



AIM Center for Independent Living

Referral Application for Personal Assistants

The information gathered here will be shared with an employer (consumer), and he/she will determine whether an interview will be set up. The AIM Center for Independent Living does not assume responsibility for the payment, hiring, or employment of personal assistants.

Name _____ Phone _____

Address _____

Email _____

Sex: M or F Social Security Number _____

Languages spoken _____

How many hours would you like to work per week? _____

Do you smoke? Y or N Can you or will you work around pets? _____

Is there any work that you prefer NOT to do? _____

Do you have reliable transportation? _____

Would you be willing to be a live in? _____

Have you been convicted of a felony in the past ten years*? Y or N

*Please note: there will be a background check completed as part of the hiring process.

Education and Training:

School Name	Years Attended	Did you graduate?	Degree/Certificate Completed

Are you a CNA? Y or N

Please list any other training/CURRENT certifications:

Personal Assistant Related Employment Record: (most recent employer first)

Employer (Consumer): _____ Phone: _____

Dates Employed: From _____ to _____

Duties: _____

Reason for Leaving: _____

Employer (Consumer): _____ Phone: _____

Dates Employed: From _____ to _____

Duties: _____

Reason for Leaving: _____

Employer (Consumer): _____ Phone: _____

Dates Employed: From _____ to _____

Duties: _____

Reason for Leaving: _____

List three personal or professional references: (Past consumers, etc. No family members please)

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

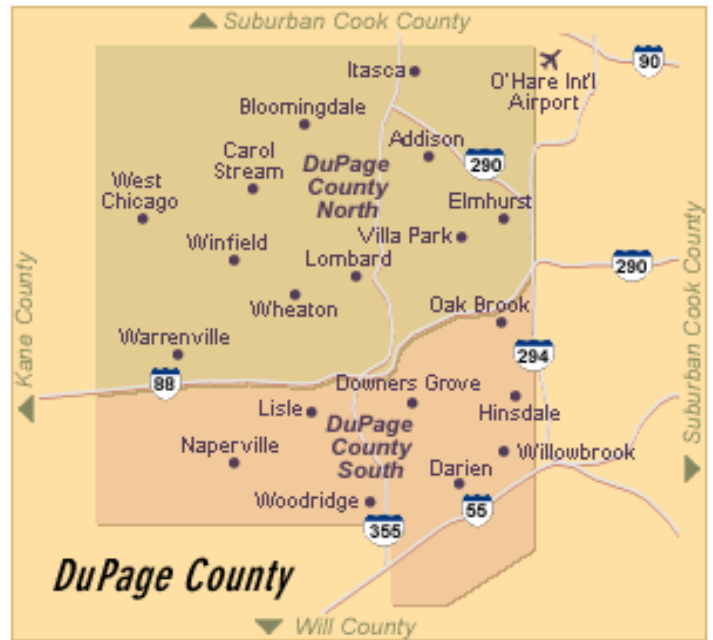
Name: _____ Phone: _____

Relationship: _____

On the chart below, please indicate the hours and days you are available to work:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please indicate the areas in which you would be willing to work on the maps below:



Please mark the areas in which you have previous experience in providing personal care:

Home Care <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Shopping	Meal Assistance <input type="checkbox"/> Cooking <input type="checkbox"/> Feeding <input type="checkbox"/> Meal Planning	Personal Care <input type="checkbox"/> Shower <input type="checkbox"/> Bed Bath <input type="checkbox"/> Dressing
Bladder Care (Male) <input type="checkbox"/> Male Catheter <input type="checkbox"/> External (condom type) <input type="checkbox"/> Internal (urethral) <input type="checkbox"/> Internal (supra pubic)	Bladder Care (Female) <input type="checkbox"/> Female Catheter <input type="checkbox"/> Internal (urethral or suprapubic) <input type="checkbox"/> Intermittent (urethral) <input type="checkbox"/> External (femex)	
Bowel Care <input type="checkbox"/> Suppository <input type="checkbox"/> Enema <input type="checkbox"/> Bed Pan <input type="checkbox"/> Commode Chair	Miscellaneous <input type="checkbox"/> Range of Motion <input type="checkbox"/> Pressure Sore Care <input type="checkbox"/> Transfers ○ What type _____ <input type="checkbox"/> Other _____	

I have volunteered the information on these forms and the information is accurate to the best of my knowledge. I authorize the AIM Center for Independent Living to share this information with consumers who are seeking to hire a personal assistant. In addition, I authorize prospective employers 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 Assistant Program. I also understand that if I am selected to participate in the Personal Assistant Program, this does not guarantee that I will be hired as a Personal Assistant.

Signature of Referral Applicant

Date