



Personal Assistant Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Driver's License/State ID Number: _____ Social Security Number.: _____

How were you referred to Advocates for Access? _____

Are you at least 18? YES NO Date of Birth: _____

Have you ever applied for the PA program? YES NO If yes, when? _____

Removed from the AfA database? YES NO

If yes, explain: _____

Personal Assistant or CNA Experience

Have you ever done Personal Assistant or CNA work? If yes, explain below.

Explain: _____ Dates: _____

Previous Employment – List employers from the last FIVE years.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



Advocates
for Access

4450 N. Prospect Rd., Suite C8
Peoria Heights, IL 61616

309.682.3500 (V) 309.682.3567 (TTY)
309.682.3989 (Fax)
www.advocatesforaccess.com

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____



4450 N. Prospect Rd., Suite C8
Peoria Heights, IL 61616

309.682.3500 (V) 309.682.3567 (TTY)
309.682.3989 (Fax)
www.advocatesforaccess.com

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: _____

Rev. 9-17-19

“Empowering People With Disabilities To Live Independently In Our Community”



4450 N. Prospect Rd., Suite C8
Peoria Heights, IL 61616

309.682.3500 (V) 309.682.3567 (TTY)
309.682.3989 (Fax)
www.advocatesforaccess.com

Statement of Certification & Authorization Advocates for Access 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.

Signature: _____

Date: _____

Rev. 9-17-19

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



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.**

Rev. 9-17-19

“Empowering People With Disabilities To Live Independently In Our Community”