

PERSONAL CARE ATTENDANT JOB DESCRIPTION

Description

- ◆ Personal Care Attendants provide service to individuals in their own homes and communities, who need assistance caring for themselves as a result of old age, sickness, disability and/or other infirmities. Personal Care may include assistance with the activities of daily living, housecleaning, laundry, meal preparation, transportation, companionship and respite,
- ◆ Personal Care Attendants are responsible for ensuring that service is delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.

Reporting Relationship

- ◆ Reports to Supervisor.

Responsibilities/Activities:

- ◆ Assist with the activities of daily living and personal care including:
 - bathing
 - shaving
 - ambulation
 - mouth care
 - dressing
 - exercise
 - hair care
 - feeding
 - toileting
 - nail care
 - positioning
 - medication reminding
 - skin care
 - transferring
 - vital signs and Blood Pressure
- ◆ Ensure client's safety and security by supervising the home environment.
- ◆ Teach/perform meal planning and preparation, routine housekeeping activities such as making/changing beds, dusting, vacuuming, washing floors, cleaning kitchen and bathroom, and laundry.
- ◆ 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 client's money in accordance with the care plan and under the observation of the Supervisor.
- ◆ 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.
- ◆ Escort clients to medical facilities, errands, shopping 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.
- ◆ Ensure service is delivered in accordance with all relevant policies, procedures and practices.
- ◆ Monitor supplies and resources.
- ◆ Evaluate the program and make recommendations to it, as indicated.
- ◆ Follow the written care plan.
- ◆ Carry out duties as assigned by the Supervisor.
- ◆ Observe clients and their environments and reports unsafe conditions to Supervisor.
- ◆ Observe clients and their environments and reports behavior, physical and/or cognitive changes and/or changes in living arrangements to Supervisor.
- ◆ Complete and maintain records of daily activities, observations, and direct hours of service.
- ◆ 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 with Supervisor and co-workers.
- ◆ Observe, receive and obtain information from relevant sources.
- ◆ Performs other duties as required.

Required Knowledge

- ◆ Knowledge of personal care and home management skills.
- ◆ Knowledge of principles and processes for providing client and personal care services, including needs determinants, meeting quality standards and evaluation of client satisfaction.
- ◆ Knowledge of the English language.
- ◆ Knowledge of the information and techniques needed to diagnose and treat injuries including emergency first aid and CPR.
- ◆ Knowledge of clerical procedures such as maintaining records and completing forms.

Required Skills/Abilities

- ◆ The ability to competently assist clients with their activities of daily living.
- ◆ The ability to be aware of other people's reactions and understanding why they react as they do.
- ◆ The ability to establish and maintain relationships.
- ◆ The ability to teach others.
- ◆ The ability to listen actively.
- ◆ The ability to identify problems and determine effective solutions.
- ◆ The ability to apply reason and logic to identify strengths and weaknesses of possible solutions.
- ◆ The ability to monitor and assess themselves, clients and effectiveness of service.
- ◆ The ability to understand written and oral instructions.
- ◆ The ability to communicate information orally so others understand.
- ◆ The ability to communicate in writing so others understand.
- ◆ The ability to work independently and in cooperation with others.
- ◆ The ability to determine or recognize when something is likely to go wrong.
- ◆ The ability to suggest a number of ideas on a subject.
- ◆ The ability to perform activities that use the whole body.
- ◆ The ability to handle and move objects and people.
- ◆ The ability to provide advice and consultation to others.
- ◆ The ability to observe and recognize changes in clients.
- ◆ The ability to establish and maintain harmonious relations with clients/families/co-workers.

Physical and Mental Demands:

- ◆ Good physical and mental health.
- ◆ Physical ability to stand, walk, use hands and fingers, reach, stoop, kneel, crouch, talk, hear and see.
- ◆ Mental fortitude and stability to handle stress.
- ◆ Physical and mental ability to drive a vehicle.

Qualifications/Education

- ◆ Certification in Personal Care: CAN or 6 months of hands on experience
- ◆ Valid driver's license.
- ◆ Proper Vehicle Insurance Coverage.



- ◆ 18 years of age
- ◆ Able to pass drug & background screening

Training/Experience:

- ◆ May require related experience.
- ◆ On the job training for new activities.

I have read and understand the job description and agree to fulfill the position's responsibilities.

Employee Signature

Date

Supervisor Signature

Date

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EMPLOYMENT APPLICATION

Personal Information	
Name	First _____ 2 nd Initial _____ Last: _____
Address	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
Phone	Home: _____ Cell: _____ Other: _____
Email	Email Address: _____
Date of Birth	Day: _____ Month: _____ Year: _____
SSN	Social Security Number: _____
Gender	Male: ___ Female: ___
Language	What languages do you speak? _____ _____
Emergency Contact	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____
Education	
Formal	Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____

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Informal	Do you have current First Aid Certification (State Level): _____ Expiry Date: _____ Do you have current CPR? _____ Expiry Date: _____ Have you taken a Food Safety course? _____ Other: _____ <div style="text-align: center;">(Specify)</div> Other: _____ <div style="text-align: center;">(Specify)</div>
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Restrictions

Work Limitations	List any work limitations that you may have and briefly describe: Hearing: ___ Yes ___ No _____ Speech: ___ Yes ___ No _____ Lifting: ___ Yes ___ No _____ Health: ___ Yes ___ No _____ Physical: ___ Yes ___ No _____ Emotional: ___ Yes ___ No _____ Other: ___ Yes ___ No _____
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Availability for Work

Hours & Days Available for Work	_____ Full-time _____ Part-time _____ PRN _____ Split Shift Indicate Days and List Hours Available for Work: _____ Sunday: From: _____ To: _____ _____ Monday: From: _____ To: _____ _____ Tuesday: From: _____ To: _____ _____ Wednesday: From: _____ To: _____ _____ Thursday: From: _____ To: _____ _____ Friday: From: _____ To: _____ _____ Saturday: From: _____ To: _____ What is the minimum number of hours you will work in one day? _____ What is the maximum number of hours you will work in one day? _____
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Type of Work Seeking

Type of Position(s) Preferred	_____ Home-Care Companion _____ Personal Care Attendant _____ Registered Nurse _____ Live-In Care Aide Other: _____ <div style="text-align: center;">(Specify)</div> Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: _____ Weekdays (Monday a.m. to Thursday a.m.) _____ Weekends: (Friday a.m. to Monday a.m.)
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_____ Dementias/Alzheimer's _____ Smokers	_____ Physical Disabilities _____ Pets
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Clients Not Willing/Able to Work With	<input type="checkbox"/> Mental Retardation <input type="checkbox"/> Females <input type="checkbox"/> Behavioral Disorders <input type="checkbox"/> Males <input type="checkbox"/> Elderly (over 65) <input type="checkbox"/> Client use of marijuana for medicinal purposes <input type="checkbox"/> Children <input type="checkbox"/> HIV Positive/Aids <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>
Duties Not Willing/Able to Perform	<input type="checkbox"/> Bathing <input type="checkbox"/> Housekeeping <input type="checkbox"/> Grooming <input type="checkbox"/> Laundry <input type="checkbox"/> Oral Care <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Dressing <input type="checkbox"/> Shopping <input type="checkbox"/> Bowel Care <input type="checkbox"/> Transportation <input type="checkbox"/> Bladder Care <input type="checkbox"/> Medication Reminding <input type="checkbox"/> Feeding <input type="checkbox"/> Friendly Reassurance Phone Call/Home Visit <input type="checkbox"/> Ambulation <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Specify)</i></div>
Experience	<p>Indicate which of the following you have experience in:</p> <input type="checkbox"/> Bathing/Showering <input type="checkbox"/> Housekeeping <input type="checkbox"/> Grooming <input type="checkbox"/> Laundry <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Dressing <input type="checkbox"/> Shopping <input type="checkbox"/> Bowel Care <input type="checkbox"/> Transportation <input type="checkbox"/> Bladder Care <input type="checkbox"/> Medication Reminding <input type="checkbox"/> Feeding <input type="checkbox"/> Friendly Reassurance Phone Call or Home Visit <input type="checkbox"/> Ambulation <input type="checkbox"/> Socialization <input type="checkbox"/> Toileting <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Specify)</i></div>
Assignment Location	Are you restricted in the geographical location you are willing/able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____
Transportation	
Type	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>
Driver's License	Do you have a valid Driver's License?: _____
Transporting Clients	Are you willing to transport clients in your private vehicle? _____ Do you have adequate vehicle insurance? _____ Are you willing to drive a client's vehicle? _____ Are you willing to escort a client in their own vehicle? _____ Are you willing to escort a client on public transportation? _____ Comments: _____
Abuse Investigation	
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____

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Reference Information	
Work Related #1 (Last Position)	Company Name _____ Address: _____ Telephone No. & Email Address: _____; Supervisor's Name _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
Work Related #2 (2nd Last Position)	Company Name _____ Address: _____ Telephone No. & Email Address: _____; Supervisor's Name _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
Work Related #3 (3rd Last Position)	Company Name _____ Address: _____ Telephone No. & Email Address: _____; Supervisor's Name _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
Personal #1	Name _____ Address: _____ Telephone No. & Email Address: _____; Nature of Friendship (<i>friend, co-worker, family etc.</i>) _____ (<i>Other than relative.</i>)
Personal #2	Name _____ Address: _____ Telephone No. & Email Address: _____; Nature of Friendship (<i>friend, co-worker, family etc.</i>) _____ (<i>Other than relative.</i>)

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I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references, and any other individual/organizations to provide information to Potters of Eden LLC and I hereby release and discharge any of the above and Potters of Eden LLC from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test and a criminal background check

If further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

Applicant's Signature

Date



PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, _____, understand that as part of the employment process, Potters of Eden, LLC need to complete a background check on me regarding:

- 1. Criminal record; 2. Sex and Violent Offenders Record; 3. Employment Verification; 4. Education Verification; 5. License Verification; 6. Motor Vehicle Records; 7. Personal/Professional Reference Verification; 8. Medical Suitability; 9. Drugs/Alcohol; 10. Child Abuse Clearance (If indicated)

- o I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Potters of Eden, LLC or its authorized agent(s).
o I understand that this authorization is to be part of the written and signed employment application.
o I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
o I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
o I further authorize that a photocopy of this authorization may be considered as valid as the original.

I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with Potters of Eden, LLC is contingent upon successful completion of a background check.

Signature _____ Date _____
Full Name _____ Telephone No. _____

Former Name(s) and Date(s) used: _____

Current Address _____

Date of Birth _____ Social Security Number: _____

Current Driver's License: _____ State: _____

List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)

Table with 4 columns: City, State, From: Month/Year, To: Month/Year. Includes three rows of blank lines for data entry.

CONFLICT of INTEREST STATEMENT

It is the responsibility of each employee to recognize and avoid any situation involving a business conflict of interest. Employees are expected to promptly disclose any known relationships or activities that may result in real or apparent conflicts of interest. This information is disclosed to your Supervisor and/or the Agency Manager, thereby allowing issues to be worked before they develop into a problem. Through this action, an employee protects their own interests as well as those of the Agency.

All employees must complete this Conflict of Interest Statement upon hire and update the Statement annually or whenever the status changes.

Activities/situations that create a conflict of interest, or the appearance of one, must be declared on this Conflict of Interest Statement.

1. Do you have an outside job that may create a conflict of interest with your employment at this Agency?

Yes ___ No ___

Describe: _____

2. Do you have any other conflict of interest with your employment with this Agency? Yes ___ No ___

Describe: _____

I understand that failure to observe and abide by these obligations may result in disciplinary action which may include dismissal and/or contract termination.

I also understand that in some cases, failure to observe and abide by these obligations may result in criminal or other legal actions.

Signature

Date

Signature & Position of Agency Representative

Date