**ADTS – In-Home Services Employment Application**

|  |
| --- |
| Attention: HR Department105 Lawsonville Ave. Reidsville, NC 27320Phone: (336) 349-2343 • Fax: (336) 217-8652Email: lfreudenvoll@adtsrc.org |

**AN EQUAL OPPORTUNITY EMPLOYER:** Aging, Disability & Transit Services of Rockingham County (ADTS) does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations.

**ADTS intends to check and hold you responsible for the accuracy of the statements you make on this application.**

**YOU MUST COMPLETE EACH SECTION OF THIS APPLICATION**

|  |  |
| --- | --- |
| Position applying for: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ([ ] ) | Full-time (30+ hours a week) | ([ ] ) | Part-time Hours (<29 hours a week) | ([ ] ) | PRN (As Needed) | ([ ] ) | I am available to work weekends |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |       |       |       |
|  | Last | First | Middle |

|  |  |
| --- | --- |
| **ADDRESS** |       |
|  | Street | Apt. No. | City | State | Zip Code |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PHONE** | (Home) | (   )   -     | (Cell) | (   )   -     | Email Address: |       |

* For the purpose of compliance with the United State Immigration and nationalization Act, are you legally eligible to work in the United States? [ [ ]  ] Yes [ [ ]  ] No
* Were you referred to ADTS for a job? [ [ ]  ] Yes [ [ ]  ] No If so, please provide name      .
* Were you previously employed by ADTS? If so, please provide employment dates, position, title, and department.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you are to drive our clients, you much have a valid driver’s license. If you do not have a license, we have clients you can work with. Please provide your Driver License Number       State    Expiration Date      .

Have you ever been fired or resigned from a position after being notified you were being terminated? [ [ ]  ] Yes [ [ ]  ] No

(If yes, explain)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name & Location** | **Date** | **Degree or # of Credits Completed** | **Date Graduated** | **Major Area of Study** |
| **From** | **To** |
| **High School/Highest Grade Completed** |       |  |       |       |       |       |
| **College or University** |       |       |       |       |       |       |
| **Graduate School** |       |       |       |       |       |       |
| **Business or Trade School** |       |       |       |       |       |       |

If you expect to complete an education program in the near future, please indicate what type of degree you are pursuing and when you expect to receive it:

Please list your present and past employment, **beginning with the most recent**. Include any related military service or related volunteer work. If appropriate, list the number and title of employees you supervised in each position. You may attach a resume as supplemental information.

**You may contact my PRESENT employer: [** [ ]  **] Yes [** [ ]  **] No**

**If ‘No’ please explain:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Present or most recent | From | To | # of Hours | Reason for Leaving |
| Employer: Name & Address | Mo./Yr. | Mo./Yr. | per week |
|       |       |       |       |       |
| Position Title: |       |
| Description of work: |       |
| Supervisor’s Name/Telephone |
|       |
| Employer: Name & Address | From | To | # of Hours | Reason for Leaving |
| Mo./Yr. | Mo./Yr. | per week |
|       |       |       |       |       |
| Position Title: |       |
| Description of work: |       |
| Supervisor’s Name/Telephone |
|       |
| Employer: Name & Address | From | To | # of Hours | Reason for Leaving |
| Mo./Yr. | Mo./Yr. | per week |
|       |       |       |       |       |
| Position Title: |       |
| Description of work: |       |
| Supervisor’s Name/Telephone |
|       |

**Awards or Certifications:**

**Languages you speak fluently:**

**Have you ever been convicted of a felony/misdemeanor, other than minor traffic violations?** [ [ ]  ] Yes [ [ ]  ] No

**If yes, explain:**

Please remember to attach your resume to this application – you may email your resume directly to lfreudenvoll@adtsrc.org.

Please list **at least three (3)** references: [One (1) must be a professional reference.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reference Name | Relationship to you | Title | Company | Contact Number |
|       |       |       |       | (   )   -     |
|       |       |       |       | (   )   -     |
|       |       |       |       | (   )   -     |

**Applicant’s Statement**

**I have read the job description attached to this application for the position I am applying for,**

**and I can perform the essential job functions with or without reasonable accommodation.**

I understand that Aging, Disability & Transit Services of Rockingham County follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable agency policies and/or state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized by the Executive Director of Aging, Disability & Transit Services of Rockingham County. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identify; failure to submit such proof will result in denial of employment.

I understand that Aging, Disability & Transit Services will investigate my work and personal history and verify data given on this application or related papers and in interviews. I authorize all individuals, schools, and employers named therein, except my current employment if so noted, to provide any information. I further understand and agree that Aging, Disability & Transit Services will conduct criminal background checks as required by North Carolina law and/or agency policy.

**All prospective employees will be required to have a pre-employment drug screening and TB Screening.**

All employees are subject to random drug and/or alcohol testing during their employment with Aging, Disability & Transit Services of Rockingham County. A positive drug and/or alcohol test without an acceptable note from a doctor explaining the circumstances will make an applicant ineligible for employment with ADTS.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Print Name:**  |       |
| **Date:** |       |

**Essential Job Functions (Level I & II – All; Level III – CNA Only)**

**Level I Home Management Tasks**

* Pay bills as directed by service recipient
* Provide transportation for essential shopping
* Clean and care for clothing, ironing, simple mending, laundering
* Basic housekeeping: sweeping, vacuuming, dusting, mopping, dishes
* Make unoccupied bed
* Recognize and report changes in health and environment
* Identify medicates for service recipient
* Provide companionship

**Level II Home Management / Personal Care Tasks**

*[Personal Care tasks with an asterisk (\*) require RN to verify aide’s competency]*

* Assist in following prepared budget
* Assist with finding and utilizing community resources
* Perform reading and writing tasks as required
* Demonstrate and model housekeeping practices
* Assist in organizing household routines
* Demonstrate and model food handling, preparation and storage
* Assist service recipient with walking and restroom use
* Provide care of normal, unbroken skin
* Assist with personal hygiene (mouth care, hair and scalp grooming, fingernails, bathing: shower, tub, bed, basin
* Cut/trim hair
* Provide basic first aid
* Shave service recipient (electric and safety razor)
* Assist with applying ace bandages, TEDs, binders as stipulated in the service plan, and under the direction of the service recipient \*
* Assist with dressing where service recipient has limited function
* Observe, record and report self-administered medications
* Assist with applying and removing prosthetic devices for stable service recipients as stipulated in service plan, and under the direction of the service recipient \*
* Assist with dressing where service recipient has limited function
* Observe, record and report self-administered medications
* Assist with applying and removing prosthetic devices for stable service recipients as stipulated in service plan, and under the direction of the service recipient \*
* Assist service recipients with special conditions with eating (no swallowing difficulties)
* Chair and stretcher transfer
* Turn and position service recipients who are in bed
* Safety measures (side rails, mitts, restraints)
* Change non-sterile dressings
* Apply prescribed heat and cold
* Care for non-infected decubitus ulcers
* Assist service recipient in understanding medical orders and routines and encourage them to follow same
* Vaginal douches after instruction
* Assist with prescribed physical and occupational therapy
* Manage fluid intake
* Plan menus for special diets
* Assist with purchase and preparation of special diet foods specified by a professional
* Monitor dietary plan, provides feedback to professional
* Encourage and assist with physical activity and/or prescribed exercise
* Assist service recipient with self-monitoring of temperature, pulse, blood pressure and weight as stipulated in the service plan, and under the direction of the service recipient

**Level III Personal Care Tasks**

*[In-Home Aide Level III Personal Care includes the following personal care tasks. Aides performing any of these tasks must meet the NC Board of Nursing’s competency requirements and be registered as a Nurse Aide I in the NC Nurse Aide Registry at the Division of Facility Services.]*

* Assist service recipients with special conditions with eating
* Give bed bath
* Make occupied bed
* Assist with mobility, gait training using assistive devices
* Assist with range of motion exercises
* Assist service recipient with dressing as required
* Take and record temperature, pulse, respirations, blood pressure, height and weight
* Observe, record and report self-administered medications
* Apply and remove prosthetic devices for stable service recipients
* Apply ace bandages, TED’s, binders
* Trim toenails for service recipients with diabetes or peripheral vascular disease
* Empty and record drainage of catheter bag
* Shave service recipients with skin disorders
* Administer enemas
* Insert rectal tubes and flatus bags
* Bowel and bladder retaining
* Collect and test urine or fecal specimens
* Perineal care
* Apply condom catheters

**Knowledge/Skills/Abilities:**

* Ability to work well with a wide range of people in a wide range of environments.
* Experience working with elderly and/or disabled populations in home setting.
* Strong interpersonal skills.
* Effective time management and organizational skills.
* Must be able to maintain good punctuality and work attendance.
* Must be able to maintain close attention to detail to render complete and accurate reports and records for use by others on a regular basis.
* Ability to adhere to the confidentiality agreement of ADTS.
* Must have reliable transportation to get client’s home and/or direct to doctors’ appointments or run errands for the client.

**Education/Experience/Training:**

* High School Diploma or equivalent.
* Nurse Aide I or II *(CNA Only)*
* ADTS prefers prior experience with in-home care of people over sixty (60) or people with disabilities.

**Special Requirements/Certifications:**

* Have a current CPR certification.
* CNA’s must be registered with the NC Division of Facility Services as a Nurse Aide I or II. Nurse Aide I involves passing a standardized test upon completion of a state-approved CNA curriculum at a community college or LTC facility. Nurse Aide II involves completing a program approved by the NC Board of Nursing (NCBON) and pass examination.

**Physical Requirements:**

* Must be able to hear well enough to communicate with clients and co-workers.
* Must be able to drive to service sites, including individual homes for quality monitoring visits.
* Must be able to exercise good judgment to maintain a safe work environment.
* Ability to lift, move or manipulate to the needs of the client.

**Schedule:**

* Flexible, based on needs of people receiving services.