



YAVAPAI CARE SERVICES, LLC

HELPING HANDS IN HOME CARE

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EMPLOYEE APPLICATION PACK - PART 1

Welcome to Helping Hands

Dear Applicant:

Thank you for considering Helping Hands as your new employer. You may rest assured that if you qualify and are hired you will be joining the best staff of administrators and caregivers existing in any in-home care services agency in Yavapai County, and probably in the State of Arizona.

A primary reason for this is that I as Managing Partner and nearly all of our administrative staff have had years of experience in the direct, hands-on provision of care services to individuals. So we know what "working in the trenches," is, and what the service work of caregiving entails and requires of our direct-care staff. Consequently, we value our caregivers just as highly as we value our clients, and do everything we can to provide the best wages, benefits and working conditions possible.

So, again, we thank you for considering us as your new employer, and look forward to welcoming you on board as a new staff member.

Blessings,

John P. Armstrong
Managing Partner

EMPLOYMENT PACKET
MINIMUM CRITERIA FOR ALL POSITIONS

Applicants for all positions must:

- ◆ Have a High School diploma or its equivalent, or be currently enrolled in school toward the achievement of that end.
- ◆ Have at least 3 month's experience of work and/or service in the same or a similar field of activity.
- ◆ Present the following items:
 - A completed application for employment. A resume may be submitted in addition to, but not in lieu of, a completed application.
 - Copy of current Drivers License or picture ID
 - Copy of Social Security Card
 - Completed and signed Employment Eligibility Verification form, Criminal Record Self-Disclosure form, W4 and Arizona Withholding forms, and Arizona MVD Driving Records Release Consent form.
 - Signed Caregiver Acknowledgement and Agreement form.
 - Current Driver's License, automobile registration, and insurance if applicant is to be eligible to provide services to clients where part of the duties require driving in transporting clients, running errands, doing shopping, and so forth.

QUALIFIED CAREGIVER EMPLOYMENT ELIGIBILITY

(Requirements established under terms of contract with Yavapai County Department of Medical Assistance, Long Term Care, and/or Arizona DES Division of Developmental Disabilities)

Each applicant's file must contain the following items as a condition of employment. All items may be obtained in and through a Helping Hands office if an applicant is not already in possession of all of them.

It is generally necessary that applicants present and/or complete all required items prior to receiving job assignments. In no case may service assignments be maintained without presentation of all required items within 60 days of the date of hire.

- A current Fingerprint Clearance Card, OR, if the applicant does not have a card, a completed fingerprint card and application (Fingerprints can be taken in the office).
- Current CPR Certification
- Current First Aid Certification **or** CNA Registration
- Current TB Test (PPD or Chest X-Ray, within past year)
- 3 good, verifiable References from non-relatives, at least one of whom is a former employer.
- Training certification and qualification as a Direct Care Professional (DCP), Direct Support Professional (DSP), Certified Caregiver, CNA, or higher degree of certification/licensure.
- Training/orientation in company policies and procedures and business practices
- Acceptable 3 year MVD driving record, or signed agreement not to drive as a part of work.

NOTE: All of the above may be obtained from or through Helping Hands. A fingerprint processing fee of \$69.00, a TB skin test fee of \$10.00, and/or a MVD Driving Record fee of \$3.00 will be charged to the applicant when obtained through Helping Hands. Such fees may be paid by the applicant at the time of employment, or may be deducted in reasonable amounts from each of a new employee's initial paychecks until paid in full.

Meeting the above requirements will enable caregivers to work with both Private Pay Clients and Yavapai County Longer Term Care funded clients. **Additional training (or proof of training) is required of applicants who wish to work with Developmentally Disabled Clients.** This training may also be obtained through Professional Caregiver Training Centers, a branch of Yavapai Care Services, LLC.

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

APPLICATION TO WORK WITH: ELDERLY DEVELOPMENTALLY DISABLED BOTH

PERSONAL INFORMATION

DATE _____

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

CELL PHONE NO.

ARE YOU 18 YEARS OR OLDER? Yes No

EMAIL ADDRESS _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes

No

STATUS

ARE YOU EMPLOYED NOW?

Yes

No

DATE YOU CAN START

SALARY DESIRED

DO YOU PLAN TO STAY WITH CURRENT EMPLOYER?

EVER BEEN EMPLOYED BY THIS COMPANY BEFORE? WHEN?

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

CURRENT CERTIFICATIONS FINGERPRINT CLEARANCE CPR FIRST AID TB SKIN TEST CNA

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

CAN YOU PASS A BACKGROUND CHECK?

Yes

No

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

ABILITIES, EXPERIENCE AND AVAILABILITY

NAME _____

Directions - Check off each item which applies to you in terms of trainings, work experience and availability for work at special times and in special circumstances. Note any limitations on any checked item. **Do not** check off items which you do not have any experience with nor any items that you do not care to do.

ROUTINE CAREGIVING	LIMITATIONS?	SUPERVISORY NOTES
<input type="checkbox"/> Homemaking/Housekeeping		
<input type="checkbox"/> Personal Care Assistance		
<input type="checkbox"/> Personal Care, Extensive		
<input type="checkbox"/> Transfers/Lifting—Limited		
<input type="checkbox"/> Transfers/Lifting—Unlimited		
<input type="checkbox"/> Cooking		
<input type="checkbox"/> Shopping/Errands		
<input type="checkbox"/> Transportation		
<input type="checkbox"/> Companionship		
SPECIAL CAREGIVING SKILLS	LIMITATIONS?	SUPERVISORY NOTES
<input type="checkbox"/> Speak Foreign Language		
<input type="checkbox"/> Alzheimer's/Dementia		
<input type="checkbox"/> Mental Illness		
<input type="checkbox"/> Developmental Disabilities		
<input type="checkbox"/> Habilitation		
<input type="checkbox"/> Medication Assistance		
<input type="checkbox"/> Catheter Care		
<input type="checkbox"/> Colostomy Care		
<input type="checkbox"/> Tube Feeding		
<input type="checkbox"/> Oxygen/Nebulizer		
<input type="checkbox"/> Hoyer Lift		
<input type="checkbox"/> Hospice		
SPECIAL AVAILABILITY	LIMITATIONS?	SUPERVISORY NOTES
<input type="checkbox"/> 24 Hours Shifts		
<input type="checkbox"/> 12 Hour Overnight Shifts		
<input type="checkbox"/> Weekend/On Call/Urgent Fill-In		