

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.

Name (First, Middle, Last): _____

Address: _____

City/State/Zip: _____

Phone Number: _____ E-Mail Address: _____

The Personal Attendant job duties vary, depending upon the nature of the Participant'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

Are you in need of an accommodation to perform these activities? Yes No

*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.

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)

A. Employer Name: _____ Phone: (____) _____ Fax: (____) _____
Address: _____
Applicant's Position/Title: _____ Supervisor: _____
Dates of Employment: From: _____ to: _____

B. Employer Name: _____ Phone: (____) _____ Fax: (____) _____
Address: _____
Applicant's Position/Title: _____ Supervisor: _____
Dates of Employment: From: _____ to: _____

C. Employer Name: _____ Phone: (____) _____ Fax: (____) _____
Address: _____
Applicant's Position/Title: _____ Supervisor: _____
Dates of Employment: From: _____ to: _____

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 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 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 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.

Applicant Signature

Date

CONTACT INFORMATION:

**INDEPENDENT LIVING CHOICES
4107 S CARNEGIE CIRCLE
SIOUX FALLS, SD 57106-2321**

PHONE: (605)-362-3550 FAX: (605) 362-3555 E-MAIL: i-l-c@ilcchoices.org