



AIM-CIL Referral Application for Personal Assistants

The information gathered here will be given to an employer, and he/she will determine whether an interview will be set up. AIM-CIL does not assume responsibility for funding or employing assistants, nor is the AIM-CIL a character reference for the individual seeking employment as a Personal Assistant.

Answer these questions honestly because they will be used to place you in a work situation that is best for you and your employer. How you answer questions will not disqualify you from being referred for a job.

NAME: _____ PHONE: () _____

ADDRESS: _____ CITY: _____ ST. _____ ZIP: _____

GENDER: _____ SOCIAL SECURITY #: _____

DO YOU HAVE ANY CONVICTIONS WITHIN THE LAST TEN YEARS? ()YES () NO

IF YES-PLEASE EXPLAIN:

PLEASE LIST THE BEST TIMES FOR AN EMPLOYER TO CONTACT YOU TO SET UP AN INTERVIEW:

DAY: _____ TIME: _____

EDUCATIONAL HISTORY

<i>TYPE OF SCHOOL</i>	<i>NAME/ADDRESS</i>	<i>YEARS ATTENDED</i>	<i>GRADUATED</i>	<i>DEGREE COMPLETED</i>
HIGH SCHOOL	_____ _____ _____			
COLLEGE	_____ _____ _____			

OTHER				

EMPLOYMENT EXPERIENCE (BEGIN WITH MOST CURRENT)

EMPLOYER:

ADDRESS:

PHONE:

POSITION:

SUPERVISOR:

DATES EMPLOYED: FROM:

TO:

REASON FOR LEAVING:

EMPLOYER:

ADDRESS:

PHONE:

POSITION:

SUPERVISOR:

DATES EMPLOYED: FROM:

TO:

REASON FOR LEAVING:

EMPLOYER:

ADDRESS:

PHONE:

POSITION:

SUPERVISOR:

DATES EMPLOYED: FROM:

TO:

REASON FOR LEAVING:

PERSONAL REFERENCES (PLEASE LIST THREE INDIVIDUALS THAT ARE NOT RELATED TO YOU)

NAME:

PHONE:

ADDRESS:

NAME:

PHONE:

ADDRESS:

NAME:

PHONE:

ADDRESS:

ON THE CHART BELOW PLEASE INDICATE THE DAYS AND HOURS YOU ARE AVAILABLE TO WORK

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
MORNING							
AFTERNOON							
EVENING							

PLEASE INDICATE ONE OF THE FOLLOWING:

FULL TIME () PART TIME () LIVE IN () # of hours per week _____

WOULD YOU BE WILLING TO BE CALLED IN TO WORK IN THE CASE OF AN EMERGENCY, POSSIBLY ON SHORT NOTICE? () YES () NO

ARE YOU A CERTIFIED NURSES AID? () YES () NO

PLEASE CHECK AREAS OF PERSONAL CARE THAT YOU HAVE HAD PREVIOUS EXPERIENCE WITH

HOME CARE

- () HOUSE CLEANING
- () LAUNDRY
- () SHOPPING

MEAL ASSISTANCE

- () COOKING
- () FEEDING
- () MEAL PLANNING

PERSONAL CARE

- () SHOWER
- () BED BATH
- () DRESSING

BLADDER CARE

- MALE CATHETER
- () EXTERNAL (CONDOM TYPE)
 - () INTERNAL (URETHRAL)
 - () INTERNAL (SUPRAPUBIC)

FEMALE CATHETER

- () INTERNAL (URETHRAL OF SUPRAPUBIC)
- () INTERMITTENT (URETHRAL)
- () EXTERNAL (FOMEX)

BOWEL CARE

- () SUPPOSITORY
- () COMMUNE CHAIR
- () BED PAN

TRANSFERS

TYPES: () MECHANICAL, I.E. HOYER, ELECTRICAL TRANSFERRING DEVICE, ETC.
() PHYSICAL, I.E. SLIDE, PIVOT, ETC.

IS THERE ANY WORK THAT YOU PREFER NOT TO DO I.E., LIFTING, CATHETER CARE, BOWEL CARE, ETC.?

1. DO YOU HAVE A VALID DRIVER'S LICENSE? () YES () NO
2. WOULD YOU BE INTERESTED IN A JOB THAT WOULD INCLUDE DRIVING FOR EMPLOYER, I.E. TO DOCTORS OFFICE, GROCERY STORES, SHOPPING?
() YES () NO
3. WOULD YOU WORK FOR A PERSON OF THE OPPOSITE SEX? () YES () NO
4. WOULD YOU BE INTERESTED IN PROVIDING RESPITE SERVICES? () YES () NO
5. DO YOU SMOKE? () YES () NO
6. DO YOU DRINK? () YES () NO
7. DO YOU LIKE PETS? () YES () NO

OTHER APPLICABLE SKILLS/PREVIOUS EXPERIENCES IN HEALTHCARE OR PERSONS WITH DISABILITIES:

PLEASE LIST THE TOWNS OR CITIES IN DUPAGE COUNTY WHERE YOU ARE WILLING TO WORK:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

I HAVE VOLUNTEERED THE INFORMATION ON THESE FORMS AND THE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE DUPAGE CENTER FOR INDEPENDENT LIVING TO GIVE THIS INFORMATION TO CONSUMERS WHO ARE SEEKING TO HIRE A PERSONAL ASSISTANT. IN ADDITION, I AUTHORIZE THE DUPAGE CENTER FOR INDEPENDENT LIVING TO CONTACT THE PAST EMPLOYERS AND PERSONAL REFERENCES THAT I HAVE LISTED.

I UNDERSTAND THAT THIS APPLICATION DOES NOT GUARANTEE THAT I WILL BE SELECTED TO PARTICIPATE IN THE PERSONAL ASSISTANCE PROGRAM. I ALSO UNDERSTAND THAT IF I AM SELECTED TO PARTICIPATE IN THE PERSONAL ASSISTANCE PROGRAM, THIS DOES NOT GUARANTEE THAT I WILL BE HIRED AS A PERSONAL ASSISTANT.

SIGNATURE OF REFERRAL APPLICANT

DATE

THING TO REMEMBER

- ✓ *THE PERSONAL ASSISTANT COORDINATOR (KEVIN GIEFER) WILL REFER YOUR NAME OUT TO CONSUMERS WHO ARE LOOKING TO HIRE A PERSONAL ASSISTANT. ANY SCHEDULING ARRANGEMENTS, PAY ISSUES, OR ON THE JOB PROBLEMS ARE TO BE WORKED OUT WITH YOUR EMPLOYER (THE PERSON YOU ARE ASSISTING).*
- ✓ *ALSO, IF IN THE FUTURE YOU WANT TO USE YOUR TIME AS A PERSONAL ASSISTANT ON A JOB APPLICATION, REMEMBER THAT THE CONSUMER IS/WAS YOUR EMPLOYER. WITH THEIR PERMISSION, YOU WOULD PUT THEIR NAME DOWN FOR A REFERENCE, NOT THE DUPAGE CENTER FOR INDEPENDENT LIVING.*
- ✓ *YOUR RELATIONSHIP/RESPONSIBILITY TO YOUR EMPLOYER IS IMPORTANT TODAY, AND COULD BE IMPORTANT IN THE FUTURE FOR A PERSONAL OR EMPLOYMENT REFERENCE.*
- ✓ *IF YOU EVER HAVE A QUESTION ABOUT YOUR CHECK PLEASE CALL 1-800-804-3833. THIS NUMBER IS A NUMBER FOR PERSONAL ASSISTANTS TO CALL STRICTLY FOR PAYCHECK QUESTIONS.*