

Work Experience

Describe all work experience (paid and unpaid) starting with most recent.

Position	Name of Company/Employer	Phone	<input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: (specify)
Supervisor's Name	Dates Employed	Wages Earned	
Duties	Reason(s) for Leaving		
Position	Name of Company/Employer	Phone	<input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: (specify)
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Supervisor's Name	Dates Employed	Wages Earned	
Duties	Reason(s) for Leaving		

May we contact your previous employers? Yes No

Other Experience

Please list any other experiences you have had that might qualify you to be an employee with Servant's Heart Home Health Services. Include hobbies, volunteer experience, or any other relevant activities.

Physical Abilities Required on the Job

Please check what you are able to perform below, as certain physical activities and movements may be required on the job.

<input type="checkbox"/> Twisting	<input type="checkbox"/> Using Stepstools	<input type="checkbox"/> Carrying up to 10 lbs.	<input type="checkbox"/> Reaching at shoulder
<input type="checkbox"/> Stooping/Bending	<input type="checkbox"/> Lifting up to 10 lbs.	<input type="checkbox"/> Carrying 11-24 lbs.	<input type="checkbox"/> Reaching below shoulder
<input type="checkbox"/> Kneeling	<input type="checkbox"/> Lifting 11-24 lbs.	<input type="checkbox"/> Carrying 25-50 lbs.	
<input type="checkbox"/> Crawling	<input type="checkbox"/> Lifting 25-50 lbs.	<input type="checkbox"/> Carrying over 50 lbs.	
<input type="checkbox"/> Climbing Stairs	<input type="checkbox"/> Lifting over 50 lbs.	<input type="checkbox"/> Reaching above shoulder	

Experience Checklist

Patient Types and Conditions

Check the patient conditions below for which you are comfortable providing companionship.

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcoholism/Drugs | <input type="checkbox"/> Blindness | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Convulsive Disorders | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Infant/child care | <input type="checkbox"/> Para/Quadriplegic |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Retardation |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Hospice Patients | <input type="checkbox"/> Psychiatric Conditions |

Tasks That May Be Required

Please check the tasks below in which you have experience and/or you are competent and willing to do.

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Clean bathroom | <input type="checkbox"/> Dusting | <input type="checkbox"/> Meal Planning |
| <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Cooking | <input type="checkbox"/> Wash Dishes |
| <input type="checkbox"/> Mop floors | <input type="checkbox"/> Ironing | <input type="checkbox"/> Transport client as needed |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Pet care | <input type="checkbox"/> Care of house plants |

HHA/CNA Tasks and Activities

Please check the tasks below in which you have experience and/or you are competent and willing to do.

- | | | |
|---|--|---|
| <input type="checkbox"/> Assist with ambulation | <input type="checkbox"/> Transfer bed to chair | <input type="checkbox"/> Elimination - bed pan |
| <input type="checkbox"/> Use of cane | <input type="checkbox"/> Transfer chair to bed | <input type="checkbox"/> Elimination - commode |
| <input type="checkbox"/> Use of walker | <input type="checkbox"/> Hydraulic lift (ie: Hoyer) | <input type="checkbox"/> Shampoo - bed |
| <input type="checkbox"/> Use of gait belt | <input type="checkbox"/> Use of crutches | <input type="checkbox"/> Shaving - electric razor |
| <input type="checkbox"/> Hot/cold compress | <input type="checkbox"/> Non-sterile dressing change | <input type="checkbox"/> Shaving - safety razor |
| <input type="checkbox"/> Sitz bath | <input type="checkbox"/> Feeding client | <input type="checkbox"/> Bed making - unoccupied |
| <input type="checkbox"/> Bed bath | <input type="checkbox"/> Bed making - occupied | <input type="checkbox"/> Cleaning dentures |
| <input type="checkbox"/> Mouth swabs | <input type="checkbox"/> Intake and Output | <input type="checkbox"/> Empty catheter bag |
| <input type="checkbox"/> Ostomy bag change | <input type="checkbox"/> Positioning client in bed/chair | <input type="checkbox"/> Fleets enema |

Special Diets:

- | | | |
|-----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Low Sodium | <input type="checkbox"/> Soft |
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References

Please provide us with contact information for three personal references (other than relatives).

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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