

NEW HIRE ORIENTATION CHECK LIST

Personal Information

Name: _____
 Address: _____ Phone No: _____
 Job Title: ADULT COMPANION, HOMEMAKER, PERSONAL SUPPORT, NIGHT SUPERVISION, PCA
 Date of Hire: _____ Supervisor: _____ Date of Orientation: _____
 Date Background Study Initiated: _____ Date Study notice Received: _____

Human Resource Requirement HR

- | | | |
|---|---|--|
| <input type="checkbox"/> Application Form
<input type="checkbox"/> Background Clearance Letter
<input type="checkbox"/> I-9
<input type="checkbox"/> Job Description
<input type="checkbox"/> W-4 | <input type="checkbox"/> Copy Social Security Card
<input type="checkbox"/> Copy Valid ID
<input type="checkbox"/> Direct Deposit Form
<input type="checkbox"/> Employee Handbook
<input type="checkbox"/> OIG Result
<input type="checkbox"/> PCA Certificate | <input type="checkbox"/> UMPI Letter
<input type="checkbox"/> New Hire Reporting
<input type="checkbox"/> PCA Enrolment App (DHS-4469-ENG)
<input type="checkbox"/> Provider Agreement (DHS-4611-ENG)
<input type="checkbox"/> Regulation Acknowledgment
<input type="checkbox"/> Confidentiality of Client & company information |
|---|---|--|

Training Requirement

- | | |
|---|---|
| <input type="checkbox"/> CPR Training Exp Date: _____
<input type="checkbox"/> Dressing, Meal Care & Restraint
<input type="checkbox"/> Elder Abuse & Neglect
<input type="checkbox"/> Fall Prevention
<input type="checkbox"/> First Aid Training, Exp Date: _____
<input type="checkbox"/> Home Care Orientation
<input type="checkbox"/> Infection Control and Bloodborne Pathogens
<input type="checkbox"/> PCA Test
<input type="checkbox"/> Personal Care | PCA Modules
<ol style="list-style-type: none"> 1. Body Mechanism 2. Emergencies: be prepared 3. Fraud Reporting 4. Infection Control and standard precaution 5. Overview of Personal Care Assistant 6. Professional Boundaries, Child and Venerable Adult Maltreatment 7. Stress, Personal Selfcare and support for PCA role 8. Time Card and Documentation 9. Understanding Behaviors |
|---|---|

Disclaimer

Orientation/Annual Education taught by _____.
 I have received training regarding documentation, policies and procedures from the orientation or annual education. I understand the information provided and have had the opportunity to ask questions.
 I agree to abide by all Company's Services Policies and Procedures.

 Employee Signature

 Date:

 Supervisor/Manager/Educator, Name & Signature

 Date:

JOB DESCRIPTION: PERSONAL CARE ASSISTANT

POSITION SUMMARY:

The Personal Care Assistant performs personal care services for recipients living in the community. Clients must be in stable medical condition and not have acute care needs. The Personal Care Assistant works within the guidelines of a care plan established by the recipient/responsible party, the PHN and the Qualified Professional.

QUALIFICATIONS:

1. Be at least eighteen (18) years of age.
2. May be at least sixteen (16) years old, however if the PCA is between 16 and 18 years of age, he or she must have participated in a related school-based job training program or have completed a certified home health aide competency evaluation.
3. **Must have successfully completed mandatory PCA Standardized Training and passed test with a score of 80% or greater.**
4. Must provide a demonstrated ability to the qualified professional that he/she is capable of providing personal care services by accurately following a client care plan.
5. Be able to work with little direct supervision, make appropriate judgments and know how and when to report changes in the client's condition to the qualified professional.
6. Have demonstrated dependability, tact and the ability to follow orders.
7. Have good physical and mental health.
8. Have U.S. Citizenship or evidence of alien work permit.
9. Have passed a criminal background check.

ESSENTIAL FUNCTIONS/AREAS OF ACCOUNTABILITY:

1. Bowel and bladder care.
2. Skin care, including prophylactic routine and palliative measures documented in the Plan of Care.
3. Range of motion exercises.
4. Respiratory assistance.

5. Assist with transferring, turning and positioning of client.
6. Assist with medications (normally self-administered).
7. Application and maintenance of prosthetics and orthotics.
8. Cleaning of equipment.
9. Assistance with food, nutrition and diet activities.
10. Accompany client to obtain medical diagnoses or treatment.
11. Provide services necessary to maintain client's personal health and safety.
12. Assist client to complete daily living skills such as personal/oral hygiene.
13. Assist with incidental household services.

Personal Care Assistant May Not:

1. Provide services except as employee of an enrolled provider agency.
2. Provide services not outlined in the plan of personal care services.
3. Provide services that are not supervised by the recipient/responsible party.
4. Provide person care services to clients for whom they are legal guardians.
5. Perform sterile procedures.
6. Give injections of fluids into veins, muscles or skin.

PHYSICAL/ENVIRONMENTAL DEMANDS:

See ADA Requirements.

I have read and understand the above job description of the Personal Care Assistant.

Signed _____ Date _____

INTERNATIONAL HOME CARE INC

Employment Application

Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regard to public assistance or veteran's employment. We are an equal opportunity employer.

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Social Security No _____ Date of Birth _____

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Home Phone #: _____ Alternate Phone #: _____

How did you hear about this position? _____ Referred By: _____

Are you legally entitled to work in the United States? YES NO Are you at least 18 years of age? YES NO

In Case of Emergency Notify: _____
Name Phone # Relationship to you

U.S. Military or Naval Service _____ Rank _____ Present Membership in National Guard or Reserves? YES NO

EMPLOYMENT DESIRED

Position: RN LPN/LVN Homemaker Home Health Aide Staffing Clerical
 Personal Care Attendant Other _____

Have you passed Competency Testing? YES NO Do you have a Certificate? YES NO

Do you have a current Driver's License? YES NO Do you currently have a car? YES NO

Have you ever applied to this Company before? YES NO Where? _____ When? _____

PROFESSIONAL LICENSES, CERTIFICATION, AND REGISTRATIONS

Do you have any professional licenses, certifications and/or registrations? YES NO

License/Certificate/ Registration #:	Type	State Issued	Date Expires	Status (List Active, Inactive, Restricted, Conditional or Pending)

REFERENCES

Give below the names of three **work related** references.

NAME	ADDRESS	COMPANY/POSITION	PHONE

EDUCATION

NAME AND LOCATION OF SCHOOL		YEARS ATTENDED	GRADUATED	DEGREE/CERTIFICATION
HIGH SCHOOL			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
ADDITIONAL TRAINING				

FORMER EMPLOYERS

List below your complete employment history for the last five years, **starting with the most recent position first**. Attach additional pages if necessary.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER SUPERVISOR'S NAME	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, with or without cause, and with or without any prior notice.

I hereby agree that, as a condition of employment by the Agency, I will promptly inform the Agency in writing of any criminal convictions, in any jurisdiction (including all pleas of guilty), other than minor traffic offenses, of which I am convicted after today.

Signature _____ Date _____

INTERNATIONAL HOME CARE INC is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation or political beliefs.

As an employer, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this Voluntary Self-Identification Information form. This data is for analysis and affirmative action only and submission of this information is voluntary. This data will be kept in a confidential file separate from your Application for Employment.

DATE: _____

Position Applied for: _____

Gender:

- Male
- Female
- Choose not to respond

Race/Ethnic Background:

- American Indian / Alaskan Native
- Asian
- Native Hawaiian/ Other Pacific Islander
- Black / African or African American
- Hispanic / Latino
- White / Caucasian
- Two or More Races
- Choose not to respond

Veteran Status:

- Vietnam era veteran
- Disabled veteran
- Another veteran
- Non-veteran
- Choose not to respond

Disability Status*:

- Disabled
- Not disabled
- Choose not to respond

* According to the American with Disabilities Act, the term "disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of that individual, a record of such an impairment, or being regarded as having such an impairment.

Criminal Background & Office of the Inspector General (OIG) Check Authorization

Name: _____

(Last)

(First)

(Middle)

Other Names Used: _____

Current Address: _____

City, State, ZIP: _____

Social Security Number: _____ Date of Birth: _____

There is a potential that the resultant data will indicate an individual's prior felony and/or misdemeanor convictions. Prior convictions will be reviewed on a case-by-case basis, but some convictions are cause for immediate disqualification from INTERNATIONAL HOME CARE INC.

In connection with my service with INTERNATIONAL HOME CARE INC, I hereby authorize INTERNATIONAL HOME CARE INC to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records and a check of the National Sex Offender Public Registry. I understand that my ability to serve as an employee/contractor with INTERNATIONAL HOME CARE INC is contingent upon the results of the background check. I understand that failure on my part to consent to the criminal background check will result in the revocation of any position offered to me or accepted by me. I acknowledge that the criminal background and National Sex Offender Public Registry checks may be shared with the Site Supervisor, the Governor's Office of Community Service or the Corporation for National and Community Service if necessary. The member is entitled to receive and review the information obtained, upon request.

I certify that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification or termination from INTERNATIONAL HOME CARE INC.

Applicant signature: _____

Date: _____