



The key to Independence

Application for Employment (Personal Care Attendant)

Please Print (send to 2001 Street Kenner, LA 70065) **Date** _____

Name _____ **SS#** _____

Address _____ **Apt. #** _____

City _____ **State** _____ **Zip** _____

Home Phone (____) _____ **Alt. Phone** (____) _____

E-mail Address _____

Have you been employed here before? **Yes / No**
If yes, please give approximate dates of prior employment at this agency: _____

Some positions require driving, are you to accept a position that requires driving? **Yes / No**

If yes, do you have a current driver's license? **Yes / No** **License Number:** _____
Do you have current car insurance? **Yes / No** **Insurance Co.:** _____

Are you legally eligible for work in United States? **Yes / No**
If no, explain: _____

Have you ever been convicted of a crime? **Yes / No**
If yes, explain: _____

Do you require materials in alternate formats? **Yes / No**
If yes, explain: _____

Do you require any accommodations to perform your work duties? **Yes / No**
If yes, explain: _____

Special Skills: Typing _____ WPM 10-Key Adding Machine _____ WPM Shorthand _____ WPM

Computer Software: _____

EDUCATIONAL/TRAINING BACKGROUND

List the last three schools you attended, starting with the most recent:

Name of School	Years Completed	Diploma/Degree

List any other training, certificates and/or licenses you think are relevant to this position:

EMPLOYMENT HISTORY

List previous employers, starting with the most recent:

Employer _____ Phone (____) _____
Address _____
Position Held _____ Supervisor _____
Dates Employed: from _____ to _____ May we contact for reference? **Yes / No**
Reason(s) for leaving _____

Employer _____ Phone (____) _____
Address _____
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Address _____
Position Held _____ Supervisor _____
Dates Employed: from _____ to _____ May we contact for reference? **Yes / No**
Reason(s) for leaving _____

REFERENCES

List references other than relatives and previous employers:

Name	Address	Phone
		()
		()
		()

NEW ORLEANS RESOURCES FOR INDEPENDENT LIVING, INC.

EMPLOYMENT VERIFICATION FORM

To: _____

Applicant's Name _____ SS# _____

_____ has applied for employment with Resources for Independent Living. Please provide the following information, which will assist Resources for Independent Living in completing our applicant process. A self-addressed envelope has been provided for your convenience. Resources for Independent Living appreciates your assistance in this matter.

Authorization

I hereby authorize the above-referenced individual, company, or institution to furnish Resources for Independent Living with the information requested below, which they have on record or otherwise, and hereby do release the above referenced employer and Resources for Independent Living from all liability for any damage whatsoever incurred when furnishing such information.

Applicant's Signature _____

	Excellent	Good	Satisfactory	Marginal	Poor
Performance					
Attendance					
Dependability					
Interaction					

Dates of Employment: _____

Position: _____

Would you rehire? If no, please explain:

Additional comments? _____

Representative's Signature: _____

Printed Name: _____

Title: _____

Date: _____

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Date: _____

PERSONAL CARE ASSISTANT EXPERIENCE

Check the types of disabilities, ages, etc. you have served:

- | | | |
|---|--|---|
| <input type="checkbox"/> Quadriplegia | <input type="checkbox"/> Stroke | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Blind | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other (Specify) _____ | |
- Male Female Child Adult

Check which activities you can assist with:

- Transfers: Pivot Cradle Hoyer Lift Sliding Board
- Toileting: Urinal Catheter Care Bowel Assistance/Program
- Hygiene: Bed bath Shower/Bath Shaving
- Dressing Hair Brushing Teeth
- Feminine Hygiene
- Meals: Cooking Eating
- Household: Laundry Shopping Cleaning Paying Bills
- Driving: Transporting Consumer Errands for Consumer
- Other: Recreational Activities

AVAILABILITY

Check when you are available to work:

	Morning				Afternoon				Evening				Night						
	6a	7	8	9	10	11	12p	1	2	3	4	5	6	7	8	9	10	11	12a
Sun.																			
Mon.																			
Tues.																			
Wed.																			
Thurs.																			
Fri.																			
Sat.																			
Sun.																			

How many hours per week do you want to work? _____

Are you available for overnight duty? **Yes / No**

If so, what overnight hours are you available: _____

Would you consider a live-in position? **Yes / No**

Are you interested in “emergency” or “substitute” personal assistance work? **Yes / No**

In what area(s) of the city would you prefer to work? _____

PLEASE READ THIS SECTION BELOW CAREFULLY BEFORE SIGNING

I understand that this application will be considered active for a period of 60 days. At the conclusion of this time, if I have not heard from Resources for Independent Living and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand and agree that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from Resources for Independent Living if I have been employed.

I hereby authorize Resources for Independent Living to investigate all references and I hereby authorize the release of this information by former employers and personal references. I hereby release from liability Resources for Independent Living and its representatives for seeking such information, and all persons, corporations or organizations for furnish such information.

I understand that pre-employment screening will include a criminal history check(s).

I hereby authorize Resources for Independent living to release and furnish the information supplied in this application to persons needing personal assistant services. I hereby release from liability Resources for Independent Living and its representatives for furnishing such information.

I acknowledge that, unless otherwise defined by applicable law, any employment relationship with this agency is of “at will” nature, meaning that I may resign at any time and resources for Independent Living may discharge me at any time, with or without cause. I further understand that no representative of resources for Independent Living has the authority to make any assurances to the contrary.

Resources for Independent Living is an Equal Opportunity Employer. No question on this application is intended for the purpose of limiting or excusing any qualified applicant’s consideration for employment on the basis of race, color, religion, sex, sexual orientation, marital status, national origin, age, disability, or any other consideration prohibited by law.

Applicant Signature

Date



AFFIRMATIVE ACTION VOLUNTARY INFORMATION
(Completion of information in this section is voluntary.)

In an effort to comply with requirements regarding government keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is *not* part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position applied for _____ Date _____

Referral Source: ___ Walk-in ___ Employee ___ Relative ___ School
 ___ Government Employment Agency
 ___ Advertisement – Source: _____
 ___ Other: _____

Name of person who referred you: _____

Applicant Information

Name _____ Phone () _____

Address _____

Gender: ___ Male ___ Female

Please check one of the following Equal Opportunity Identification Groups:

___ White ___ Hispanic ___ Asian/Pacific Islander
___ American Indian/Alaskan Native ___ Black (not Hispanic origin)

Special Notice to Veteran Era Veterans, Disabled Veterans, and Individuals with Disabilities: Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam era and qualified individuals with disabilities.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

___ Vietnam Era Veteran (served between 1964-1975)
___ Disabled Veteran
___ Individual with a Disability

Thank you for completing this survey.

2001 Street • Kenner, Louisiana 70065 11931 Industriplex Blvd. • Baton Rouge, Louisiana 70806
(504) 522-1955 Voice • (504) 522-1956 TTY (225) 753-4772 Voice • (225) 753-4831 Fax
(504) 522-1954 Fax

*Advocates for a fully integrated community • Promotes social, vocational and economic opportunities
Provides services for individuals with disabilities that enhance personal choice*