



APPLICATION FOR PERSONAL CARE ATTENDANT CONSUMER DIRECTED SERVICES

Applicant Note: This application form is intended for use in evaluating your qualifications. It is **not** an employment contract.

Oxford HealthCare, the Consumer Directed Services Vendor accepts job applications for Personal Care Attendant (PCA) positions as a service to consumers who may need PCA's. Consumers establish working relationships with PCA's which may be employment relationships. The Consumer Directed Services Vendor is NOT the employer for consumer PCA's.

PRINT CLEARLY IN INK

Applicant's Name: _____
Last First Middle

Maiden Name Or Other Names Known By: _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone Number: Home: _____ Cell: _____ Work: _____

Social Security Number: _____

	State of Licensure	License #	Expiration Date
Driver's License			

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes _____ No _____

Have you ever plead guilty to, pled *nolo contendere* to, been convicted of, received a suspended imposition of sentence ("SIS") for, received a suspended execution of sentence ("SES"), or served any period of probation or parole for a misdemeanor, felony, or ordinance violation? (You do not need to include pleas or convictions of minor traffic violations, unless alcohol or drug related.) Yes _____ No _____ If yes, please explain:

(A guilty plea, plea of *nolo contendere*, SIS, SES, or conviction will not automatically disqualify you from consideration. Such factors as the length of time since the offense, seriousness and nature of the violation, and rehabilitation will be taken into account).

Have you ever worked with persons with physical/cognitive disabilities? Yes No
If "yes", explain types and describe duties:

Preferences and Availability:

Do you prefer a Part-Time Full-Time position

List days and hours of the week you are available:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Check the following duties you are willing to perform:

- Dressing
- Showering
- Toilet Routine
- Meal Preparation
- Transfers (wheelchair)
- Feeding
- Errands and/or laundry
- Homework assistance
- Cleaning

Comments _____

EMPLOYMENT EXPERIENCE

List last 3 employers beginning with the most recent. It is critical that you provide correct telephone numbers of past employers.

Current or Last Employer		Phone (Include Area Code)			
Address		City		State	Zip
Name Used While Employed	Job Title	Salary	Dates Worked	From	To
Nature of Work		Supervisor			
Reason For Leaving					

Previous Employer		Phone (Include Area Code)			
Address		City		State	Zip
Name Used While Employed	Job Title	Salary	Dates Worked	From	To
Nature of Work		Supervisor			
Reason For Leaving					

Previous Employer		Phone (Include Area Code)			
Address		City		State	Zip
Name Used While Employed	Job Title	Salary	Dates Worked	From	To
Nature of Work		Supervisor			
Reason For Leaving					

PERSONAL REFERENCES - NOT FAMILY RELATED

Name		Name			
Address		Address			
City	State	Zip	City	State	Zip
Relationship (Friend, Minister, etc.)		Relationship (Friend, Minister, etc.)			
Number of Years Known	Phone (Include Area Code)		Number of Years Known	Phone (Include Area Code)	

List other experience related to job applying for (paid or unpaid): _____

Comments: _____

I have read and understand the applicant note on the front side of this form. The information given by me in this application is correct to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize vendor, consumer or their agents to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I also authorize any reference source to provide vendor and/or consumer with any and all information covering my background and hereby release any said sources from any liability for any damage whatsoever for issuing this information.

I further agree that vendor and consumer may furnish like information to those with whom I may hereafter seek employment and hereby agree to save Oxford HealthCare and the consumer free and harmless from any and all liability. I authorize and consent to vendor and consumer's release of any and all information and records maintained as relates to my employment, including but not limited to, any federal or state agency conducting any investigation or audit of Oxford HealthCare or any investigation or audit regarding the consumer. I agree to conform to all rules and regulations of the vendor and consumer and acknowledge that if my application is accepted and employment engaged, I am an employee at will and have no contractual right of employment.

Applicant's Signature _____ Date _____