
COASTAL COMMUNITY ACTION PROGRAM

In Home Care Provider- Job at a Glance

The role of a care provider is a crucial one, because in many instances, quality of life diminishes without the help of a care provider. Personal assistance services help individuals live and work within their own communities.

Who Needs Care Providers?

- ✓ Clients are men and women, young or elderly.
- ✓ People who need support to take care of their daily living needs because of disease, disabling condition, or who have complications related to aging.

What does a care provider do?

- ✓ Provide personal care, assisting with bathing, feeding, toileting, transferring, walking, etc.
- ✓ Provide light housekeeping and cooking.
- ✓ Provide companionship and emotional support.

Where does a Care Provider Work?

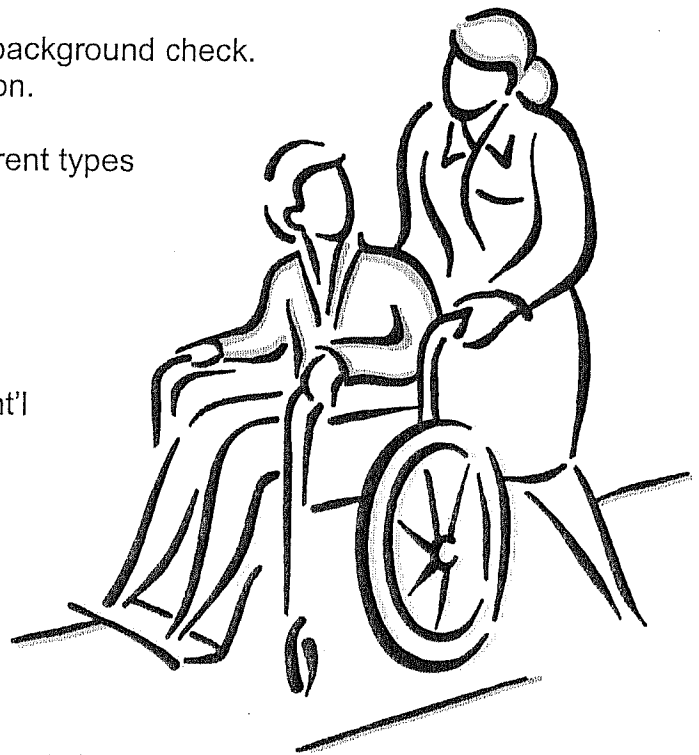
- ✓ Care providers work in individual private homes providing support and assistance. Care providers may work for more than one client.

What are the Qualifications of a Care Provider?

- ✓ 18 years of age or older.
- ✓ Successfully pass a criminal history background check.
- ✓ Good physical and emotional condition.
- ✓ Genuine desire to help others.
- ✓ Ability to communicate well with different types of people.
- ✓ Dependability and promptness.

What are the Salary and Benefits?

- ✓ \$9.95 an hour.
- ✓ Medical, dental, and vision coverage.
- ✓ Office and Professional Employees Int'l Union Membership Local 8.
- ✓ Earned vacation.
- ✓ Work that matters.



117 E Third • Aberdeen, Washington 98520
Phone: 360-533-5100 • Clients Call: 1-800-828-4883 • FAX: 360-532-4623

Member – Washington State Association of Community Action Agencies

“We Deliver More than Promises”

APPLICATION FOR EMPLOYMENT

It is the policy of the Coastal Community Action Program to assure that no individual be excluded from employment or employment opportunities on the grounds of race, color, age, sex, religion, national origin, marital status, sexual orientation, or presence of sensory, mental or physical handicap or Vietnam era and disabled veterans, or be denied the benefits of any of the agency's employment opportunities or delegate or contracted project agency.

Please Print

Last Name	First Name	Middle Name
Address	City	State Zip
Telephone Number(s)	Social Security Number	

Position Applied for: _____

How did you learn about us? Advertisement Friend Walk-in Employment Agency
 Relative Other _____

Have you ever filed an application with us before? Yes No

If yes, give date: _____

Have you ever been employed with us before? Yes No

If yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?

(Proof of citizenship or immigration status will be required upon employment) Yes No

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if job requires it? Yes No

Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify an applicant from employment) Yes No

If yes, please explain: _____

EDUCATION

	ELEMENTARY SCHOOL	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
School Name and Location				
Years Completed				
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities you've had or participated in.	
Describe any honors you have received.	
State any additional information you feel may be helpful to us in considering your application.	

Indicate any foreign languages you speak, read, or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)

References Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No
 If yes, please describe:

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, , handicap or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Wage per Hr/Mo Start End		
Job Title	Supervisor			
Reason for leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Wage per Hr/Mo Start End		
Job Title	Supervisor			
Reason for leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Wage per Hr/Mo Start End		
Job Title	Supervisor			
Reason for leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Wage per Hr/Mo Start End		
Job Title	Supervisor			
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

APPLICANT'S STATEMENT

I certify that answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT ONLY

Arrange Interview: Yes No

Remarks: _____

Employed: Yes No Date of Employment: _____

Job Title: _____ Dept.: _____

Hourly Rate/Salary: _____

By-Name: _____ Title: _____ Date: _____

NOTES: _____

AFFIRMATIVE ACTION SURVEY FORM

Name: _____

Address: _____

Are you: Management Support Staff

To calculate required yearly statistical information for our Affirmative Action Program, we would appreciate your assistance by voluntarily providing the following information. This information will not be used to evaluate your position and will be kept confidential.

Gender: Male Female Birthdate: _____

Ethnicity: (Please indicate the number where it says "Response")

- (1) African American
- (2) Caucasian
- (3) Hispanic
- (4) Native American/Alaskan Native
- (5) Asian
- (6) Other

Response: _____

Were you on any form of public assistance at the time of hire, or within 90 days of your hire?

Yes No

Do you have any physical, sensory, or mental impairment which substantially limits one or more life activities (such as walking, seeing, hearing, breathing, and learning)?

Yes No

Do you have any physical, mental, or other health condition that has lasted for six or more months and which limits the kind or amount of work you can do at a job?

Yes No

Please circle impairment/condition(s):

Visual Impairment

Development

Hearing Impairment

Physical Disability

Other: _____

**Coastal Community Action Program
In Home Care**

Work Schedule Agreement

1. I can work on the following days (check the days you are able to work):

SUN MON TUE WED THU FRI SAT

2. Within the following hours (check the time periods you can work):

6am – 2pm 2pm – 10pm 10pm – 6am

Other: _____

3. I would like to work (check one of the following)

- ½ time (80 hours or less per month)
- ¾ time (81 to 120 hours per month)
- Full time (121 hours or more per month)

4. I can work in the following areas (check all areas you can work)

- Aberdeen Hoquiam Montesano Elma McCleary
- Westport Raymond Long Beach Oakville North Beach
- Quinault

Applicant Signature

Date

Self-Assessment How Compatible Are You to In Home Care?

Instructions: Complete the questions below, marking "Not True", "Neutral", or "True". When all answers are complete, total the number of "Not True", "Neutral", or "True" responses. Use the key at the bottom of the page to check your results.

	Mostly True	Neutral	Not True
I enjoy working with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen more than I talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely need help following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy meeting new people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to try new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather work with people than machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a good problem-solver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I respect that others may have a different opinions than me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my supervisor wants something done a certain way, I can comprise...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to work the day shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's not important to me that other people do things my way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable with bathing another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have no problem helping to dress another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When others are angry, I can usually understand what upsets them ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to be around lots of people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write total number of responses for each column here: _____

Now check your scores against the key below

Mostly True		Not True
8 or higher	You are ideally suited to in home care. You communicate well with others, and respect and value differences. You are comfortable with the intimate nature of care-giving.	7 or lower
7 or lower	You are capable of performing in home care, but may prefer other professions.	8 or higher