

SeniorCare Companions, Inc. Employment Application

First Name _____ Last _____ Middle Initial _____ Date _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____ EMAIL: _____

Cell # () _____ Home # () _____

PLEASE CHECK THE NAME OF YOUR CELL PHONE COMPANY FOR JOB ALERTS (required)

AT&T Verizon T-Mobile Sprint MetroPCS Boost Other _____

EDUCATION: High School College Trade School Are you a U.S. Veteran? Yes No

Are you a previous employee of SeniorCare Companions? Yes No

Are you currently receiving unemployment benefits? Yes No

How were you referred to this agency? _____

EMPLOYMENT AVAILABILITY: PLEASE CHECK ALL THAT APPLY

Hourly days Hourly evenings Live-in Overnight When can you start working? _____

Please check the *days and times* you are available to work: Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____ Sat _____ Sun _____

Please check one: Driver license Driver permit None Do you have a car that you can use for work? Yes No

How many miles are you willing to travel for work? _____ Nassau Suffolk Other _____

Do you have any medical restrictions when it comes to lifting or weight bearing? Yes ___lbs. No Do you smoke? Yes No

Can you work in a home with pets? Yes No _____ Do you have any allergies? Yes No Type: _____

Do you have any Certification? Yes No Please specify: PCA HHA CNA LPN RN Other _____

Languages Spoken: English Spanish French Italian Russian Sign Other _____

Are you legally authorized to work in the United States? Yes No

(PLEASE CHECK ONE) I am a U.S. Citizen I am a Permanent Resident I have Work Authorization

OFFICE USE ONLY

Application I.D. Health Status Form Hired: Yes No Criminal Background References _____

Interview notes: _____

ORIENTATION DATE: _____ Will Attend Future Re-schedule _____

TRAINEE: Photo Policies and Procedures Job Description

CASE FILE DAY: W-4 I-9 Bank Info. Wage Agreement Finger Prints **EMPLOYEE I.D. #** _____

Badge Uniform Employee Manual Policies and Procedures Car insurance Car registration

MEDICAL: Physical Exam Drug Test PPD Chest x-ray MMR's Hep A/B **Influenza:** Shot Waiver (signed)

Covid Test Covid Vacc: Shot Waiver **MISSING D O C S :** _____

PLEASE NOTE:

SUBMITTING FALSE DOCUMENTS OR INFORMATION ON YOUR APPLICATION IS STRICTLY PROHIBITED

EMPLOYMENT HISTORY: Please list your employment within the past five years, *most recent first*.

***Please include a name and phone number**

1. Employer _____ Phone# _____
Address _____ City _____ State _____ Zip code _____
Position Held: _____ Contact or Supervisor _____
Started Employment: _____ Ended Employment: _____
Reason for leaving _____ May we call for a reference? Yes No

2. Employer _____ Phone# _____
Address _____ City _____ State _____ Zip code _____
Position Held: _____ Contact or Supervisor _____
Started Employment: _____ Ended Employment: _____
Reason for leaving _____ May we call for a reference? Yes No

ADDITIONAL REFERENCES: *Example: Pastor, Doctor, Lawyer, Teacher, Councilor, Nurse, or Professional*

***PLEASE DO NOT LIST FRIENDS OR FAMILY MEMBERS AS REFERENCES**

1) Name _____ Relationship _____ Phone Number _____
Address: _____ Years Known: _____
2) Name: _____ Relationship _____ Phone Number _____
Address: _____ Years Known: _____

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

Date of Birth: _____ Social Security # _____ - _____ - _____
(Month) (Day) (Year)

Current address _____

Previous Address _____

Have you ever been convicted of a crime? Yes No If yes, please give dates and explain:

NYS Drivers License # _____ Out of State Drivers License # _____

I authorize *SeniorCare Companions* to perform a criminal background check. I understand that if I am employed, and if any statement herein is not true, I will be released immediately. If I am released for either of these reasons, I will be paid only through the day of release. My signature below warrants that the foregoing information is true to the best of my knowledge.

Signature: _____ Date: _____



SeniorCare Companions, Inc.

“Quality Care You Can Trust”

AUTHORIZATION TO RELEASE INFORMATION

I authorize *SeniorCare Companions* to obtain the following information:

- Prior Employment Information from any and all prior employers
- Criminal Background Information
- Medical Information related to my ability to perform as a *SeniorCare Companion*

Name: _____

Signature: _____ Date: _____

I understand that *SeniorCare Companions* is an employment agency and that work is assigned per-diem based on case availability. I further understand that I am not guaranteed employment with my application and that the decision to hire is based upon the discretion of the agency.

Applicant Signature: _____ Date: _____

150 Islip Ave, Suite 2, Islip, NY 11751
Phone (631) 581-9000 Fax (631) 446-1584
www.seniorcarecompanions.c



SeniorCare Companions, Inc.

“Quality Care You Can Trust”

COMPANION JOB DESCRIPTION FORM – Please read and sign below

Requirements: Must be a loving and kind individual that can provide quality care that our clients can trust ♥

Companion Duties:

Communication with the office is key! If there is any change in the clients’ condition, or if there is any change in the schedule, you must notify the office immediately.

- Your primary job is to provide companionship and care for the needs of the client, and to make sure that the environment is safe.
- Supervise showering and toileting for safety and provide assistance as needed.
- Remind and assist with medications. Keep a log of medications given, as well as any change in patient’s condition. **If there is a change in the patient’s condition, report this to the office.**
- Prepare nutritious meals and snacks, as per the client *and* office direction.
- Assist the client in making a grocery list, and shop for the groceries, if required. Remember to get receipts.
- Always provide adequate liquids. Always have food and drinks available for the client when you leave.
- Keep the client’s home neat and clean. Duties may include sweeping, vacuuming, mopping, dusting, surface cleaning, especially in the kitchen and bathroom areas. Always inform the office with any problems with the client’s home environment.
- Keep clean sheets on the bed and clean towels in the bathroom. Be sure to do the client’s laundry regularly. Wash, dry, fold and put away clothes regularly, as needed.
- Remind the client, if needed, to change clothes daily and always have clean clothes ready for them.
- Escort the client to and from appointments, if required.
- Encourage activities within their limitations, such as: family gatherings, errands and trips to the store, visiting friends, or crafts.
- Be aware of safety issues, such as assisting the client when walking, if unsteady. All unsafe conditions must be reported to the office as soon as they are discovered.

Companions may NOT do the following:

- You may not *administer* medication to your client. You may only remind them to take their medication.
- You may *never* involve yourself in your client’s finances.
- You may not smoke while on duty.
- You may not use the client’s phone except to log in and out, contact the office, or to report an emergency.
- Non-emergency personal calls and texting, or use of computer/internet while on duty is prohibited.

Signed: _____ **Date:** _____

HOME CARE EXPERIENCE

(Check off everything you have experience with)

PERSONAL CARE

Bathing[] Bed/sponge bath[] Shower assist[] Skin care[] Oral care[]
Shampoo[] Shave[] Assist w/dressing & undressing[] Medication reminders[]

HOUSEKEEPING

Vacuuming[] Sweeping[] Dusting[] Change bedding[] Laundry[] Wash dishes[] Dishwasher[]

COOKING

Meal preparation[] Assist w/feeding[] Special diets[]

ERRANDS

Grocery shopping[] Personal shopping[] Medical appointments[] Drive w/client[]

SAFETY

Universal Precautions[] Fall prevention[] Seizure precautions[]

MOBILITY ASSISTANCE

Assist w/walking[] Walker[] Wheelchair[]

ALZHEIMER'S AND DEMENTIA CARE []

APPLICANT HEALTH STATUS QUESTIONNAIRE

- A. Are you involved in habitual use of or addiction to such substances as depressants, stimulants, narcotics, alcohol or other drugs? Yes No
- B. Do you smoke? Yes No How many packs per day? _____
- C. Have you had any illnesses, operations, or injuries in the past year?
Yes No If yes, please explain _____
- D. Do you have any problems with lifting, balance, bending, or reaching? Yes No
If yes, please explain _____
- E. Have you ever had a Workers Compensation Case for a work injury?
 Yes No If yes, please explain _____
- F. Do you have any allergies? Yes No List _____
- G. Can you provide documentation (current, within 1 year) of the following?
Physical exam PPD or chest x-ray Drug test Flu shot (or waiver)
COVID vaccine OR waiver
MMR records

Applicant Signature: _____ Date: _____

150 Route 111, Suite 2, Islip NY 11751

Phone: 631-581-9000

Please return ASAP to

Fax # 631-446-1584



FAX Reference Form

Company: _____ **From:** Human Resources

Attention: _____ **Pages:** _____

Fax: _____ **Date:** _____

Re: EMPLOYMENT VERIFICATION **CC:** _____

Please fax this form ASAP for expedited processing of prospective employee: _____

The above named has applied for a position with our agency and has listed you as a previous employer. Please confirm dates of employment and any additional information, as policy allows. All information provided will be kept strictly confidential.

APPLICANT SIGNATURE TO RELEASE INFORMATION:

_____ S.S.# xxx-xx-_____

• **Dates of Employment: from** _____ **to** _____

Comments: _____

Reference Signature: _____ **Date:** _____

SeniorCare Companions Medical Requirements

If hired, the following medical requirements are needed to work for our agency:

1. Physical exam (dated within 1 yr)
2. PPD or Quantiferon (dated within 1 yr)
3. Chest x-ray, if PPD positive (dated within 5 yrs)
4. Drug test (dated within 1 yr)
5. Recent COVID Test
6. COVID Vaccine card or signed waiver to decline
7. MMRs (measles, mumps, rubella) vaccines
8. Flu shot (dated within 1 yr) or signed waiver to decline
9. Hepatitis A & B screenings

PLEASE NOTE:

Physical, PPD/chest x-ray, and drug tests are available here at the SeniorCare office for a charge of \$20 each, or \$50 for all 3. Please contact Kerry or Cindy for an appointment.

Thank you.

Thank you for applying to SeniorCare Companions

Thank you for applying to our home care agency. Being a caregiver is one of the most rewarding jobs anyone can have. You are bringing help to the helpless, and being a blessing to those who really need you. We ask for your understanding concerning our hiring policies. Each applicant will be interviewed and fairly considered for work with our agency. Criteria for hire are based on the following:

- Case availability and client needs
- Experience preferred
- Excellent references
- Consistent work history
- Professional appearance and deportment
- Ability to communicate clearly and understand direction
- Driver license, a plus
- Certification, a plus

Please note:

SeniorCare Companions is an equal opportunity employer, and does not discriminate based on race, creed, color, or sexual orientation. We offer full time and part time work as cases become available. Many of our Caregivers work consistently but we cannot guarantee work, specific hours, or locations.

We look forward to working together, and bringing quality care that our clients can trust.

Human Resources
SeniorCare Companions