



# APPLICATION FOR EMPLOYMENT

SHO is an Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by the law. **Please print and complete all fields. Incomplete information could disqualify you from further consideration.**

Specific Position Desired: Attendant Care Worker Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Are you eligible for employment in the U.S.?  Yes  No Have you ever been employed by SHO before?  Yes, which year? \_\_\_\_  No

What emergency contact can we put on file for you? Name: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Are you applying to work for a specific client?</b> If no, we have plenty of clients available.	
<input type="checkbox"/> Yes, Client Name: _____ Relationship to Client: _____	<input type="checkbox"/> No Specific client
Do you live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No   Are you willing to care for other clients? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How many hours per week are you available to work (maximum of 40): \_\_\_\_\_

What is your work availability? <i>Check all that apply</i>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Wisconsin is mandating that supportive homecare have electronic visit verification to certify time and locations where caregiving services occurred. Smart phones are the easiest way to do this. Do you have a smart phone or tablet device?  Yes  No.

## CAREGIVING INTERESTS:

1. I am willing to provide caregiving services (please check all that apply):

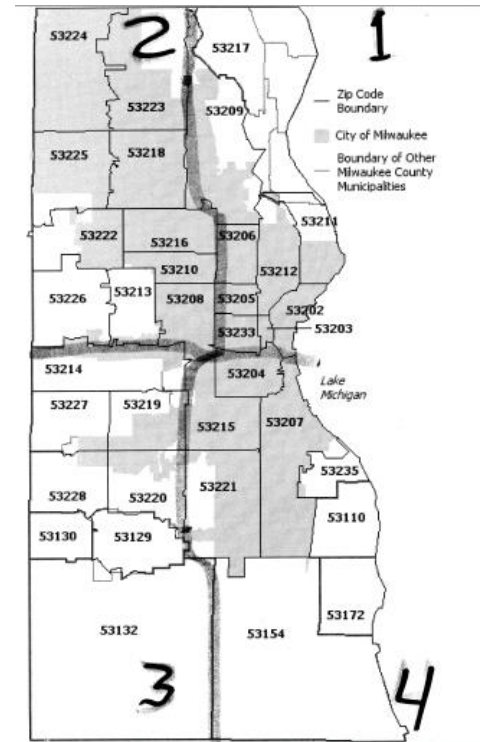
- for female clients only.  for male clients only.
- for male clients of either gender.  in the home of a client who smokes.
- for a client who is bedridden.  for a client who is in a wheelchair.
- in the home of a client who has pets (dogs, cats, etc.)
- for a client who needs help with toileting, showers and personal cares (such as helping with denture cleaning).

2. SHO has clients throughout Milwaukee County. I am willing to provide services to clients in:

- Zone 1  Zone 2  Zone 3  Zone 4
- Other, I prefer work in the following zip code(s) \_\_\_\_\_
- I prefer to work with clients near the bus line.

Do you speak any other languages? (If yes, check box and circle level)

- Speak Spanish (level: fair / fluent)  Speak Hmong (level: fair / fluent)
- Speak Russian (level: fair / fluent)
- Other language (level: fair / fluent): \_\_\_\_\_



**PERSONAL REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Phone	Occupation	Years Acquainted

**EDUCATION AND PARAPROFESSIONAL DATA:** Please complete the table with your highest level of education completed. Attach additional paper if necessary. Note: previous caregiver training is not required.

Level	Please write the School Name, Diploma/Degree achieved and Course of Study. If no degree was attained at a level, please list the amount of years completed. Attach a sheet of paper if more space is needed.
<b>High School or G.E.D.</b>	
<b>Associates Degree</b>	
<b>College/University</b>	
<b>Graduate/Professional</b>	
<b>Caregiver Specific Training:</b>	Do you have a Current Certified Nurse Aide Certificate? State: _____ Expiration Date: _____ Do you have any other caregiver training? <i>List dates, location, training type.</i>

**EMPLOYMENT EXPERIENCE:** Include your last five (5) years of employment history (and/or military service or voluntary activities), including periods of unemployment, starting with the most recent. Exclude organization names which indicate race, color, religion, sex or national origin. If you necessary, attach another piece of paper to complete the employment history.

Employer	Telephone	Dates Employed		Work Duties Performed
		From	To	
Address				
City, State, zip				
Job Title	Supervisor			
Reason for Leaving				

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Have you ever been discharged or asked to resign from a job?  Yes (if yes, please explain on back of application)  No

## REFERENCE CHECK AUTHORIZATION & APPLICANT ATTESTATION

Please read the following statements carefully before you initial your name and sign below.

- A.  Yes  No, I have been given a written job description which included the essential functions of the position for which I have applied. \_\_\_\_\_ (Please initial here)
- B.  Yes  No, I am able to perform each of the essential job functions listed for this position with or without a reasonable accommodation. \_\_\_\_\_ (Please initial here)
- C. I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in the Application will be sufficient reason for rejections of my application or for dismissal at any time during my employment, without liability to this Company. I have read, understand and agree to the above statement.  
\_\_\_\_\_ (Please initial here)
- D. I further understand that no representative of the Company has the authority to enter into an agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company, and, if hired, my employment will be at-will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement.  
\_\_\_\_\_ (Please initial here)
- E. If employed by the Company, I agree to abide by all of the work and safety rules of the Company. I understand that this Company is committed to maintaining a drug-free and alcohol-free workplace. I am aware that the Company may require a drug test as a part of the hiring process. Also, if employed, I realize that the Company conducts post-accident, reasonable suspicion, periodic and/or random drug and/or alcohol testing of its employees. I have read, understand and agree to the above statement.  
\_\_\_\_\_ (Please initial here)
- F. If employed by the Company, I agree it is my responsibility to record and submit my worktimes via Electronic Visit Verification (EVV), and that I must use my smart phone or tablet to collect GPS-location and timestamps. If I do not have cell data, I am aware that I may collect these timeclock punches in airplane mode and then upload when I connect with wi-fi. I understand that employees who share a permanent residence with the client may be eligible for an exemption from the state EVV mandate, but must complete extra proof and paperwork to receive such exemption. I have read, understand and agree to the above statement.  
\_\_\_\_\_ (Please initial here)
- G. All offers of employment at the Company are contingent upon clear results of a Criminal Background Check. Background checks will be conducted on all final candidates. A criminal record does not constitute an automatic bar of employment. It will be considered only as it relates to the job for which I am applying. If I falsify any information on the Background Information Disclosure (BID) form I will not be considered for employment. I understand that if offered employment, I must produce materials to prove my identity and eligibility for US employment. Failure to provide such proof at the time of request may legally force withdrawal of employment offer and/or termination. I have read, understand and agree to the above statement.  
\_\_\_\_\_ (Please initial here)
- H. I have personally read and completed this application myself. I understand that this application will stay on file for one year of consideration. After one year, if I am still interested in a position with this Company, it will be necessary for me to complete a new application. I have read, understand and agree to the above statement.  
\_\_\_\_\_ (Please initial here)

Signature Here: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name Here: \_\_\_\_\_

**Applicant Personal Care Skills Questionnaire**

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

If you have received alternative certification (PCW, C.NA, LPN or RN) or training, please check here  and continue to fill out this form Sign the backside and return to HR. Give a copy of your certificate to the Human Resources Department along with your application.

If you have never had Personal Care experience, check here . **Do not** complete rest of form. Sign the backside and return this form to the Human Resources Department along with your application.

Please review the following list and indicate **YOUR** experience level (using the scale below), length of experience, and details of experience.

**SCALE:**

- 1 = I can do this skill. I have been trained and can perform this skill for adults and/or the elderly.
- 2 = I have been trained on the skill, but need a refresher or more training on the skill.
- 3 = I have educated myself on the skill.
- 4 = I have never done this skill on other people.
- 5 = I do not know what this skill is.

Skills YOU Have Performed for Adults and/or the Elderly (NOT ON YOURSELF)	Applicant Completes		
	Experience Scale Put 1-5	Length of Experience (Months or Years)	Experience (Where & When)
<b>Grooming</b>			
Comb Hair			
Shampoo Hair (Without Bath)			
Oral Hygiene			
Denture Care			
Eye Glasses			
Hearing Aid			
Shaving			
Lotion			
Powder			
Cut/File Nails Hands			
Cut/File Nails Feet			
<b>Dressing</b>			
Dressing			
Undressing			
Elastic Stockings			
Prosthesis			
Braces			
Splints			
Other			
<b>Bathing</b>			
Tub			
Stand by Assist			
Shower			
Sponge Bath			
Bed Bath			
Foot Soak			

Skills YOU Have Performed for Adults and/or the Elderly ( <i>NOT ON YOURSELF</i> )	Applicant Completes		
	Experience Scale Put 1-5	Length of Experience (Months or Years)	Experience (Where & When)
<b>Toileting</b> Assist to Bathroom			
Commode			
Offer Urinal			
Bed Pan			
Perineal Care			
Incontinence Care			
Catheter Care			
<b>Ambulation/ Mobility</b> Pivot			
Gait Belt			
Hoyer Lift			
Slide Board			
Stand by Assist			
Assist with Gait Belt			
Simple Range of Motion			
Reposition in Bed			
<b>Medication Reminder</b>			
<b>Feeding</b> Assist with feeding			
Total feeding			
Tube feeding			
<b>Other</b>			

Comments:

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