position:
Address:				1.
City, State, Zip:		Starting Salary	Ending Salary	2.
Phone number:				3.
Fax number:	Supervisor(s):			4.
Job position(s):	E-mail address of supervisor:			
Reason(s) for leaving:				
What value did you add to this company?				
4. Employer:		Start Date	End Date	Essential job functions of final position:
Address:				1.
City, State, Zip:		Starting Salary	Ending Salary	2.
Phone number:				3.
Fax number:	Supervisor(s):			4.
Job position(s):	E-mail address of supervisor:			
Reason(s) for leaving:				
What value did you add to this company?				
Additional Information				
If hired, can you provide proof of citizenship or proof of your legal right to work in the U.S.? Yes No				
Have you ever been convicted of a felony? Yes No If Yes, please explain:				
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No				
If hired, do you have a reliable and insured means of transportation to and from work? Yes No				

A Better Solution Home Care



Reference Release

In signing this release, I give A Better Solution Home Care (ABS) permission to contact any of my former and current employers to obtain a reference check. I understand that this process is required to become an employee of ABS and that they may obtain this information via phone, fax, e-mail, or mail.

I also acknowledge that ABS will be asking of any employer to give a fair assessment of my skills in relationship to the position I am applying for today, with the understanding that they are not required to comply to this assessment. If in the event they refuse to assess my skills, they will be required to provide my beginning and ending dates of employment, my position with the company, and whether or not I am eligible for rehire.

Applicant

Date

A Better Solution Home Care

Consistent Scheduling System

Name

Date

In order to provide quality services to our clients, you are required to fill out a consistent schedule so that we may schedule efficiently.

Please select the amount of hours you would prefer to work and initial accordingly:

Up to 20 hours per week * Up to 1 weekend per month Initial: _____

21-30 hours per week * Up to 2 weekends per month Initial: _____

31+ hours per week * Up to 3 weekends per month Initial: _____

** Please note: Working in home care often means having to cover weekend shifts. If you are absolutely unable to cover weekends with no exception please indicate so in the schedule below by crossing those days out. Understand that the less you are available to work, the fewer hours you are likely to get. You may never have to cover weekends.*

Fill in your maximum availability below. If there are any days that you absolutely cannot work, cross those days off. This schedule should reflect your weekend commitment listed above:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please note: we are not asking for your "ideal" schedule. We would like you to enter the earliest time you are able to start a shift to the latest you can work on each day. If your availability varies from week to week, please let us know.

Can we call you on your day off? _____ Yes _____ No

Your Signature: _____

Scheduler: _____

Home Care Supervisor: _____

Skills Inventory Checklist

Name: _____ Date: _____

Please use this form to rate yourself on a scale of “Very skilled”, “Moderately skilled”, or “Unskilled” for each caregiving task. Check one for each task.

Personal Care	Very Skilled	Moderately Skilled	Unskilled
Shampooing Hair			
Shaving			
Oral Hygiene			
Denture Care			
Dressing			
Showering			
Tub Bathing			
Sponge Bathing			
Bed Baths			
Bathing with Hoyer Lift			
Skin Care			
Pressure Ulcers			
General Wound Care			
Foot Care			
Diabetes Care			
Blood Glucose Monitoring			
Peri Care			
Range of Motion			
Toileting	Very Skilled	Moderately Skilled	Unskilled
Urinary Incontinence			
Urinary Problems			
Bowel Incontinence			
Bowel Problems			
Transfers to Toilet/Commode			
Use of Bedpan/Urinal			
Catheter Care			
Straight Catheter Insertion			
Changing Briefs			
Ambulation	Very Skilled	Moderately Skilled	Unskilled
Wheelchair			
Walker			
Cane			
Hoyer Lift			
Ambulation	Very Skilled	Moderately Skilled	Unskilled
Lift Chairs			
Transfer: Standby/Assist			
Transfer: Full Assist			
Transfer/Gait Belt			
Turn/Reposition			

Medications/Treatments	Very Skilled	Moderately Skilled	Unskilled
Reminders			
Administer			
Oxygen			
Special Needs	Very Skilled	Moderately Skilled	Unskilled
Behavior Monitoring			
Wandering Prevention			
Fall Prevention			
Difficult Behaviors			
Developmental Disabilities			
Dementia Care			
Eating Assistance	Very Skilled	Moderately Skilled	Unskilled
Meal Planning			
Meal Preparation			
Special Diets			
Dysphasia			
Traveling/Transporting	Very Skilled	Moderately Skilled	Unskilled
Travel to Medical Services			
Essential Shopping			
Community Activities			
Recreation			
Home Management	Very Skilled	Moderately Skilled	Unskilled
General Housekeeping			
Deep Cleaning			
Making Fires			
Chopping Wood			
Gardening			
Mowing Lawn			
Personal Financing			
Other Tasks Not Listed	Very Skilled	Moderately Skilled	Unskilled

Please return to:
A Better Solution Home Care
755 Ell Rd. #B
Camano Island, WA 98282
Fax: 360-629-4658