



No Worries is an Equal Opportunity Employer and considers all applicants for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Applicants are required to pass a national criminal history check and be prepared to work in a drug- and smoke-free work environment. All successful applicants must notify No Worries in writing, within 24 hours, upon any arrest, DUII, indictment, or conviction.

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
How did you hear about No Worries?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of a major traffic offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever had any previous involvement as a defendant in professional malpractice litigation?			
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
EDUCATION AND FORMAL TRAINING – <i>If you need additional space please continue on a separate sheet of paper.</i>			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
SPECIAL SKILLS AND CERTIFICATIONS			
<input type="checkbox"/> CNA License – Date Received		<input type="checkbox"/> Calculator	
Current? Yes No – CNA License #		<input type="checkbox"/> Spreadsheets	
<input type="checkbox"/> CPR License – Date Received		<input type="checkbox"/> Word Processor	
<input type="checkbox"/> PCA Certificate / Training		<input type="checkbox"/> FAX	
<input type="checkbox"/> Medical Terminology		<input type="checkbox"/> PC	
<input type="checkbox"/> Record Keeping / Charting		<input type="checkbox"/> Bookkeeping	
<input type="checkbox"/> Other Skill or Certification (please specify)			
LANGUAGES SPOKEN			
Please list all other languages your are fluent in (excluding English):			



QUALIFICATIONS

Must be at least 18 years of age.

Ability to bend, stoop, stand for extended periods of time, and walk without difficulty and ability to climb stairs if needed.

Ability to lift 25 lbs.

Current and valid driver's license, reliable transportation and current auto insurance.

Able to speak, read and write English fluently.

Minimum of 6 months verifiable and paid caregiving experience.

OTHER QUALIFICATIONS

Use the space below to describe why you are interested in No Worries.
Summarize the experience and skills you feel qualify you for this position:

REFERENCES

Please provide three references, other than your business references or family that can certify your work habits or personal character.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	



PREVIOUS EMPLOYMENT			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	



DISCLAIMER AND SIGNATURE

Please read the following statements carefully before signing this application.

Only those applications that are signed and dated are considered valid.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date. I authorize any persons having knowledge of my past employment, education/training, and other related activities to provide No Worries Corporation information that may be required to arrive at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with No Worries Corporation is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of the Company.

No Worries In-home Care prohibits employees and/or volunteers from transporting clients if your MVR indicates any of the following:

- a. More than 2 moving violations and/or accidents within a 3 year period.
- b. Reckless driving, DUI or any felony driving conviction within a 5 year period.

Printed Name

Date

Signature

Date

FOR PERSONNEL USE ONLY

Interviews Conducted By 1) _____ Date

2) _____ Date

Hired Date of Hire

Job Title

Completed and authorized by _____ Date

Not Hired

Explanation: Other More Qualified Applicants Lack of Skills

Travel Restrictions Lack of Availability

Remarks:



Disclosure Authorization

I understand No Worries In-home Care is required by Oregon State Law (ORS 443.004) to conduct the following checks. The National Social Security Fraud Database, National Criminal Check Database and National Sex Offender Database, as part of a Pre-employment screening process. These checks may also be conducted, at any time during the course of employment with No Worries In-home Care. No additional notice or authorization shall be needed for future inquiries. In order to conduct these Background checks, we need to know your Date of Birth, Current Drivers License Number, and Maiden Name if applicable. Criminal checks will be conducted at least every 3 years as required by OAR Division 536.

Date of Birth: _____ / _____ / _____ Social Security Number _____ / _____ / _____

Maiden Name: _____

_____/_____/_____
Signature Date

Drug free workplace requirements

In order to be hired by No Worries In-home Care all staff must successfully pass a drug screen and be subject to random drug testing.

Signature Date

Acknowledgement of Auto Insurance

I, _____, agree to notify my automobile insurance that as part of my job, I will occasionally transport clients.

I hereby certify that my vehicle described below is properly insured.

License Plate Number State

Type/Make Color

Insurance Company Policy Number

Current Drivers License # Expiration Date

State Issued In

Signature Date

Valid Driver's License but No Vehicle

Caregiver Self Assessment- Skills

Name: _____ Date _____



Self Assessment Rating:
 1=Need instruction and supervision
 2- Done it before but need review
 3=Feel competent to perform
 4=Could comfortably teach others

Skill	Previous Experience Y/N	Self Assessment Rating (1-4)	Skill	Previous Experience Y/N	Self Assessment Rating (1-4)
Antiembolism Devices			Nutrition		
TED hose			Assist client to eat		
			Charting input		
Breathing Exercises			General cooking		
Cough and deep breathing			Meal planning-		
Incentive Spirometer			-Diabetic		
			-General		
Bathing			-Heart healthy		
Assist with shower			-Low sodium		
Bed bath			PEG tube feeding (delegation)		
Perineal care					
Shampoo in bed			Personal Hygiene		
Shower chair/bath bench			Backrub		
			Denture Care		
Bedmaking			Dressing and undressing		
Use of a Hospital bed			Foot care		
Unoccupied linen change			Nail care		
Occupied linen change			Oral hygiene		
			Shaving with electric razor		
Dementia Care			Shaving with bladed razor		
Hygiene					
Diet			Positioning		
Communication			Chair		
Redirecting techniques			Fowlers		
Understanding dementia			Positioning on side in bed		
Understanding behaviors			Semi-Fowlers		
			Simm's		
Diabetic Care					
CBG (education)			Range of Motion		
Hyperglycemia			Upper extremities		
Hypoglycemia			Lower extremities		
Insulin (delegation)					
Oral hypoglycemics			Skin Care		
			Non-sterile dressing change		
Hospice Care			Pressure relieving measures		
			Signs of break down and infection		
Hospice medications					
Hospice nurse orders			Toileting		
Mouth care of a dependent			Assisting to bathroom		
Oral suctioning (education)			Applying condom catheter		
Post mortem care			Bedpan		
			Bedside commode		
Infection Control			Changing catheter bag/ leg bag		
Hand washing			Charting BMs		
Household cleaning			Charting urinary output		
PPE- use & removal			Cleaning catheter insertion site		
Standard Precautions			Disposable briefs		
			Emptying catheter bag		
Medication Administration			Enema administration		
Eye drops			Measuring and charting output		
Eye ointment			Ostomy bag		
Oral medication			Rectal suppositories		
Topical medication			Urinal		
Transdermal patches					
Rectal medications			Vital Signs		
			Apical pulse		
Mobility			Axillary temperature		
Fall Precautions/ Recovery			Blood pressure-digital cuff		
Gait belt			BP- sphygmomemometer		
Lifts (Hoyer, Sit-to-stand)			Respirations		
Pivot Transfer			Oral temperature		
Sliderboard transfer			Radial Pulse		
Transfer assistance			Temporal artery temperature		
Transfer W/C to bed, bed to W/C			Tympanic temperature		
Walker			Weight of ambulatory client		
Wheelchair			Weight- balance scale		