

Personal Assistant Job Overview

Applicant Copy

Requirements

- **Dependable, reliable, and responsible**
- **Criminal background disclosure**
- **Valid driver's license and/or state ID**
- **Social Security card**
- **Work history**
- **Mandatory attendance of an onsite interview**
- **Mandatory attendance at an unpaid 4½-hour orientation**
- **Telephone with professional voicemail**
- **Reliable transportation**
- **Legible application**

Duties

- **Bathing/grooming/personal hygiene**
- **Range of motion exercises**
- **Bowel and bladder care**
- **Transferring**
- **Cooking/cleaning**
- **Shopping, running errands, organizing and paying bills**
- **Laundry**
- **Other duties as assigned**

Failure to meet these requirements will result in removal from the referral list. Submission of this data form does not guarantee the applicant being placed on the Personal Assistant Referral List.

Statement of Certification & Authorization Applicant Copy

Upon my acceptance into Advocates for Access's Personal Assistant Referral Program, I understand:

- ▶ **That Advocates for Access DOES NOT hire and is NOT my employer and DOES NOT act as a reference for me.**

- ▶ **That I will not be placed on the referral list until I have successfully completed the data form (including copies of my driver's license and/or state ID and Social Security card) screening, and interview process, and have completed orientation.**

- ▶ **I will be removed from the referral list if:**
 - ✓ **Any information that I have given in this data form is false or misleading,**

 - ✓ **I have failed to give any information requested regardless of the time elapsed after discovery,**

 - ✓ **I fail to keep my contact information up-to-date with Advocates for Access staff,**

 - ✓ **I fail to act in a respectful, responsible, dependable and courteous manner to center or DHS staff, and/or my employer.**

- ▶ **If I am removed from the program, my file will be kept for a period of one (1) year, before being discarded. If I want to return to the Referral Program, I must again go through the normal screening process. This is no guarantee of being accepted.**

Furthermore, I understand that any of the information on this form, or other forms I am asked to fill out, may be shared with Advocates for Access's Consumers when they request Personal Assistant referral lists.

I authorize Advocates for Access to release my name and Social Security number to the Department of Human Services for quarterly reporting purposes.

Rev. 6-13-18

"Empowering People With Disabilities To Live Independently In Our Community"



We are seeking only serious applicants with a desire to be dependable and professional.

Requirements

- **Mandatory attendance at an unpaid 4½-hour orientation**
- **Telephone with professional voicemail**
- **Reliable transportation**
- **Legible application**

Read and initial each statement. NO application will be accepted without this completed form.

▶ **Advocates for Access (AfA) is NOT the employer. We are a referral service only.** _____

▶ **I understand that the successful completion of the selection process merely allows my name to be added to the referral database.** _____

▶ **I understand that placement on the AfA database DOES NOT guarantee employment by consumers.** _____

▶ **I understand that there is no way of knowing how long it might take before I receive a call from a consumer.** _____

▶ **Referral lists are consumer driven. AfA has NO control over how often referral lists are requested.** _____

By initialing each statement, I am indicating that I have read and understand, and agree to each statement.

Signature: _____

Date: _____



Statement of Certification & Authorization Advocates for Access Copy

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Signature: _____

Date: _____

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Consumer Preferences

Preferred Counties: **Fulton** **Peoria** **Tazewell** **Woodford**

Are you interested in private pay? **Yes** **No**

Do you prefer to work with men or women? **Men** **Women** **No preference**

Do you smoke? **Yes** **No**

Are you willing to work with consumers who have pets? **Yes** **No**

Are you willing to work with consumers with AIDS or HIV? **Yes** **No**

Are you willing to work with consumers with mental illness? **Yes** **No**

Are you willing to work with a consumer who smokes? **Yes** **No**

Are you able to lift a minimum of 50 pounds? **Yes** **No**

Are you willing to work with consumers with bladder/bowel care? **Yes** **No**

Have you had any experience working with persons with any of the following disabilities?

Alzheimer's **Autism** **Brain injury** **Deaf/hard of hearing**
 Developmental Delays **Physical Disabilities** **Stroke** **Other:** _____

Certification: **Bilingual** **CPR** **CNA** **LPN** **Vent/Trach** **Other:** _____

Primary transportation source: **Car** **Bus**

Availability: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**

Time Availability: **6 a.m. – Noon** **Noon – 5 p.m.** **5 p.m. – 10 p.m.** **10 p.m. – 6 a.m.**



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