



# LEV Care Services

*Caring with Heart, Serving with Love*

Email: [info@levcareservices.com](mailto:info@levcareservices.com)

Phone: +1 619-251-1372

## EMPLOYMENT APPLICATION

### Personal Data

<b>Legal Name (Last)</b>	<b>(First, MI)</b>	<b>Position Applying for</b>		
<b>Preferred name:</b>	Is there any additional information relative to change of name, use of an assumed name, or nickname necessary to permit a background check of your work and education records? Yes__ No__ . If yes, please provide past names(s) and date(s), so we may verify employment and education.			
<b>Pronoun Preference:</b> He/Him/His__ She/Her/Hers__ Non-Binary__ Choose not to disclose__	<b>Other Name(s) Used:</b>		<b>From</b>	
			/ /	
	<b>Other Name(s) Used:</b>		<b>To</b>	
			/ /	
<b>Address (List all addresses from past seven (7) years – Use back of form if necessary)</b>				
<b>Current Address – Street</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>	<b>Years at Address</b>
<b>Previous Address – Street</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>	<b>Years at Address</b>
<b>Home Telephone No.</b>	<b>Cellular Telephone No.</b>		<b>Current Work Telephone No.</b>	
<b>Email Address</b>	<b>Can you produce evidence of the right to work while in the U.S.? Yes__ No__</b>		<b>Are you at least 18 years of age? Yes__ No__</b>	
<b>What type of work are you interested in?</b> Full Time__ Part Time__  Per Diem (On-call)__	<b>Date you will be available for work?</b>		<b>Have you ever held a position with the company? Yes__ No__</b> <b>If Yes, What position?</b>	
<b>Emergency Contact Name:</b>	<b>Relationship:</b>		<b>Phone Number:</b>	
<b>Secondary Contact name:</b>	<b>Relationship:</b>		<b>Phone Number:</b>	

Are you currently registered as an HCA? Yes No	If so, what is your HCA Per ID: Expiration Date:
Are you currently registered as a CNA? Yes__ No__	If so, what is your CNA License No: Expiration Date:

**EDUCATION**

School Name (City, State Required)	Major /Minor	Graduate	Type of Degree	Grade point average

**EMPLOYMENT** List all employment during the past 10 years. If you need more space, use additional paper. We may contact your previous employer.

<b>(1) Employer's Name</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Title</b>	<b>Supervisors Name/Title</b>	<b>Supervisors Telephone No.</b>	<b>Dates of Employment (mm/yy)</b> From:    /        to        /	
<b>Reason for leaving</b>				
<b>(2) Employer's Name</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Title</b>	<b>Supervisor's Name/Title</b>	<b>Supervisor's Telephone No.</b>	<b>Dates of Employment (mm/yy)</b> From:    /        to        /	
<b>Reason for leaving</b>				
<b>(3) Employer's Name</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Title</b>	<b>Supervisor's Name/Title</b>	<b>Supervisor's Telephone No.</b>	<b>Dates of Employment (mm/yy)</b> From:    /        to        /	
<b>Reason for leaving</b>				

**U.S. MILITARY (Active Duty including Reserve or National Guard Service)**

<b>Branch of Service</b>	<b>Rank</b>	<b>Type of Discharge</b>	<b>Special Skills of Training Acquired in Service</b>

**COMPUTER SKILLS**

<b>Typing</b>  _____wpm	<b>List software packages with which you have experience.</b>

**LANGUAGES**

<b>Languages # 1</b>  ___ Speak ___ Read ___ Write	<b>Languages # 2</b>  ___ Speak ___ Read ___ Write	<b>Languages # 3</b>  ___ Speak ___ Read ___ Write

**BUSINESS REFERENCES**

<b>Name</b>	<b>Job Title</b>	<b>Address</b>	<b>Telephone</b>

**PLEASE INDICATE YOUR SCHEDULE AVAILABILITY, TRAVEL AVAILABILITY AND SKILLS**

<b>Please check DAYS available</b>	<input type="checkbox"/> SUN	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<b>Number of WEEKENDS Available to work per month</b>	
<b>Please check SHIFTS available</b>	<input type="checkbox"/> Days	<input type="checkbox"/> Eve	<input type="checkbox"/> Night	<input type="checkbox"/> Live-In	<input type="checkbox"/> 1-2 Hours	<input type="checkbox"/> 2-4 Hours	<input type="checkbox"/> 4-8 Hours	<input type="checkbox"/> 8-12 Hours	<b>Other:</b>
<b>Which Holidays you are available to work:</b>									

<input type="checkbox"/> New Year <input type="checkbox"/> Independence Day <input type="checkbox"/> Labor Day <input type="checkbox"/> Thanksgiving <input type="checkbox"/> Christmas	
How many MILES are you willing to drive to and from work?	Comments:

**CLIENTS YOU ARE NOT WILLING/ABLE TO WORK WITH**

Dementias/Alzheimer's	Smokers
Mental Retardation	Pets (Specify) Cats    Dogs    Other:
Behavioral Disorders	Females
Elderly (over 65)	Males
HIV Positive/AIDS	Client use of medically prescribed marijuana
Other (Specify)	

What type of transportation do you see?	<input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Bike Other: _____
Do you have a current valid Driver License: Yes__ No__	DL#: _____      Expire Date: _____
Are you willing to transport clients in your private vehicle?	Yes__ No__
Do you have current vehicle insurance? Yes__ No__	Are you willing to drive a client's vehicle?    Yes__ No__
Are you willing to escort a client in their own vehicle? Yes__ No__	Are you willing to escort a client on public transportation? Yes__ No__

**TRANSPORTATION  
ABUSE INVESTIGATION**

<b>Have you ever been investigated for abuse, neglect or domestic violence?</b> Yes__ No__	<b>If yes, explain (use back of application if needed)</b>

**AUTHORIZATION AND UNDERSTANDING**

**RELEASE OF PRIOR PERSONNEL INFORMATION**

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand that you may verify any information concerning my employment, education, credit, or medical history with appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me a written notice before revealing the information to you. I understand that no verification of my credit history or request for a consumer report under the Fair Credit Reporting Act may be undertaken by you without my express written authorization in a separate document. By signing this application, and in the case of consumer report under the Fair Credit Reporting Act, I should sign the separate Authorization for credit reports on my own, I release you and them from any liability whatsoever arising out of an information request or disclosure. I agree that any false information supporting my application may subject me to discharge at any time during my employment.

**AT-WILL EMPLOYMENT STATUS**

**I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATION, WITH OR WITHOUT CAUSE, AT CAUSE ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS AGREEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF THE OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT.** I agree that is shall be bound by the other rules, regulations, and terms and conditions of employment of the company as they are from time-to-time change and that no additional obligations can be impose by me on the company except those which have been acknowledged, in writing, by the company president or his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the result of my pre-employment physical (if such physical is required) are known.

On as required by the Immigration Reform and Control Act of 1986 and until such time as the result of my pre-employment physical (if such is required) are known

### RELEASE FOR REFERENCE CHECKS

I authorize the company to contact my previous employers for work-related reference.

### RELEASE FOR BACKGROUND SCREENING

I authorize the company to verify any information that I provide in connection with my employment. I release the Company and its authorized representatives of all liability resulting from the use of background information about me for employment purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### SKILL ASSESSMENT

Please check all that apply

- Lifting, positioning
- Skin Care, apply lotion
- Light massage if client allow
- Light Cooking
  - Meal Preparation
  - Light Housekeeping
  - Kitchen Light Cleaning
  - Garbage Collection
- Use of Medical equipment
  - 1. Hoyer Lift
  - 2. Hospital Bed
  - 3. Wheelchair
  - 4. Oxygen turning on and off
  - 5. Front wheel walker / gait belt
- Incontinent Management
  - 1. Change diapers
  - 2. Peri-Care
  - 3. Change Linen and Choux
- Able to empty Foley Bag
- Bed Making
- Able to communicate with client
  - 1. Speak English
  - 2. Secondary Language
- Flexibility Hours
- Preferred Hours / Days
- Open to work in Residential Care

## JOB DESCRIPTION

Job Title / Position	AFFILIATED HOME CARE AIDE (Personal Assistants)	Date of Hire	
Reports to	Care Manager	Supervises	
Position Approved by	Operations Manager	Date Approved	
Date when job description was last reviewed		Review Date	

## JOB DESCRIPTION SUMMARY

- Affiliated Home Care Aides provide nonmedical service and assistance to a client in their home and communities, who, because of advanced age or physical or mental disability, cannot perform these services. These services enable the client to remain in his or her residence, but are not limited to, assistance with the following: Bathing, Dressing, Feeding, Exercising, Personal Hygiene and grooming, transferring, ambulating, positioning, toileting and incontinence care, medication reminders, housekeeping, meal planning and preparation, laundry, transportation, correspondence, making telephone calls, shopping for personal care items or groceries, and companionship.
- Affiliated Home Care Aides are responsible for ensuring that services are delivered in a caring and respectful manner, in accordance with relevant Agency policies, industry standards, and state regulations.

## MINIMUM ELIGIBILITY REQUIREMENTS

### Qualifications include:

- ✓ **18 Years of age or older**
- ✓ **Clearance Verified on the Home Care Aide Registry**
- ✓ **Current Tuberculosis (TB) certificate**
- ✓ **Valid I-9 Employment Eligibility Verification documents**
- ✓ **Complete "Personnel Record" (HCS 501)**
- ✓ **Complete" Statement Acknowledging Requirement to Report Suspected Abuse of Dependent Adults and Elders" (SOC 34IA)**
- ✓ **Current Driver's License**
- ✓ **Valid vehicle insurance coverage**
- ✓ **Current American Heart Association BLS or Heartsaver/First Aid/AED CPR certification**
- ✓ **Minimum of five (5) hours entry-level training prior to presence with client(s).**

## ESSENTIAL JOB FUNCTIONS / RESPONSIBILITIES

- **Assist with the activities of daily living and personal care including:**

**BATHING  
MOUTH CARE  
HAIR CARE  
SKIN CARE  
ASSIST IN NAIL CARE  
SHAVING**

**AMBULATION  
DRESSING  
FEEDING  
POSITIONING  
TRANSFERRING**

**RANGE OF MOTION  
EXERCISE  
MEDICATION REMINDING  
TOILETING**

- **Ensure clients safety and security by supervising the home environment.**
- **Teach / Perform meal planning and preparation and serving clients.**

## JOB DESCRIPTION

---

- Routine housekeeping activities such as making / changing beds, dusting, vacuuming, washing floors, cleaning kitchen and bathroom, and laundry.
  - \* Household tasks should not exceed 20% of time worked in one (1) week.
- Provide companionship including social interactions, conversations, emotional reassurance, and encouragement of activities that stimulate the mind.
- Provides respite care for families in accordance with care plans.
- Perform / Assist with essential shopping / errands, which may include handling the clients' money according to the care plan, agency policy, and under the observation of the Care Manager.
- Assist clients with following a written, special diet plan and reinforcement of diet maintenance, which is provided under the direction of a Physician and as identified on the care plan.
- Assist clients with standing, walking, sitting, and rolling in bed.
- Escort clients to medical facilities, errands, shopping's and outings as specified in the care plan.
- Assist clients with communication by writing or typing correspondence for them or researching information for them.
- Participate on the Care team by providing input and making suggestions.
- Notifies the agency when unable to work scheduled assignments – 24 hour notifications required.
- Ensure service is delivered in accordance with all relevant policies, procedures, and practices.
- Monitor supplies and resources.
- Follow the written care plan and work all hours as established by the Care Manager.
- Carry out duties as assigned by the Care Manager
- Observe clients and their environment and immediately reports unsafe conditions to the Care Manager.
- Observe clients and their environments and immediately report behavior, physical and / or cognitive changes and/or changes in living arrangements to the Care Manager.
- Complete and maintain records of daily activities, observations, and direct hours of service.
- Submits written documentation to the office, as required.
- Attend orientation, in-service training sessions, and staff meetings.

- Develop and maintain constructive and cooperative working relationships with others.
- Make decisions and solve problems.
- Communicate regularly with the Care Manager and co-workers.
- Observe, receive, and obtain information from relevant sources.
- Report any incidents or accidents immediately to the Care Manager.
- Consistently follows Code of Conduct and policies as set for in the Employee Handbook.
- Maintain client's protected health information confidential and observe all client's rights.
- Report, detect, and prevent abuse and neglect.

Performs other duties as required. The above statements are intended to be a representative summary of the major duties and responsibilities performed by incumbents of this job. The incumbents may be requested to perform job-related tasks other than those stated in this description

### **REQUIRED KNOWLEDGE/SKILLS/ABILITIES**

- Knowledge of personal care and home management skills.
- Knowledge of principles and process for providing client and personal care services, including needs determinants, meeting quality standards and evaluation of client satisfaction.
- Knowledge of (speaks, writes, reads, and comprehends) the English language.
- Knowledge of the information and techniques needed to identify and respond to injuries including first aid and CPR.
- Knowledge of clerical procedures such as maintaining records and completing forms.
- Knowledge of and adherence to Universal Precautions.
- Ability to read and interpret instructions related to the plan of care for the client.
- Competently assist clients with their activities daily living.

### **JOB DESCRIPTION**

---

- Awareness of other people's reactions and understanding why they react as they do.
- Establish and maintain positive relationships.
- Ability to teach others.
- Actively listen.
- Identify problems and determine effective solutions.
- Ability to visually and audibly observe and evaluate a client.
- Apply reason and logic to identify strengths and weaknesses of possible solutions.
- Monitor and assess themselves, clients, and effectiveness of service.
- Understand written and oral instructions.
- Communicate effectively with clients, family members, and agency personnel.
- Communicate information orally so others understand.
- Communicate in writing so others understand.
- Work independently and in cooperation with others.
- Determine or recognize when something is likely to go wrong.
- Suggest a number of ideas on a subject.
- Perform activities that use the whole body.
- Prioritize and perform multiple functions and tasks.
- Handle and move objects and people.
- Provide advice and consultation to others.
- Observe and recognize changes in clients.
- Establish and maintain harmonious relations with clients/families/co-workers.

**SERVICE NOT PROVIDED BY AGENCY**

- Do **Not** administer prescription medication.
- Do **Not** administer over-the-counter medications or home remedies (i.e. enema, suppositories)
- Do **Not** change dressings on surgery sights or wounds
- Do **Not** change catheter/ostomy appliances.
- Do **Not** provide gastric or tube feedings.
- Do **Not** provide seasonal cleaning, wash walls, or clean garages.
- Do **Not** clean windows (unless it is a small kitchen window which doesn't require a ladder).
  
- Do **Not** turn mattresses, move furniture, or climb ladders.
- Do **Not** press or iron bed linens or draperies.
- Do **Not** perform yard work.

**TRAINING/EXPERIENCE**

- Requires one (1) year related experience working with clients with advanced aged, physical, or mental disability.
- On-the-job training for new activities.
- May require similar social and cultural backgrounds with some clients.

**JOB DESCRIPTION**

---

**Working Conditions**

1. In an eight (8) hour workday (check one):

- a. Sit       0     1     2     3     4     5     6     7     8
- b. Stand     0     1     2     3     4     5     6     7     8
- c. Walk      0     1     2     3     4     5     6     7     8

**2. JOB REQUIRES:**

	<b>0% None</b>	<b>1-33% Occasionally</b>	<b>34-66% Frequently</b>	<b>67-100% Continuously</b>
a. Squatting				
b. Bending				
c. Kneeling				
d. Reaching				
e. Twisting				
f. Crawling				
g. Climbing				
h. Walking on rough ground				
i. Exposure to changes of temperature or humidity				
j. Exposure to dust, fumes or gases				
k. Being near moving				
l. Working form heights				

<b>3. JOB REQUIRES ORGANIZATION PERSONNEL TO LIFT/CARRY:</b>	<b>0% None</b>	<b>1-33% Occasionally</b>	<b>34-66% Frequently</b>	<b>67-100% Continuously</b>
a. 0-10 lbs.				
b. 11-24 lbs.				
c. 25-34 lbs.				
d. 35-50 lbs.				
e. 51-74 lbs.				
f. 75-100 lbs.				

<b>4. JOB REQUIRES ORGANIZATION PERSONNEL TO PUSH/PULL:</b>	<b>0% None</b>	<b>1-33% Occasionally</b>	<b>34-66% Frequently</b>	<b>67-100% Continuously</b>
a. 0-10 lbs.				
b. 11-24 lbs.				
c. 25-34 lbs.				
d. 35-50 lbs.				
e. 51-74 lbs.				
f. 75-100 lbs.				

5. At work, organization personnel use feet for repetitive movements, i.e. foot controls.

Right \_\_\_ Yes \_\_\_ No    Left \_\_\_ Yes \_\_\_ No    Both \_\_\_ Yes \_\_\_ No

6. At work, organization personnel use hands for repetitive movements, i.e., hand controls

Grasping

Grasping & Turning

Fine Manipulation

Speed Work

Right: \_\_\_ Yes \_\_\_ No

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

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

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

Left: \_\_\_ Yes \_\_\_ No

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

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

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

7. Other aspects of and demands of the job not listed above:

- Maintain employee and client protected health information confidential at all times.

I have read and understand the job description and agree to fulfill the position's responsibilities, and meet the defined standards. I realized this reflects a general list of responsibilities of the position as well as a general description of the working environment and physical demands. I acknowledge receipt of this job description.

\_\_\_\_\_  
Employee Printed Name                      Employee Signature                      Initials                      Date

**JOB DESCRIPTION**

**BLOODBORNE PATHOGEN EXPOSURE DETERMINATION**

**EMPLOYEE WITH OCCUPATIONAL EXPOSURE**

<b>JOB CLASSIFICATION</b>	<b>ALL</b>	<b>SOME</b>	<b>NONE</b>	<b>COMMENTS</b>
Affiliated Home Care Aide				The employee may have an infrequent exposure to blood or other bodily fluids while performing the duties in the job description.
President/CEO				The employee will not be assigned duties that will result in exposure to human blood or bodily fluids. The employee will not render medical assistance as part of their job description.
Administrator				The employee will not be assigned duties that will result in exposure to human blood or bodily fluids. The employee will not render medical assistance as part of their job description.
Client Care Manager				The employee will not be assigned duties that will result in exposure to human blood or bodily fluids. The employee will not render medical assistance as part of their job description.
Community Relations Coordinator				The employee may have an infrequent exposure to blood or other bodily fluids while performing the duties in the job description.
Administrative Assistant				The employee will not be assigned duties that will result in exposure to human blood or bodily fluids, The employee will not render medical assistance as part of their job description.

Staffing Coordinator				The employee will not be assigned duties that will result in exposure to human blood or other bodily fluids. The employee will not render medical assistance as part of their job description.
After-Hours Emergency Contact				The employee will not be assigned duties that will result in exposure to human blood or bodily fluids. The employee will not render medical assistance as part of their job descriptions.

**REFERENCE INQUIRY FORM**

I \_\_\_\_\_, Social Security # \_\_\_\_\_, have applied for employment with LEV Care Services. I authorized them to collect any and all information concerning my qualifications and performance while associated with the company. Further, I hereby release the company or person completing this form from any and all liability supplying the requested information.

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Position / Job Title: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

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

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

**APPLICANTS DO NOT WRITE BELOW THIS SECTION**

<b>Evaluation</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Comments</b>
Conduct					
Job dependability					
Competency					
Flexibility					

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

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