



CAREGIVER POSITION DESCRIPTION

In-home caregiver is responsible for assisting clients with the activities of daily living and instrumental activities of daily living, monitor their wellbeing and communicating any wellbeing changes.

Essential functions of an in-home care caregiver include:

- ❑ **Companionship:** Engage with clients by providing conversation, entertainment, and emotional support.
- ❑ **Meal preparation:** Prepare nutritious meals according to clients' dietary needs and preferences.
- ❑ **Grooming:** Assist clients with daily grooming tasks such as hair, nail, and skincare.
- ❑ **Bathing:** Help clients with bathing or showering to maintain personal hygiene.
- ❑ **Toileting:** Provide support with toileting needs, ensuring privacy and dignity.
- ❑ **Incontinence care:** Assist clients with managing incontinence, including changing clothing and pads.
- ❑ **Medication reminders:** Remind clients to take their prescribed medications at the appropriate times.
- ❑ **Mobility:** Aid clients in moving around their homes safely, including walking and getting up from seats.
- ❑ **Transfers:** Assist clients with transfers between beds, chairs, and other areas to ensure their safety and comfort.
- ❑ **Light housekeeping:** Perform light cleaning tasks such as dusting, vacuuming, and washing dishes to maintain a tidy environment.
- ❑ **Organization:** Organize clients' living spaces to enhance their comfort and safety.
- ❑ **Laundry:** Wash, dry, fold, and put away clients' laundry as needed.
- ❑ **Shopping:** Run errands such as grocery shopping or picking up prescriptions for clients.
- ❑ **Appointment assistance:** Provide transportation and support for clients' medical or other essential appointments.
- ❑ **Documenting clients' wellbeing:** Keep detailed records of clients' condition and any changes, and update notes as necessary.
- ❑ **Properly clocking in/out:** Ensure punctual clocking in and out of shifts and keep track of work hours.

Environmental Working Conditions and Physical Requirements:

As an in-home non-medical caregiver, your work environment may involve the risks and challenges typical of working in clients' homes. You must adhere to safe work practices to prevent accidents such as trips and falls and follow all applicable safety and fire regulations. Additionally, you must possess the following attributes:

- Ability to lift up to 30 pounds.
- Ability to stand for 8+ hours.
- Ability to move freely, including bending, lifting, standing and walking to assist clients and perform tasks.
- Ability to navigate different home environments and access all areas of a client's home as needed.
- In some cases, ability to operate transfer tools and devices (e.g. gait belt, hoyer lift). Prior training will be required.

Ongoing training and education may be required to maintain up-to-date knowledge and skills in the caregiving field.

Qualifications:

- All caregivers must pass all background checks.
- Prior experience in caregiving is preferred but not required.
- Willingness to learn and adapt to the specific needs of each client.
- Must be punctual and able to consistently adhere to scheduled work hours.
- Reliable transportation to travel to clients' homes as needed.
- Observant and attentive to changes in clients' health or well-being.
- Ability to follow care plans and instructions accurately.

Job Relationships:

Reports to: Caregiver Coordinator

Applicant Signature: _____ **Date:** _____



Thank you for your interest in joining our team!
Please complete and submit the application below
to be considered for a position.

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION		LOCATION:	FREMONT	COLUMBUS	NORFOLK	BLAIR
FIRST NAME:	M.I.:	LAST NAME:				
ADDRESS:						
CITY:			STATE:		ZIP:	
PHONE:			LANGUAGES:			
ARE YOU 19 YEARS OR OLDER? [Y] [N]			EMAIL:			

HOW DID YOU HEAR ABOUT PROMEDCARE? (PLEASE SPECIFY):

HAVE YOU EVER SUBMITTED AN APPLICATION HERE BEFORE? [Y] [N] IF YES, WHEN?

HAVE YOU EVER BEEN EMPLOYED BY PROMEDCARE? IF YES, WHEN?

SKILLS *Please rate your experience with each skill on a scale from 0 (no experience) to 5 (very experienced).*

COMPANIONSHIP	FEEDING	GAIT BELT
COOKING / MEAL PREPARATION	BATH / SHOWER/ SPONGE	TRANSFERS
LIGHT HOUSEKEEPING	DRESSING / GROOMING	HOYER LIFT
LIGHT EXERCISE	WALKER / WHEELCHAIR ASSISTANCE	INCONTINENCE CARE
CAR / TRANSPORTATION	TOILETING	DEMENTIA CARE
APPOINTMENTS / ERRANDS / SHOPPING	WELLBEING MONITORING	HOSPICE CARE
MEDICATION REMINDERS	FALL PREVENTION	BED BOUND CARE

OK WITH PETS	OK WITH SMOKING	HAS OWN VEHICLE
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HOW MANY YEARS OF EXPERIENCE DO YOU HAVE AS A CAREGIVER?

CERTIFICATIONS & CREDENTIALS *Check all that apply and enter expiration date (any other notes if applicable).*

CPR CERTIFICATION [Y] [N]	CMA CERTIFICATION [Y] [N]
CNA LICENSE [Y] [N]	REGISTERED NURSE [Y] [N]

BACKGROUND & DRIVING RECORD *Indicate work eligibility, driving record, and vehicle information.*

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? [Y] [N]

DO YOU HAVE A VALID DRIVER'S LICENSE? [Y] [N]

DO YOU HAVE VALID CAR INSURANCE? [Y] [N]

EDUCATION & TRAINING *Please provide educational degrees and institutions attended.*

PLEASE INDICATE THE HIGHEST GRADE LEVEL COMPLETED:

	NAME	CITY, STATE	MAJOR SUBJECTS	# YEARS ATTENDED	GRADUATE
HIGH SCHOOL:					[Y] [N]
COLLEGE:					[Y] [N]

ARE YOU VETERAN OF THE UNITED STATES ARMED SERVICES? [Y] [N]

ARE YOU AN ACTIVE MEMBER OF THE MILITARY? [Y] [N]

EMPLOYMENT HISTORY *Provide your current and/or most recent positions of employment.*

MAY WE CONTACT YOUR CURRENT AND/OR PREVIOUS EMPLOYERS? [Y] [N]

EMPLOYER #1:	PHONE:
SUPERVISOR:	PHONE:
ADDRESS:	
CITY:	STATE: ZIP:
DATES EMPLOYED:	
TITLE:	SALARY:
DUTIES:	
REASON FOR LEAVING:	
BEST TIME TO CALL:	

EMPLOYER #2:	PHONE:
SUPERVISOR:	PHONE:
ADDRESS:	
CITY:	STATE: ZIP:
DATES EMPLOYED:	
TITLE:	SALARY:
DUTIES:	
REASON FOR LEAVING:	
BEST TIME TO CALL:	

PERSONAL REFERENCES <i>Provide professional and/or long-time personal references.</i>	
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NAME:	RELATIONSHIP:
OCCUPATION:	NUMBER OF YEARS ACQUAINTED:
PHONE:	ALT PHONE:

NAME:	RELATIONSHIP:
OCCUPATION:	NUMBER OF YEARS ACQUAINTED:
PHONE:	ALT PHONE:

NAME:	RELATIONSHIP:
OCCUPATION:	NUMBER OF YEARS ACQUAINTED:
PHONE:	ALT PHONE:

AVAILABILITY <i>Indicate the days and hours you are available to work. (No guarantee can be made of hours or schedule).</i>
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WHAT DATE ARE YOU AVAILABLE TO BEGIN WORK?
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ARE YOU INTERESTED IN FULL TIME (30+ HOURS PER WEEK) OR PART TIME?	FULL TIME	PART TIME
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TOTAL HOURS PREFERRED TO WORK PER WEEK:

PREFERRED HOURS:									
<input type="checkbox"/>	MORNINGS	<input type="checkbox"/>	AFTERNOON	<input type="checkbox"/>	EVENINGS	<input type="checkbox"/>	OVERNIGHTS	<input type="checkbox"/>	WEEKENDS

PREFERRED DAYS:													
<input type="checkbox"/>	SUNDAY	<input type="checkbox"/>	MONDAY	<input type="checkbox"/>	TUESDAY	<input type="checkbox"/>	WEDNESDAY	<input type="checkbox"/>	THURSDAY	<input type="checkbox"/>	FRIDAY	<input type="checkbox"/>	SATURDAY

ARE YOU WILLING TO TRAVEL?	[Y]	[N]	IF SO, HOW FAR?
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EMERGENCY CONTACT <i>Please provide a person to be notified in case of accident or emergency.</i>	
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NAME:	RELATIONSHIP:		
PHONE:	ALT PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:

CERTIFICATION & RELEASE AUTHORIZATION
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I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. I also understand that use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

_____	_____
SIGNATURE	DATE

RELEASE OF INFORMATION

I permit the company to examine my references, record of employment, education record and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

AUTHORIZATION TO SECURE REPORT

I authorize Promedcare to make whatever inquiries it may deem necessary, in connection with my course of employment. As part of such inquiries, Promedcare has my permission to contact persons who may have information regarding my suitability for employment and to secure reports. I authorize and instruct any person or agency contacted, to participate or conduct inquiries at its request, to compile information, and to furnish any information obtained as a result of such inquiries.

AUTHORIZATION TO CONDUCT BACKGROUND CHECK

I agree to allow Promedcare to conduct a thorough background check prior to employment and throughout the duration of employment. All applicants and current employees must consent to and pass a background check, including checks on the **APS/CPS Registry, Sexual Offender Registry, criminal history, driving records, Nebraska and Federal excluded provider lists**, before any final appointment. Promedcare conducts background checks in accordance with the Fair Credit Reporting Act and applicable state and local laws. I understand that my continued employment is contingent on the satisfactory results of the company's screening process, regardless of when those results are discovered.

CONSENT FOR INSURANCE CONFIRMATION

I give my current insurance broker authorization to release my employer, information including but not limited to automobile insurance policy(s) information and copies of automobile policy(s) and certificates of insurance. I also give authorization to advise my employer of any changes in my automobile insurance. I am aware and acknowledge the information is used by the employer to confirm adequate and proper insurance coverage of my automobile while being used in the course of my employment.

AUTHORIZATION FOR DRUG SCREENING

I consent to drug testing to detect the presence of alcohol or the illegal use of drugs prior to employment and during employment at random. If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of the test.

EQUAL EMPLOYMENT OPPORTUNITY

Promedcare is committed to providing equal employment opportunities and ensuring a fair and inclusive workplace. We do not discriminate in our employment and personnel practices based on race, gender, age, disability, religion, national origin, or any other protected characteristic under applicable law. Our hiring, transferring, and promotion practices are based solely on merit and qualifications, without regard to these factors.

By signing, I understand this is not a contract of employment.

I hereby acknowledge that I have read and understand the above disclosures.

PRINTED NAME

SIGNATURE

DATE