

# PERSONAL ATTENDANT APPLICATION

Independent Living Choices (ILC) is an equal opportunity employer. The nature of this position requires some specific information often of a confidential nature. Answers to the questions do not necessarily disqualify an individual from consideration for employment.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Length Of Time At Current Address: \_\_\_\_\_

3. E-Mail Address: \_\_\_\_\_

4. Other Names You Are Known By : \_\_\_\_\_

5. List all cities and states where you have lived in past ten years:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

6. Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

7. Social Security Number: \_\_\_\_\_

8. Have you applied for work here before? \_\_\_\_\_ When? \_\_\_\_\_

Were you previously employed with ILC? \_\_\_\_\_ When? \_\_\_\_\_

9. Are You Related/Know Anyone Currently Receiving Services Or Employed By The ILC? If Yes, Who? \_\_\_\_\_

10. Referred By: \_\_\_\_\_

11. Are You Under 18? Yes  No

12. Highest Level Of Education (Please Circle):

8 9 10 11 12 13 14 15 16 G.E.D.

Health-Related Field Of Study: \_\_\_\_\_

Other Applicable Training/Education/Experience: \_\_\_\_\_

13. Hours Willing To Work (Check All That Apply):

5-10 Hrs/Wk  11-20 Hrs/Wk  More Than 20 Hrs/Wk

6 A.M. - 12 Noon  12 Noon - 6 P.M.  6 P.M. - 12 Midnight  12 Midnight - 6 A.M.

WEEK-DAYS  Every Other WEEK-END  OTHER: \_\_\_\_\_

14. The Personal Attendant Job Duties Vary, Depending Upon The Nature Of The Consumer's Disability And His/Her Daily Schedule. They Will Include Such Daily Living Activities As

Dressing, Grooming And Hygiene, Mobility And Lifting/Transfers\*, Toileting\*\* And Health Maintenance\*\*\*, As Well As Light Housekeeping. Are You Capable Of Performing These Activities? \_\_\_Yes \_\_\_No COMMENTS:

\*Lifting/transfers means physically moving a person with a disability from one place to another (from bed to wheelchair, for example). The person's ability to assist the Personal Attendant varies from some to none. The weights of such persons vary from 70 to 200+ lbs. Proper transfer techniques must be used.

\*\*Toileting means assisting a person with their bowel and bladder care programs. The duties vary depending upon the situation, but may include urinary catheter care, ostomy care, rectal stimulation, and/or suppository/enema assistance.

\*\*\*Health maintenance includes tasks such as taking temperatures, assistance with medications, and changing dressings on (non-infected) sores.

**Note:** Questions 15-21 you are advised to disclose all incidents whether or not you believe they are still on your record. **Failure to identify all incidents may jeopardize your application.**

15. Have You Ever Pled Guilty To Or Been Convicted Of Assault Or Any Other Violent Crime?  Yes  No
16. Have You Ever Pled Guilty To Or Been Convicted Of Child Abuse Or Neglect?  Yes  No
17. Have You Ever Pled Guilty Or Been Convicted Of Any Of The Following Offenses?
- A. Rape?  Yes  No
- B. Sexual Contact With A Child Under Sixteen?  Yes  No
- C. Sexual Contact With A Person Incapable Of Consenting?  Yes  No
- D. Incest?  Yes  No
- E. Indecent Exposure?  Yes  No
18. Have You Ever Pled Guilty To Or Been Convicted Of Any Alcohol Or Drug Related Offense?  Yes  No
19. Have You Ever Pled Guilty To Or Been Convicted Of Any Theft Offense?  Yes  No

20. Have You Ever Pled Guilty To Or Been Convicted Of Any Other Misdemeanor And/Or Felony Offense?  Yes  No

21. If you have answered "Yes" to any of the previous six questions, please fully explain, including all relevant dates, location, and offense in the space provided below. (All information is subject to verification.) Attach a separate sheet if necessary.

Date: \_\_\_\_\_ City/State: \_\_\_\_\_ Offense(s): \_\_\_\_\_

Date: \_\_\_\_\_ City/State: \_\_\_\_\_ Offense(s): \_\_\_\_\_

22. REFERENCES: PLEASE COMPLETE THREE (3) OF YOUR MOST CURRENT EMPLOYMENT INFORMATION REFERENCES IN THE SPACE PROVIDED BELOW. YOU MAY INCLUDE INDIVIDUALS WITH DISABILITIES FOR WHOM YOU HAVE PROVIDED CARE. (Paid and/or Volunteer)

If you wish to include additional employment references, a second sheet may be attached.

A. Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Applicant's Position/Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Description Of Duties: \_\_\_\_\_

Dates Of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

B. Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Applicant's Position/Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Description Of Duties: \_\_\_\_\_

Dates Of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

C. Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Applicant's Position/Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Description Of Duties: \_\_\_\_\_

Dates Of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that any material misrepresentation or omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.

I understand that Independent Living Choices (ILC) will make a thorough investigation of my past employment, education, activities and information relevant to professional ethics, and may verify all data given in my application for employment requested by ILC and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired may subject me to immediate dismissal.

I understand that this is an application for employment and that no employment contract is being offered. If an employment relationship is established, I understand I have the right to terminate my employment at any time and ILC retains a similar right.

I have read and understand the above.

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**Signature**

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**Date**

#### **AUTHORIZATION FOR REFERENCE REQUESTS AND RECORD SEARCHES**

I have applied to Independent Living Choices for employment and desire that they be fully advised of my former work and criminal record. I authorize you to furnish any requested information concerning my former employment and criminal record. I release you from any and all liability associated with providing the information.

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**Signature**

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**Date**

**RETURN TO: INDEPENDENT LIVING CHOICES  
4107 S CARNEGIE CIRCLE  
SIOUX FALLS, SD 57106-2321  
(605) 362-3550 or 1-800-947-3770 (outside of Sioux Falls)**

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_  
Last Name
First Name
Middle Name

\_\_\_\_\_  
Current Address
Dates Lived Here

Addresses for the Past **Seven Years:** (include street, city, state, zip code) Dates of Residence:


Date of Birth	Other Names Used (including maiden name)	Years Used
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Social Security Number	Driver's License #	State
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do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc.** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **Independent Living Choices and IntelliCorp Records, Inc.** for identification purposes and for the release information which will be considered in determining any suitability for employment. I authorize without reservation, any part or agency contacted by **Independent Living Choices or IntelliCorp Records, Inc.** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**\*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact my current employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)**

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name	Applicant Signature	Date
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