



Position: Home Care Provider
Reports to: Direct Care Supervisor, Area Office Supervisor, Area Supervisor
Classification: Non-exempt

GENERAL POSITION SUMMARY: Responsible for providing personal care services to individuals in their own homes.

ESSENTIAL FUNCTIONS

- Work independently to competently complete all client authorized hours/tasks which may include but not be limited to: meal preparation, ordinary housework, client transportation, dressing, special assistance with body care (per instructions), toileting, self-medication management, family care, shopping, personal hygiene, bathing, transfer, bed mobility, locomotion, telephone use, and wood supply
- Establish and complete monthly client service schedules and report schedule changes to supervisor
- Observe and immediately report to supervisor changes in client's condition(s) to include but not be limited to weakness, confusion, loss of appetite
- Observe and immediately report to supervisor any safety concerns or problem situations
- Maintain confidentiality of all service delivery and client information
- Maintain proper documentation for services performed, accurately complete service verification forms, and report daily client service hours to the AtHome System
- Maintain required twice a month supervisory communication

SPECIFIC JOB SKILLS

- Proof of valid driver's license and the ability to travel using an insured personal vehicle (may be waived when public transportation is available or client(s) being served do not require transportation)
- Ability to travel within service area
- Ability to read, write, speak and understand basic English
- Ability to understand client care plans (with or without the assistance of an interpreter) and competently carry out the client care plans
- Ability to follow instructions and work independently
- Ability to listen effectively and clearly communicate in an appropriate manner
- Ability to respond calmly and appropriately to all on-the-job situations, including emergencies
- Ability to demonstrate respect, professionalism and sensitivity to the needs of individuals. Willing and able to relate to individuals from all ethnic, racial, religious, or socioeconomic backgrounds

WORKING CONDITIONS

- The position requires physical effort as a part of the essential functions. Physical effort may involve: frequent standing, walking, pushing/pulling, bending and twisting at the waist, and bending at the knees; occasional sitting, driving, kneeling, squatting, and reaching above shoulder; seldom climbing of stairs and crawling; and, occasional lifting and carrying up to 25 pounds
- Work may be performed in the evenings and on weekends

WORK HABITS

- Required work habits include regular scheduled attendance, punctuality, teamwork, initiative, flexibility, courtesy, dependability and professionalism

EDUCATION AND/OR EXPERIENCE

- Must be at least 18 years of age with a high school diploma or GED or CNA (NAC). (Verification required.)

CONTINGENCY OF EMPLOYMENT

- Acceptable criminal history background check from fingerprints
 - Acceptable driving record
 - Required:
 - Documented Certified Nursing Assistant (CNA), or other WA Dept. of Health approved certifications, licenses or training
- OR**
- Documented WA (Washington) employment as a long term care worker with a WA state licensed long term care provider during calendar year of 2011 or between January 1, 2012 and January 6, 2012, and completion of all WA State Department of Health certified training requirements for this noted time period. (Documentation may include pay stub and training certificates.)
- OR**
- Successfully complete required WA State Home Care Aide training that includes:
 - 75 hours of initial training within the first 120 days of employment, including 5 hours of Orientation and Safety training prior to serving first client;
 - Submit WA State Department of Home Care Aide certification application and fee, and pass certification within 150 days of hire date. This requires a \$60 application fee payable to WA Department of Health. The employee will pay \$30 through payroll deduction from their second SLR paycheck. Senior Life Resources/Home Care Service will pay the remaining \$30 and issue the check to WA Department of Health.
- Membership in Office and Professional Employees International Union (OPEIU), Local 8. (If bona fide religious tenets or teachings forbid labor union membership, equivalent membership dues can be paid to agree upon charity pursuant to CBA 3.1.)

SENIOR LIFE RESOURCES NORTHWEST
Home Care Service Offices

549 5 th St. #E Clarkston, WA 99403 (509) 758-1458	1206 Dollarway Suite 217 Ellensburg, WA 98926 (509) 962-6242	8656 W. Gage Blvd, #301 Kennewick, WA 99336 (509) 735-7840
532 E. Edison Sunnyside, WA 98944 (509) 837-8982	2330 Eastgate, #140 Walla Walla, WA 99362 (509) 529-9541	5110 Tieton Drive, Suite 350 Glenwood Square Yakima, WA 98908 (509) 453-8946

HOME CARE PROVIDER

Starting Salary: \$10.02 per hour

Benefits:

- ▶ Medical, dental, vision benefits for qualified employees who work at least 86.6 hours per month
- ▶ Comprehensive and progressive wage scale
- ▶ Paid Time Off (PTO) – 1 hr. for every 40 hours actually worked for 0-48 months of service; 2 hrs. for every 40 hours actually worked for 49+ months of service.
- ▶ Holiday Pay for Approved Work
- ▶ Weekend Differential Pay and Hoyer Lift Pay
- ▶ Paid annual professional caregiver training
- ▶ Choice of participation in OPEIU 401 (k) Plan
- ▶ Mileage Reimbursement for approved use of personal automobile
- ▶ Annual Performance Evaluation/Positive Team Environment
- ▶ Caregiver Support Fund
- ▶ Workers' Compensation Insurance and Social Security Insurance
- ▶ Representation by Office and Professional Employees International Union, (OPEIU), Local 8
- ▶ Association with a local, community based non-profit organization that has provided professional licensed home care services since 1978

Application Instructions (YOU MUST USE AN INK PEN ON ALL FORMS)

1. Read and provide written answers to **ALL** questions asked in the attached:
 - a. Employment Application (provide employer names, addresses & phone numbers for a minimum of 7 years prior). Provide copies of High School Diploma, GED certificates, current licenses, etc.
 - b. Disclosure Statement/Authorization and Consent to Background Investigation
 - c. Washington State Patrol Request for Criminal History Information with *Full listing of all previous names.*
 - d. Past 3 years driving record from the Department of Licensing
 - e. Voluntary Statement - (optional) -- To be placed in envelope, sealed & given to service office **or** mailed to: 8656 W. Gage Blvd., Suite #301; Kennewick, WA 99336

2. Present your completed application to the Home Care Service Office. Must present a 3-year driving abstract with your completed application.

WE LOOK FORWARD TO HEARING FROM YOU!!

EMPLOYMENT HISTORY

All employers for the past seven years must be listed. Please list present or most recent employer first (use Employment History Continuation Sheet on back of application if necessary).

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		

US MILITARY SERVICE

Have you served in the US Military?	Branch of Service	Dates of Service
<input type="checkbox"/> YES <input type="checkbox"/> NO		From: To:
Relevant Training/Experience Received:		

REFERENCES

Please list at least four references that have first-hand knowledge of your ability, character, and personality. **Do not include any relatives.**

Name	Address	City	State	Telephone
1.				
2.				
3.				
4.				

APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT

I understand that this application is not a contract or offer of employment.

I understand that this application is no longer active once a position has been closed. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.

I certify that the information and answers provided on this application and during any interviews is true, correct, and complete to the best of my knowledge and I understand that falsifications and/or misleading information are grounds for disqualification from consideration for employment **or** if hired for dismissal from employment.

I hereby authorize Senior Life Resources Northwest to contact any and all schools attended, former employers, listed references, and investigative or other private or governmental agencies to provide information concerning this application, my background, and suitability of employment and I release all parties from any and all liability, claims, or damages, that may directly or indirectly result from providing such information.

I understand that Senior Life Resources Northwest will be reviewing my driving record for the past 36 months.

I understand that Senior Life Resources Northwest is an "at will" employer for all positions except Home Care Provider (HCP), and if employed my employment may be terminated with or without cause or notice at my option or at the option of Senior Life Resources Northwest. If I am applying for a HCP position, my employment will be governed by OPEIU Local 8 Bargaining Agreement.

Signature of Applicant

Date

EMPLOYMENT HISTORY CONTINUATION SHEET

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Name and Title of Supervisor		
From: To:	\$ per			
Describe your duties:			Reason for leaving:	
Employed under what name:		If presently employed, may we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SENIOR LIFE RESOURCES NORTHWEST, INC.

**DISCLOSURE STATEMENT
AUTHORIZATION AND CONSENT TO BACKGROUND INVESTIGATION**

Pursuant to Washington Legislative laws, we are asking you to complete the following disclosure for convictions or prison releases; whichever is more recent, within seven (7) years of the date of the job application. This information will be kept confidential.

1. Have you ever been convicted of a crime against persons?

A crime against persons includes any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor for immoral purposes; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree rape of a child; patronizing a juvenile prostitute; prostitution; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child abandonment; promoting pornography; felony indecent exposure; child buying or selling; first or second degree sexual misconduct with a minor; or any of these crimes as they may be renamed in the future.

YES NO

If your answer is “yes,” please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed:

2. Have you ever been convicted of a crime relating to financial exploitation?

Financial exploitation means the illegal or improper use of a vulnerable adult or that adult’s resources for another person’s profit or advantage. Crimes include first, second or third degree extortion; first or second-degree robbery; first, second or third degree theft; forgery; or any of these crimes as they may be renamed in the future.

YES NO

If your answer is “yes,” please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed:

3. Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

YES NO

If your answer is “yes,” please describe and provide the date(s) of the conviction(s) and the sentences(s) imposed:

Disclosure Statement / Authorization and Consent to Background Investigation (continued)

4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor, or to have physically abused any minor in a:

- Dependency Action
- Domestic Relations Proceeding, or
- Disciplinary Board Final Decision

YES NO

If your answer is "yes," please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed:

5. Have you ever been convicted of a crime related to drugs as defined in RCW 43.43.830?

YES NO

If your answer is "yes," please describe and provide the dates(s) of the conviction(s) and the sentence(s) imposed:

UNDER PENALTY OF PERJURY, I certify the above information is true, correct and complete. I understand if I am hired, I can be discharged for any misrepresentation or omission in the above statements. I also understand if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol or an equivalent Federal law enforcement agency.

Signature _____ **Date** _____

I do hereby authorize and consent that the Washington State patrol, or an equivalent Federal law enforcement agency, may disclose to Senior Life Resources Northwest, Inc., criminal record history information pertaining to any record, if any, for convictions of offenses against children or other persons, adjudications of child abuse in a civil action, and any Disciplinary Board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the Disciplinary Board final decision, pursuant to RCW 43.43.010 et seq. A photostat of this authorization should be accepted with the same authority as the original.

Dated this _____ **day of** _____, **20** _____

Signature: _____

Printed Name: _____

Street Address: _____

City: _____ **State** _____ **Zip** _____

INSTRUCTION SHEET FOR FILLING OUT THE BACKGROUND AUTHORIZATION FORM

Background Authorization Instructions – Page 1 of 2

You MUST fill in ALL boxes on this form as instructed. READ the instructions for each Section and each box.

You MUST put an answer in the box. You can put NO, NOT APPLICABLE (N/A), OR NONE– except BOX number 3 –

DO NOT answer any question by putting UNKNOWN or a QUESTION MARK in the box. If you do, the form will be sent back.

Print clearly with black ink.

Read each question carefully.

Check with your DSHS program to find out if you must fill in boxes marked "SEE INSTRUCTIONS"

_____ (This box allows your program to insert their requirements.)

You MUST put an answer in every box and return this form to: _____ (This box allows the person, program, or entity to insert the address or fax number where the form is to be returned.)

Most background authorization forms are sent back to the requester for the following reasons:

- Wrong form.
- Blank boxes.
- Bad handwriting.
- Missing or wrong BCCU account number.
- Person under 18 signs the form without a parent or guardian signature.
- Date signed is older than three (3) months from the date BCCU received the form.

SECTION 1: This section must be completed by the person or entity requesting this background check. An entity may be a facility, business, organization, or agency such as a Nursing Home, a Rehabilitation Center, or a DSHS Office.

If you are applying to be a licensed Adult Family Home, Boarding Home, or Nursing Home, **SKIP SECTION 1.** GO directly to SECTION 2.

- A. You MUST** put the name of the entity or person asking for the background check. An entity may be a DSHS office. A person may be someone applying for a license or a service provider contract. Ask your DSHS program to tell you what person's name or the name of the entity that is required for this box.

_____ (This box allows your program to insert requirements.)

B. Ask your DSHS program if you are required to fill in the address of the entity or person asking for the background check. Put N/A in this box if NOT required by your program.

_____ (This box allows your program to insert requirements.)

C. This box is ONLY for Children's Administration. Children's Administration: Fill in the name of the facility or foster home.
- You MUST** print and sign your name if you are the person asking for the background check. The person who is being checked signs in box 19.
- DO NOT WRITE ANYTHING IN THESE BOXES UNLESS** you are an employee of Children's Administration, Economic Services Administration, Adult Protective Services or a DSHS hiring authority.

D. Personnel ID Number is the permanent number assigned to every staff person by the Department of Personnel (DOP).
- You MUST** put your BCCU account number in this box. You can find your BCCU account number at <http://www1.dshs.wa.gov/msa/bccu/index.htm>. If this form is part of your application for **license** as an Adult Family Home, Boarding Home or Nursing Home, you **DO NOT** need to give the BCCU account number. You **MUST** do the following:

 - Adult Family home – Put an **A** in front of your license number.
 - Boarding home– Put a **B** in front of your license number.
 - Nursing home– Put an **N** in front of your license number.
- A.** You **MUST** ask your DSHS program if they require you to have an ID number or a name in this box. Put N/A in this box if NOT required by your program.

_____ (This box allows your program to insert requirements.)

B. DSHS ONLY – Put N/A if you are NOT a DSHS staff person using Web Service for fingerprint background checks. This ID number is for DSHS staff to track background checks. Any program may use this box for their own tracking purposes.

SECTION 2: You **MUST** fill out this section if you are the person we are checking. **Note:** A DSHS employee asking for a background check for an Adult Protective Services (APS) or Child Protective Services (CPS) investigation **MUST** fill out this section as best he or she can.

6. You **MAY** put your social security number (SSN) in this box. Your SSN is not required to conduct a background check.
_____ (This box allows your program to insert requirements.)
7. You **MUST** fill in your date of birth.
- 8A. You **MUST** put your whole name. If you do not have a name to put in this box, you **MUST** put **NONE**.
SEE EXAMPLE BELOW.

EXAMPLE:

PRINT YOUR LAST NAME AS IT IS NOW <i>NONE</i>	PRINT YOUR FIRST NAME AS IT IS NOW <i>"Prince"</i>	PRINT YOUR MIDDLE NAME AS IT IS NOW <i>NONE</i>
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- B. You **MUST** put your whole birth name. You **MUST** put **SAME** if any of your names are the same as the names you put in box 8A.
9. You **MUST** put last names you have used or have been known by. You **MUST** put **NONE** if you have NOT used or been known by any other last names.
10. You **MUST** put any nicknames you have used. You **MUST** put **NONE** if you have NOT used any nicknames.
11. You **MUST** answer **YES** or **NO**. If your answer is **YES** to A. or B., you **MUST** fill in your conviction and pending charge information.
12. You **MUST** answer **YES** or **NO**.
13. You **MUST** answer **YES** or **NO**.
14. You **MUST** answer **YES** or **NO**. Put **YES** if the protection order lasted longer than 30 days and it was for the protection of a vulnerable adult, juvenile or child.
15. You **MUST** put your driver's license or state identification number in the box. You **MUST** put the name of the state in the box. You **MUST** put **NONE** if you do not have a driver's license or state identification number.
16. You **MUST** put the number of years and months you have lived in Washington State without living in another state or country. If you have moved out of Washington to another state or country, you **MUST** start counting the years and months from the date you moved back to Washington State. **Note:** You **MUST** ask your program if you have to get a fingerprint check.
17. A. You **MUST** fill in the address where you live now.
B. Your program may require you give your old address. Ask your DSHS program. Put N/A in this box If NOT required by your program.
_____ (This box allows your program to insert requirements.)
C. Ask your program if your telephone number is required. You **MUST** put **NONE** if you do not have a telephone number.
_____ (This box allows your program to insert requirements.)
18. You **MUST** read the statement in this box. Your signature under number 19 means you have read and agree to the statements in number 18. This background authorization form does NOT take the place of a public disclosure request for records about a founded finding. Founded finding means a state agency has taken a legal action against someone after an investigation and notice of a decision about abuse, sexual abuse, neglect, abandonment or exploitation or financial exploitation of a vulnerable adult, juvenile or child.
19. You **MUST** sign your name here. If you are NOT 18 years old, your parent or guardian **MUST** sign here.
20. You **MUST** fill in the date you signed this form.

ATTENTION APPLICANTS:

If you want to know the status of your background check form or need information about the BCCU background check process, contact BCCU at: bccuinquiry@dshs.wa.gov

ATTENTION ENTITIES AND DSHS STAFF: You **MUST** report errors in your address, telephone number or fax number to BCCU at bccuinquiry@dshs.wa.gov or (360) 902-0299. Put your BCCU account number in your email.

**SENIOR LIFE RESOURCES NORTHWEST
VOLUNTARY APPLICANT DATA RECORD**

Applicants and employees are treated equally, without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, disability, or any other legally protected status. As an employer with a voluntary affirmative action program, we use this information to ensure our employment practices are fair and provide an equal opportunity for all interested persons.

This form is not part of the Application for Employment. This data is for statistical analysis and affirmative action only. Submission is voluntary and will be kept in a confidential file separate from the Application for Employment. Failure to supply this information will not subject you to adverse treatment. Thank you for your assistance.

Position(s) Applied for: _____ **Date:** _____

Referral Source: Newspaper Ad Friend Relative Employee
 Walk in/Self Employment Agency DSHS Employment and Training Office
 Aging and Long Term Care (ALTC) Other _____

Age: _____ **Check One:** Male _____ Female _____

Check if any apply: _____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual

Are you now or have you ever been a Department of Social and Health Services Public Assistance Client or Recipient?
 YES NO

Race/Ethnicity (Please check one of the following):

American Indian or Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American – A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Hispanic or Latino (all races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.