



PSS EMPLOYMENT APPLICATION

Applicant Information

Date:

Last Name:		First:	M:
Address:			
Mailing Address:			
City:		State:	Zip:
Phone:		Emergency Phone:	
Position Applying For: CNA PSS		Desired Salary:	Date Available:
Social Security Number:			DOB:
Have you ever been convicted of a felony? YES NO		Details:	
Are you a citizen of the USA? YES NO		If NO are you authorized to work in the United States? YES NO	
Have you ever worked for Spectrum Staffing Solutions? YES NO		If YES, when?	
Email			

Education

High School:		Address:	
From:	To:	Did you Graduate? YES NO	Degree:
College:		Address:	
From:	To:	Did you Graduate? YES NO	Degree:
Other:		Address:	
From:	To:	Did you Graduate? YES NO	Degree:

Previous Employment

Company:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
From:	To:	Reason for leaving:	
Responsibilities:			
May we contact your previous employer for a reference? YES NO			

Company:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
From:	To:	Reason for leaving:	
Responsibilities:			
May we contact your previous employer for a reference? YES NO			

Company:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary:	Ending Salary:
From:	To:	Reason for leaving:	
Responsibilities:			
May we contact your previous employer for a reference? YES NO			

Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Disclaimer Signature

<p>“I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at either my or the company’s or my option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice at any time by the company. I understand that no company representative other than its president, and the only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.”</p>	
Signature:	Date:



CONDITIONS OF EMPLOYMENT

PLEASE INITIAL EACH LINE

_____ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or work sites shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to a physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free work place. Violations of our drug and alcohol policy will result in dismissal.

_____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

_____ I give the Employer the right to investigate all police, driving and personal, DHHS, professional license verifications; and references listed, if job related. I hereby release from liability, the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

_____ The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

_____ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation and failing settlement in mediate, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company panel or mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act, 9 U.S.C. Section 1- et seq. The parties hereto stipulation that this agreement involves matters affecting interstate commerce.

_____ This application is current for 60 days. At the conclusion of this time if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature: _____ Date: _____



CRIMINAL HISTORY SEARCH CONSENT FORM

Applicant Information

Last Name

First

MI

I _____ have had no prior convictions of an offense described in the **Health and Safety Code** which would bar or potentially bar employment as listed below:

Criminal Homicide
Indecency With A Child
Solicitation Of A Child
Arson
Aggravated Robbery
Burglary & Criminal Trespass
Weapons
Public Lewdness
Public Indecency

Kidnapping and False Imprisonment
Agreement To Abduct From Custody
Sale Or Purchase Of A Child
Robbery
Assaultive Offenses
Theft
Fraud
Indecent Exposure

I UNDERSTAND THAT THE HOME HEALTH AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK BEFORE OFFERING ME EMPLOYMENT. I, THE UNDERSIGNED, HEREBY AUTHORIZE THIS AGENCY TO CONDUCT AND VERIFY MY CRIMINAL HISTORY BY PERFORMING A CRIMINAL HISTORY CHECK.

Signature

Date



PSS & CNA SKILLS CHECKLIST

Name _____

Date _____

Please place a check-mark in the appropriate box using the Self-Rating Key below:

- 0 – No experience
- 1 – Minimal experience/works with supervision
- 2 – Independent/works without supervision in most cases
- 3 – Senior/works at supervisory or teaching level

I have knowledge of and can provide care and assist patients with the following tasks:

	0	1	2	3
AMBULATION				
Crutches				
Walker				
Cane				
Gait Belt				
Personal Care				
Bath:				
a. Bed				
b. Tub				
c. Shower				
Skin Care				
a. Back Rub				
b. Decubitus				
Dress				
a. Assist as Needed				
b. Use of Assistive Devices				
Hair Care				
Nail Care				
a. Clean/file/trim with clippers				
Oral Hygiene				
a. Mouth Care				
b. Brush Teeth				
c. Denture Care				
Shaving: Safety Razor/Electric Razor				
NUTRITION HYDRATION				
Feeding Techniques				

Assist with Eating				
	0	1	2	3
Use of Feeding Assistive Devices				
Measure & Record Intake				
Encourage Fluids				
BASIC INFECTION CONTROL PROCEDURES				
Hand Washing				
Universal Precautions				
Use of Warm & Cool Water Applications				
ELIMINATION				
Bedpan / Urinal				
Bedside Commode				
Care of Incontinent Patient				
Stoma Care				
Measure & Record Output				
URINARY CATH CARE				
Perineal Hygiene				
Foley Catheter				
Supra Public Catheter				
TRANSFER TECHNIQUES				
User of Transfer Gait Belt				
Weight Bearing				
Non-Weight Bearing				
Mechanical Lift				
Wheelchair				
TURNING / POSITION				
Supine				
Side-lying				

In Chair				
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	1	2	3	4
In Bed				
Use of Lift Sheet				
COMMUNICATION				
Verbal				
Non-Verbal with Cognitively Impaired Patients				
ROM EXERCISES				
Active				
Passive				
Combination				
VITAL SIGNS				
Temperature				
1. Oral				
2. Rectal				
3. Ear Canal				
Pulse				
1. Apical				
2. Radial				
3. Pedal				
Respirations				
Blood Pressure				

Height				
Weight				
1. Standing				
2. Bed Scale				
3. Chair Scale				
SAFETY DEVICES				
Vest Restraint				
(Soft) Wrist / Ankle Restraint				
Padded Side Rail				
Side Rails				
MENTAL HEALTH SOCIAL SERVICE NEEDS				
Demonstrates principles of behavior management				
Provides emotional support to patient				
Encourages Family Support				
Encourages Patients to Make Personal Choices				

To the best of my knowledge, information provided on this PSS signature indicates that I have read this document in its entirety

Signature

		1	2	3	4
Respect Patient's Rights & Dignity Including Privacy & Confidentiality					
Encourages Self-Care as Ability Allows					
Knowledge of Adult, Child and Elder Abuse Reporting Statutes					
Knowledge of Domestic Violence and Violent Injury Reporting Statutes					
SAFETY EMERGENCIES					
Recognizes & Reports Safety Hazards					
Recognizes & Reports Emergencies & Responds Appropriately					
Handles O ₂ Safely					
Observes, Reports & Documents Changes in Body Functions & Behavior					
CARE OF PROSTHETIC DEVICES					
Limbs					
Eye Glasses					
Hearing Aids					
SPECIMEN COLLECTION					
Urine					
Stool					
Sputum					
UNDERSTAND & CAN PERFORM					
Binders & Bandages					
ACE Bandages					
Support Stockings					
Care of the Deceased					
ASSIST THE CARE OF PATIENT WITH					
Diabetes					
Cancer					
Heart Disease					
O ₂ Therapy					
Respiratory Disease					
Terminal					
Infections Disease					

Date



REFERENCE CHECK 1

Applicant Name: _____
Last First MI

Position Applied For: _____

Contact Information

Name of Reference: _____

Title: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

For Office Use ONLY

Was the applicant an employee of your company? Yes No

Start Date: _____

End Date: _____

What was the applicant's position on the last day of employment? _____

What were the applicant's responsibilities?

What are the applicant's strengths and weaknesses?

How would you characterize the applicant's technical skills?

What was the applicant's reason for leaving?

Would you rehire this person? Yes No

Is there anything you would like to add?

Completed by: _____

Date: _____



REFERENCE CHECK 2

Applicant Name: _____
Last First MI

Position Applied For: _____

Contact Information

Name of Reference: _____

Title: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

For Office Use ONLY

Was the applicant an employee of your company? Yes No

Start Date: _____

End Date: _____

What was the applicant's position on the last day of employment? _____

What were the applicant's responsibilities?

What are the applicant's strengths and weaknesses?

How would you characterize the applicant's technical skills?

What was the applicant's reason for leaving?

Would you rehire this person? Yes No

Is there anything you would like to add?

Completed by: _____

Date: _____



REFERENCE CHECK 3

Applicant Name: _____
Last First MI

Position Applied For: _____

Contact Information

Name of Reference: _____

Title: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

For Office Use ONLY

Was the applicant an employee of your company? Yes No

Start Date: _____

End Date: _____

What was the applicant's position on the last day of employment? _____

What were the applicant's responsibilities?

What are the applicant's strengths and weaknesses?

How would you characterize the applicant's technical skills?

What was the applicant's reason for leaving?

Would you rehire this person? Yes No

Is there anything you would like to add?



PERSONAL CARE ATTENDANT & PERSONAL SUPPORT SPECIALIST JOB DESCRIPTION

Requirements:

Must be 18 years of age and a high school graduate or equivalent and complete an approved PSS training program within 6 months of hire.

Training: A Personal Care Attendant (PCA) without the required training may be hired and reimbursed for delivering personal care services as long as the individual enrolls in a certified training program within 60 days of hire and completes training and examination requirements within nine months of employment and meets all other requirements. If the individual fails to pass the examination within nine months, reimbursement for his or her services must stop until such time as the training and examination requirements are met.

The PCA/employee can decide to take a PCA training program through a certified instructor, however, it is the financial responsibility of the PCA/employee to complete the training in a timely manner.

Must have valid Driver's License or State Identification and Liability insurance/registration if transporting clients.

DUTIES:

- Assist client with personal care activities, including but not limited to: bathing, mouth, skin and hair care.
- Observe Universal Precautions
- Assist client to the bathroom, commode or with the bedpan.
- Assist client with transfers and ambulation (use of a gait belt when appropriate).
- Assist client with laundry activities including: washing, drying, folding and putting clothes away; changing bed linen, mending and ironing clothing.
- Assist client with meals including but not limited to: cooking, setting up, feeding, storing meals, washing and putting away dishes.
- Remind client to take medications.
- Assist client with shopping including but not limited to: grocery shopping and personal shopping.
- Assist client with transportation to medical appointments, hair dresser, shopping, etc.
- Document each visit and include client signature, your signature, title (PSS) and date.
- Turn in completed and accurate time sheets as directed.
- Attend mandated training meetings as determined by management.
- Provide companionship to clients when required.
- Regular standing, walking, squatting, kneeling, crouching and reaching.
- Regular pushing/pulling of wheelchairs across tiled/carpeted surfaces.
- Regular lifting or turning clients usually weighing between 100 and 300 pounds with assistive devices (gait belt,/mechanical lift). Ability to lift 35 pounds.
- Reading and writing such as pertinent clinical care information, in English.
- Comprehension such as understanding verbal or written assignments, safety-related information in English and medical terminology.
- Coping skills such as flexibility in dealing with constant change, difficult client behaviors, emergency situations and client death.



ACKNOWLEDGEMENT

I Acknowledge And Understand That:

- Receipt of job description does not imply nor create a promise of employment, nor an employment contract of any kind and that my employment is at-will.
- The job description provides a general summary of the position in which I am employed, that the contents of the job description are job requirements and at this time I am able to perform these essential functions with or without accommodations. I further understand that it is my responsibility to inform my supervisor at any time that I am unable to perform these functions.
- Job duties, tasks, work hours and work requirements may be changed at any time.
- Acceptable job performance includes completion of the job responsibilities as well as compliance with the policies, rules and regulations.

I have read and understand this job description

Employee Signature

Date

Employer Signature

Date