

Senior Life Resources

N O R T H W E S T

Position: Home Care Provider
Reports to: Direct Care Supervisor, Area/Office Supervisor, Regional Supervisor
Classification: Non-exempt. (Note: This position is not full-time, hours vary and may include up to 40 regular time hours in a week.)

GENERAL POSITION SUMMARY: Responsible for providing personal care services to individuals in their own homes.

ESSENTIAL FUNCTIONS

- Work independently to competently complete all client authorized hours/tasks which may include but not be limited to: meal preparation, ordinary housework, client transportation, dressing, special assistance with body care (per instructions), toileting, self-medication management, family care, shopping, personal hygiene, bathing, transfer, bed mobility, locomotion, telephone use, and wood supply
- Establish and complete monthly client service schedules and report schedule changes to supervisor
- Observe and immediately report to supervisor changes in client's condition(s) to include but not be limited to weakness, confusion, loss of appetite
- Observe and immediately report to supervisor any safety concerns or problem situations
- Maintain confidentiality of all service delivery and client information
- Maintain proper documentation for services performed, accurately complete service verification forms, and report daily client service hours to the AtHome System
- Maintain required twice a month supervisory communication

SPECIFIC JOB SKILLS

- Ability to travel within service area
- Ability to read, write, speak and understand basic English
- Ability to understand client care plans (with or without the assistance of an interpreter) and competently carry out the client care plans
- Ability to follow instructions and work independently
- Ability to listen effectively and clearly communicate in an appropriate manner
- Ability to respond calmly and appropriately to all on-the-job situations, including emergencies
- Ability to demonstrate respect, professionalism and sensitivity to the needs of individuals. Willing and able to relate to individuals from all ethnic, racial, religious, or socioeconomic backgrounds

WORKING CONDITIONS

- This position requires physical effort as a part of the essential functions. Physical effort may involve: frequent standing, walking, pushing/pulling, bending and twisting at the waist, and bending at the knees; occasional sitting, driving, kneeling, squatting, and reaching above shoulder; seldom climbing of stairs and crawling; and, occasional lifting and carrying up to 25 pounds
- Work may be performed in the evenings and on weekends

WORK HABITS

- Required work habits include regular scheduled attendance, punctuality, teamwork, initiative, flexibility, courtesy, dependability and professionalism

EDUCATION AND/OR EXPERIENCE/QUALIFICATIONS

- Proof of Valid Driver's License
- Proof of Automobile Insurance
- Must be at least 18 years of age (Verification required)

CONTINGENCY OF EMPLOYMENT

- Acceptable criminal history background check from fingerprints
- Acceptable driving record
- Required:

- Documented Certified Nursing Assistant (CNA), Certified Home Care Aide (HM) or other WA Dept. of Health approved certifications, licenses or training

OR

- Documented WA (Washington) employment as a long term care worker with a WA state licensed long term care provider during calendar year of 2011 or between January 1, 2012 and January 6, 2012, and completion of all WA State Department of Health certified training requirements for this noted time period. (Documentation may include pay stub and training certificates.)

OR

- Successfully complete required WA State Home Care Aide training and certification that includes:
 - 75 hours of initial training within the first 120 days of employment, including 5 hours of Orientation and Safety training prior to serving first client;
 - Submit WA State Department of Health Home Care Aide certification application, examination application and obtain certification within 200 days of hire date. Home care agency workers must renew their certification annually through Department of Health.
- Membership in Office and Professional Employees International Union (OPEIU), Local 8. (If bona fide religious tenets or teachings forbid labor union membership, equivalent membership dues can be paid to agree upon charity pursuant to CBA 3.1.)

Employee Acknowledgment

I have read and understand this job description and I acknowledge that it does not identify all tasks that may be expected, nor address the standards of performance that must be maintained for continuing employment.

Employee's Signature _____

Date _____

SENIOR LIFE RESOURCES NORTHWEST
Home Care Services

549 5 th St. #E Clarkston, WA 99403 (509) 758-1458	1206 Dolarway Suite 217 Ellensburg, WA 98926 (509) 962-6242	1824 Fowler Street Richland, WA 99352 (509) 735-7840
532 E. Edison Sunnyside, WA 98944 (509) 837-8982	2316 Eastgate N, #125 Walla Walla, WA 99362 (509) 529-9541	5110 Tieton Drive, Suite 350 Yakima, WA 98908 (509) 453-8946

HOME CARE PROVIDER

Starting Salary: \$12.10 per hour

Benefits:

- Medical, dental, vision benefits for qualified employees who work at least 80 hours per month
- Comprehensive and progressive wage scale
- Paid Time Off (PTO) - 1 hr. for every 40 hours actually worked for 0-48 months of service;
2 hrs. for every 40 hours actually worked for 49+ months of service.
- Holiday Pay for Approved Work
- Weekend Differential Pay and Hoyer Lift Pay
- Paid annual professional caregiver training
- Choice of participation in OPEIU 401 (k) Plan
- Mileage Reimbursement for approved use of personal automobile
- Annual Performance Evaluation/ Positive Team Environment
- Caregiver Support Fund
- Workers' Compensation Insurance and Social Security Insurance
- Representation by Office and Professional Employees International Union, (OPEIU), Local 8
- Association with a local, community based non-profit organization that has provided professional licensed home care services since 1978

Application Instructions ***(YOU MUST USE AN INK PEN ON ALL FORMS)***

1. Read and provide written answers to **ALL** questions asked in the attached:
 - a. Employment Application (Provide employer names, addresses & phone numbers for a minimum of 7 years prior). Provide copies of High School Diploma/ GED certificate, current licenses, etc.
 - b. Disclosure Statement
2. Present your completed application to the Home Care Services office. Must present a 3-year driving abstract with your completed application.

WE LOOK FORWARD TO HEARING FROM YOU!!

SENIOR LIFE RESOURCES NORTHWEST
Home Care Provider
Application for Employment Supplemental Questions

1. In Washington State, long term care workers (Home Care Providers) are required to become Certified Home Care Aides within 200 days of hire unless exempt to the requirement under the provisions below. Please circle the exemption below if it applies to you. Documentation supporting the exemption will be required during the application process.
- Documented Certified Nursing Assistant (CNA), Certified Home Care Aide (HM) or other WA Dept. of Health approved certifications, licenses or training. (Documentation may include a copy of the certificate, license or training)
- OR**
- Documented WA (Washington) employment as a long term care worker with a WA state licensed long term care provider during calendar year of 2011 or between January 1, 2012 and January 6, 2012, and completion of all WA State Department of Health certified training requirements for this noted time period. (Documentation may include pay stub and training certificates.)
2. If you are not exempt under one of the above provisions, this position requires 70 hours of training between the hours of 8 a.m. – 5 p.m., Monday through Friday. Are you available for training during that time?

Yes or No

Applicant Signature

Date

Senior Life Resources

NORTHWEST

Home Care Services & Mid-Columbia Meals on Wheels

APPLICATION FOR EMPLOYMENT

Senior Life Resources Northwest (SLR) is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, or disability, veteran or any other characteristics protected by law.

Please read this application for employment carefully and answer every question in full. Please print all information in ink. If you need additional space to complete an answer, please attach additional sheets. This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

Incomplete information could disqualify you from further consideration. Please complete all fields.

GENERAL INFORMATION

Date of Application: _____

Name: _____

First

Middle Initial

Last

Address: _____

Street

City

State

Zip Code

Telephone: _____

Home (include area code)

E-mail address

Position you are applying for: _____ Salary Desired: _____

How were you referred to us? _____ Have you applied here before? YES NO If yes, when: _____

Have you ever been employed here before? YES NO If yes, when: _____ Under what name: _____

Are you at least 18 years of age? YES NO Date you are available to start work: _____

Are you related to a current SLR employee? YES NO If yes, name and relationship: _____

Do you have a valid driver's license? YES NO Specific days and hours you are available to work: _____

If hired, can you provide written evidence that you are authorized to work in the United States? YES NO

Have you ever been discharged from a position for making threats, fighting or any other incidents involving violence? YES NO

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes ___ No ___ If no, please explain: _____

EDUCATION AND SKILLS

If you are applying for a position that is not a Home Care Provider, you may be required to provide proof of diplomas, certificates, or transcripts.

Do you have a high school diploma or GED certificate? YES NO

List Colleges, business, or other schools attended:

Name and Location: _____

Degree earned and number of years completed: _____

Name and Location: _____

Degree earned and Number of years completed: _____

EDUCATION AND SKILLS CONTINUED

List certificates or licenses you hold that are relevant to the position in which you are applying: _____

List any special skills, equipment you operate, or other languages you speak which are relevant to the position for which you are applying for:

List other Professional Memberships:

PROFESSIONAL REFERENCES

List four references (2 professional references and 2 personal references). Two of the PROFESSIONAL references should be past supervisor, pastors, managers or individuals that have first hand knowledge on your past job performance and duties. Two of the PERSONAL references should be individuals that have first hand knowledge of your ability, character, and personality. **Do not include any relatives.**

Professional References

Name	Address	City/State	Phone Number	Professional Title
1.				
2.				

Personal References

Name	Address	City/State	Phone Number	Professional Title
1.				
2.				

US MILITARY SERVICE

Have you served in the U.S. Military?	Branch of Service	Dates of Service
___ YES ___ NO		

Relevant Training/ Experience:

EMPLOYMENT HISTORY

Please explain any gaps in work history:

Have you ever been discharged or asked to resign from a job (answering this question will not disqualify you from consideration)?

YES NO

If yes, please explain: _____

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Describe your duties: _____

May we contact the employer listed above? YES NO Reason for leaving: _____

Describe your duties: _____

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

May we contact the employer listed above? YES NO Reason for leaving: _____

Describe your duties: _____

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May we contact the employer listed above? YES NO Reason for leaving: _____

EMPLOYMENT HISTORY CONTINUED

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	__ Full-time __ Part-time

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Describe your duties: _____

May we contact the employer listed above? YES NO Reason for leaving: _____

APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT

I understand that this application is not a contract or offer of employment.

I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.

I hereby attest with my signature below that the facts set forth in the above employment application are true and complete to the best of knowledge and authorize Senior Life Resources Northwest to verify their accuracy and to obtain reference information on my work performance.

I hereby release Senior Life Resources Northwest from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that Senior Life Resources Northwest will be reviewing my driving record for the past 36 months.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, regulations of employment of the employer. However, I further understand that neither the policies, rules, regulations, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered by Senior Life Resources Northwest is for an indefinite duration.

Furthermore, Senior Life Resources Northwest is an "at will" employer for all positions except Home Care Provider (HCP), and if employed either I or the employer, Senior Life Resources Northwest may terminate my employment at any time with or without notice or cause. If I am applying for a HCP position, my employment will be governed by OPEIU Local 8 Bargaining Agreement.

Signature of Applicant

Date

THIS APPLICATION IS VALID FOR 90 DAYS FROM THE DATE SIGNED AND DATED ABOVE

Disclosure Statement Authorization and Consent to Background Investigation

Pursuant to Washington Legislative Laws, we are asking you to complete the following disclosure for convictions or prison releases; whichever is more recent, within seven (7) years of the date of the job application.

This information will be kept confidential.

1. Have you ever been convicted of a crime against persons?

A crime against persons includes any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor for immoral purposes; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation, first or second degree rape of a child; patronizing a juvenile prostitute; prostitution; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child abandonment; promoting pornography; felony indecent exposure; child buying or selling; first or second degree sexual misconduct with a minor; or any of these crimes as they may be renamed in the future.

YES NO

If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(s) imposed:

2. Have you ever been convicted of a crime relating to financial exploitation?

Financial exploitation means the illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage. Crimes include first, second, or third degree extortion; first or second degree robbery; first, second, or third degree theft; forgery; or any of these crimes as they may be renamed in the future.

YES NO

3. If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(s) imposed:

Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(s) imposed:

**Disclosure Statement/Authorization and Consent to Background Investigation
(continued)**

4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor, or to have physically abused any minor in a: Dependency Action, Domestic Relations Proceeding, or Disciplinary Board Final Decision?

YES NO

If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(s) imposed:

5. Have you ever been convicted of a crime related to drugs as defined in RCW 43.43.830?

YES NO

If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(s) imposed:

UNDER PENALTY OF PERJURY, I certify the above information is true, correct, and complete. I understand if I am hired, I can be discharged for any misrepresentation or omission in the above statements. I also understand if I am hired, my employment is conditioned on your receipt of a satisfactory report from Washington State Patrol or an equivalent Federal Law Agency.

Signature _____ **Date** _____

I do hereby authorize and consent that the Washington State Patrol, or an equivalent Federal law enforcement agency, may disclose to Senior Life Resources Norwest, Inc., criminal record history information pertaining to any record, if any, for convictions of offenses against children or other persons, adjudications of child abuse in a civil action, and any Disciplinary Board final decisions and any subsequent criminal charges associated with the conduct that is the subject of Disciplinary Board final decision, pursuant to RCW 43.43.010 et seq. A photostat of this authorization should be accepted with the same authority as the original.

Signature: _____ **Date** _____

Printed Name: _____

Street Address: _____

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