

EDUCATION

High School Name: _____

State or Country: _____

Graduate: Yes - No

College Name: _____

State or Country: _____

Graduate: Yes – No

Type of Degree: _____

PERSONAL REFERENCES

Give the names of three persons (you have not worked with, and are **not related** to you).

Name	Telephone Number	Occupation

List all present and past employment beginning with your most recent. FOR ALL PERIODS OF UNEMPLOYMENT IN EXCESS OF THREE MONTHS, PLEASE GIVE AN EXPLANATION.

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Address of Employer: _____

Reason for leaving: _____

Type of work you performed: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Address of Employer: _____

Reason for leaving: _____

Type of work you performed: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Address of Employer: _____

Reason for leaving: _____

Type of work you performed: _____

I _____, HEREBY AUTHORIZE All is Well Homecare TO REQUEST AND RECEIVE FROM ALL PRIOR EMPLOYERS WITHIN ONE YEAR OF THE DATE OF THIS APPLICATION, ANY AND ALL PERTINENT INFORMATION CONCERNING MY PRIOR EMPLOYMENT AND ITS TERMINATION, INCLUDING THE REASONS FOR SUCH TERMINATIONS. I hereby state that all of the foregoing information I have supplied in this application is a true and complete statement of the facts. False statements contained in this application are immediate cause for dismissal from registrant caregiver status. I further give my permission for this agency to verify all schooling and references.

Date

Signature of Applicant

Interview Questionnaire.

Name: _____

Date:

Address:

Home Phone: _____ **Cell Phone:**

Name of Interviewer: _____

1. Your job as a caregiver will include tasks such as light housekeeping, laundry, nutritious meal preparation, transportation, and companionship and socialization. Are you willing to do these things? ____ Yes ____ No

2. Will this be your only job, or is it supplemental to another job?

3. Are you currently registered/working with other agencies? ____ Yes ____ No

4. What is your availability or desired schedule?
____ Full-time (7days) ____ Part-time (wknds./relief) Other:

5. What are your plans if a child or family member becomes ill?

6. How often have you been late or out of work in the last year? Was this due to illness, vacation or travel?

7. Are there any dates you will need off for a doctor's appointment, or vacation in the next 3 months? ____ Yes* ____ No

*If yes, please explain:

8. Why do you want to work in homecare and care for seniors?

9. Do you have a valid driver's license? ____ Yes* ____ No

*If yes, do you own your own car? ____ Yes ____ No

Job Experience

1. Do you have experience with the following illnesses? (Check all that apply)

_____ Alzheimer's/Dementia _____ Aphasia _____

Hearing Loss

Other:

2. Tell me about your job experience in caring for seniors, live-in work, or childcare.

3. What did you like best about caring for your clients? What did you like least?

4. Of the following situations, which do you most prefer?

A. I prefer to work in a home alone with the client _____ Yes _____ No

B. I am willing to work where family members are present _____ Yes

_____ No

C. I prefer to work with the following clients:

_____ Female Only _____ Male Only _____ No Preferences

5. Are you comfortable cooking "American style" meals? _____ Yes _____ No*

*If No, would you like to receive information regarding how to prepare basic meals for your clients?

_____ Yes _____ No _____ N/A

6. Give me an example of breakfast, lunch, and dinner:

A. Breakfast:

B. Lunch:

C. Dinner:

Physical Ability/Restrictions

1. Please alert us to any physical limitations you may have in order to avoid injury while on the job (i.e., back injury)

2. Can you stoop, bend, and lift up to 25 pounds? ____ Yes ____ No

3. Do you have any known allergies? (i.e., seasonal, cats, dogs, etc.) ____ Yes*
____ No

*If "Yes", please be specific:

4. One of the services our agency provides for its clients is Pet Care. Do you have any objections to caring for a cat, dog, bird or other pet? Caring for them may include feeding them, walking them, cleaning up after them, etc.

____ Yes* ____ No

*If Yes, please explain.

Interview Notes:

FOR OFFICE USE ONLY

Date of interview: _____

Comments: _____

Reference Check

Date Sent: _____

Date received: _____

Results: _____

Verified by: _____

ALL IS WELL HOMECARE - CAREGIVER EXAM

NAME: _____

SCORE: _____

DATE: _____

MULTIPLE CHOICE: CIRCLE THE CORRECT ANSWER.

1. The MOST IMPORTANT reason why a greasy oven should be cleaned is:
 - a. It is unsanitary
 - b. It is a fire hazard
 - c. It may affect the flavor of the food

2. Why is it important for an ill person to be cared for in a clean environment?
 - a. An ill person may be weak and susceptible to infections
 - b. An ill person may become depressed in an unclean environment
 - c. Home care should be similar to hospital care

3. The BEST WAY to prevent serious accidents and falls in the kitchen is to:
 - a. Have carpeting installed in the kitchen
 - b. Refuse to allow clients in the kitchen
 - c. Wipe up spills and grease immediately

4. When preparing poultry (chicken, turkey, etc.), you can tell when it is done cooking if:
 - a. You poke it with a fork and the juices run clear
 - b. It smells good
 - c. It has a golden color on the outside

5. Which menu is an example of a balanced diet?
 - a. Boiled eggs, toast and coffee
 - b. Meatballs, spaghetti and diet soda
 - c. Meatloaf, bread, green salad and milk

6. If a person has an ALLERGY to a food, it means:
 - a. They don't like the taste of it
 - b. It would make them ill or have a dangerous reaction to eating it
 - c. They like it cooked a special way

7. If your client can support his/her own weight but needs someone to steady them while they transfer to a wheelchair what is the most important thing to do before they attempt the transfer?
 - a. Put a blanket in the wheelchair
 - b. Lock the wheels of the wheelchair
 - c. Raise their bed
 - d. Answer the phone

8. What does the COMPANION need to do BEFORE assisting a client to walk about the house?
 - a. Ask him/her how long he/she wants to walk
 - b. Tell the him/her to take long, slow steps
 - c. Check that he/she has shoes on and that they are stable on their feet.

9. If a client has a hospital bed why is it important to keep the bed rails up while they are in bed?
 - a. So that they don't get up and wander through the house
 - b. So that they do not fall out of the bed
 - c. So they can sit up easier

10. If a LIFE-THREATENING emergency occurs in the home, the FIRST call should be made to:
 - a. 911
 - b. The family
 - c. The Agency
 - d. The next door neighbor

11. If the electricity goes out in the home, the COMPANION should first:
 - a. Check to be sure the client is secure
 - b. Call the electric company
 - c. Go to the neighbor's house

12. When it is time to help with the clients bath/shower, you should FIRST:
 - a. Feed them a meal
 - b. Have them brush their teeth
 - c. Prepare the area and the client

13. If a COMPANION is going to be late for work or unable to work, he/she should:
 - a. Ask another COMPANION to substitute
 - b. Notify the agency as soon as possible
 - c. Say nothing but get to work as soon as possible

14. If your client is confused and upset, it is MOST important to:

- a. Reassure them and speak in a calm, comforting way to them
- b. Not take what they say personally
- c. Leave them alone
- d. Talk back to them in a loud way

15. A good communication technique a COMPANION can use when dealing with an elderly person is:

- a. Interrupt them if they are over talkative
- b. Encourage him/her to describe his feelings and ideas
- c. Correct the patient whenever the COMPANION disagrees with the patient

TRUE OR FALSE: CIRCLE THE CORRECT ANSWER

T F 1. There is a telephone in the client's home so that the COMPANION can keep in touch with her friends and family.

T F 2. Before washing the laundry, items should be separated according to fabric type and color.

T F 3. A person on a KOSHER diet can eat bacon and other pork products.

T F 4. It is the responsibility of the COMPANION to perform light housekeeping daily. This would include the client's bedroom, bathroom kitchen.

T F 5. The COMPANION should be aware of the amount of food and liquid their client consumes daily.

WHAT DO YOU LIKE MOST ABOUT BEING A COMPANION?

WHAT IS THE MOST DIFFICULT THING?