

Instructions for Completing a Personal Assistant (PA) Application

Thank you for showing interest in working as a Personal Assistant (often referred to as a PA). Personal Assistants play a very important role for persons with disabilities requiring assistance with activities of daily living.

Attached please find the Personal Assistant application you requested. Please complete the form and return it to our office so that we can begin processing your information. There are several steps to this process before you can be placed onto our Referral List(s).

1. Complete the attached application. Leave nothing blank! Return it to the office.
2. Once the application is approved, you will receive notice of the next orientation date. You **MUST** attend one orientation before being considered for the PA Referral List(s).
3. If for any reason you are unable to attend the first orientation you are invited to, you will be invited to a second orientation. If you are unable to attend that orientation, your application will be closed. Should you wish to pursue the program again, you will need to complete a new application and begin the process over.
4. The orientation is a one-day event consisting of 1-3 hours held via Zoom at this time. You will be asked to pick up the PA Orientation Manual packet before you are formally invited to the Zoom PA Orientation. If you are unable to attend a Zoom orientation or need accommodations, contact our Community Living Advocate.
5. After you attend the orientation, your information is placed onto the appropriate PA Referral Lists and the Statewide Registry. A welcoming letter and a Certificate of Completion of the PA Orientation are sent to you after orientation.
6. It is **YOUR** responsibility to update your information quarterly once you are placed onto the Referral Lists. **THIS IS MANDATORY!** If you fail to update your information every three months, your name will be removed from the list. To get back on the list, you must complete an update form at the office. If your name is removed a second time due to non-compliance on updates, this is a permanent removal. It does not mean you cannot work as a PA; it simply means you will not be placed on our Referral Lists.

Our lists go to several agencies and any consumer that asks for referrals. It is also with INCIL in Springfield where consumers can get the lists as well.

KEEP THIS PAGE FOR FUTURE REFERENCE. COMPLETE THE ATTACHED AND GET IT BACK TO THE OFFICE TO BEGIN YOUR VENTURE INTO THE FULFILLING WORLD OF PERSONAL ASSISTANT EMPLOYMENT.

BLOOMINGTON OFFICE

2201 EASTLAND DRIVE, SUITE 1
BLOOMINGTON, IL 61704

PHONE: 309/663-5433
TOLL FREE: 888/543-3245
FAX: 309/663-7024



PONTIAC OFFICE

601 NORTH LADD STREET
PONTIAC, IL 61764

PHONE: 815/844-1132

To Those Interested in Becoming a Personal Assistant:

Thank you for showing interest in working as a Personal Assistant. Personal Assistants play a very important role for persons with disabilities requiring assistance with activities of daily living.

However, because of the nature of the work, only individuals who can demonstrate a proven record of honesty, dependability, and trust will be placed on LIFE Center's Personal Assistant Referral Lists.

Work history checks may be conducted. Please note the following information is REQUIRED when filling out this application.

*Work history including: place of employment, phone number of employer, length of employment, position held, duties, reason for leaving, and supervisor's name.

*Complete all questions on the application. Leave nothing blank! This will be explained in orientation.

The more accurate and complete information provided on your application, the more likely you will receive future calls for interviews that could lead to employment.

Complete the attached, leaving no blanks, return it to the Center and you will begin the process of acquiring meaningful, fulfilling employment.

Thank you.

Vicky Hogan

Vicky Hogan, Community Living Advocate

Print your name: _____

Social Security #: _____

By signing below, I acknowledge that I have read and understand the above information and am submitting my information for consideration in the PA Program.

Applicant's Signature

Date Signed

LIFE Center for Independent Living Personal Assistant (PA) Application

Please print or type the requested information legibly.

ALL information MUST be filled in completely, no blanks.

Name _____ Date: _____
Last First Middle Initial

Birthdate: _____ Social Security #: _____

Address: _____ City: _____

Zip: _____ County _____

Other last names you have been known as or used: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email address: _____

Ethnicity: American Indian/Native American Asian/Pacific Islander Hispanic/Latino
Black or African American White Race Unknown
Two or more races

Gender: Female Male Not listed

Driver's License #: _____ Expiration Date: _____

Auto Insurance Company: _____ Policy #: _____

Mode of Transportation: Own Vehicle Public Transportation Friends/Family Other

List durable medical equipment or assistive devices you have been trained to use: _____

Willing to work with: FEMALES MALES BOTH

Have you previously worked as a PA? YES NO

Do you want to be placed onto the Emergency Backup List? YES NO Notice needed: _____ hrs

Are you a: CNA LPN RN Other Explain other if circled: _____

Are you a smoker? YES NO

Are you willing to work for someone who has dogs? YES NO

Are you willing to work for someone who has cats? YES NO

Do you have allergies and if so, explain: YES NO

Allergies: _____

In case of emergency, please list a contact person:

Name: _____ Relationship: _____

Phone: _____ 2nd Phone: _____

Address: _____

Please circle all ranges of time you are available and willing to work each day:

Mondays	6 a.m.-12 noon	12 noon-6:00p.m.	6:00p.m.-12 midnight	12 midnight- 6a.m.
Tuesdays	6 a.m.-12 noon	12 noon-6:00p.m.	6:00p.m.-12 midnight	12 midnight- 6a.m.
Wednesdays	6 a.m.-12 noon	12 noon-6:00p.m.	6:00p.m.-12 midnight	12 midnight- 6a.m.
Thursdays	6 a.m.-12 noon	12 noon-6:00p.m.	6:00p.m.-12 midnight	12 midnight- 6a.m.
Fridays	6 a.m.-12 noon	12 noon-6:00p.m.	6:00p.m.-12 midnight	12 midnight- 6a.m.
Saturdays	6 a.m.-12 noon	12 noon-6:00p.m.	6:00p.m.-12 midnight	12 midnight- 6a.m.
Sundays	6 a.m.-12 noon	12 noon-6:00p.m.	6:00p.m.-12 midnight	12 midnight- 6a.m.

Willing to work holidays? YES NO

PERSONAL ASSISTANT SERVICES

Please check all of the services that you have been trained to do or are willing to do. If you would be willing to be trained to do something you have not done, it will then be up to the individual consumer if they wish to train or have you trained on certain tasks.

- | | |
|---|---|
| <input type="checkbox"/> Speak Spanish | <input type="checkbox"/> Dressing Wounds |
| <input type="checkbox"/> Bladder/Bowel Program | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Transferring |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Housework |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Telephoning |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Meal Preparation |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Assist to Appointments | <input type="checkbox"/> Register Vitals |
| <input type="checkbox"/> Household Management | <input type="checkbox"/> Range of Motion (ROM) exercises |
| <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Medication Assistance |
| <input type="checkbox"/> Glucose Monitoring | <input type="checkbox"/> Turning in Bed |
| <input type="checkbox"/> Catheterization | <input type="checkbox"/> Lifting |
| | <input type="checkbox"/> Know Sign Language <input type="checkbox"/> Other Language |

List any specialized services you may be trained in, certified in or licensed to perform:

Any other information we might need to know: _____

Please circle the locations where you are willing to work:

<u>DeWitt County:</u>		ALL of DeWitt County		
Birkbeck	Clinton	DeWitt	Farmer City	Fullerton
Hallsville	Kenney	Lane	Midland City	Ospur
Parnell	Rowell	Wapella	Waynesville	Weldon

<u>Ford County:</u>		ALL of Ford County		
Cabery	Clarence	Elliott	Garber	Gibson City
Guthrie	Harpster	Kempton	Melvin	Paxton
Perdueville	Piper City	Proctor	Roberts	Sibley
Stelle				

<u>Livingston County:</u>		ALL of Livingston County				
Ancona	Blackstone	Campus	Chatsworth	Cornell	Cullom	Dwight
Emington	Fairbury	Flanagan	Forrest	Graymont	Long Point	Odell
Pontiac	Reddick	Saunemin	South Streator	Strawn		

<u>McLean County:</u>		ALL of McLean County			
Anchor	Arrowsmith	Barnes	Bellflower	Bentown	Bloomington
Carlock	Chenoa	Clarksville	Colfax	Cooksville	Covell
Cropsey	Danvers	Downs	Ellsworth	Fletcher	Funks Grove
Gillum	Glen Avon	Gridley	Heyworth	Holder	Hudson
Kerrick	LeRoy	Lexington	McLean	Meadows	Merna
Normal	Randolph	Sabina	Saybrook	Shirley	Stanford
Towanda	Weedman	Weston	Yuton		

EMPLOYMENT HISTORY

Please list the most recent work experience first, attach another sheet if necessary.

ALL information must be filled in completely.

Employer #1 _____
Address _____
City _____ State _____ Zip _____
Phone _____ Supervisor _____
Dates Employed From _____ to _____
Position _____ Duties _____
Reason for Leaving _____

Employer #2 _____
Address _____
City _____ State _____ Zip _____
Phone _____ Supervisor _____
Dates Employed From _____ to _____
Position _____ Duties _____
Reason for Leaving _____

Employer #3 _____
Address _____
City _____ State _____ Zip _____
Phone _____ Supervisor _____
Dates Employed From _____ to _____
Position _____ Duties _____
Reason for Leaving _____

I am giving permission to prospective employers to contact previous employers; personal and/or professional references listed on this application and further agree to hold either party harmless regardless of information exchanged. Without this signature, I am aware this process will be halted and I will not be eligible for placement onto the PA Referral Lists.

Legal Signature

Date Signed

Additional Employment Possibility as PA Driver ONLY Information

There is sometimes a need for a PA Driver. This is a person that will drive someone to different functions when needed. This is not connected with the DRS Home Services Program. It is usually a matter of an individual needing the transportation and/or a business/agency needing a driver. Each job is very individual. Location, hours, and rate of pay may be different, but all should be explained upfront before you accept the job. If this is something you wish to do, please complete the following.

You MUST also attach copies of your driver's license and proof of insurance to this sheet before you can be considered for the PA Driver Referral Lists. It is then your responsibility to always keep an updated copy of both in the office at all times or I know I will be removed from the PA Drivers List upon expiration of either.

I, _____, would like to be on the PA Driver Referral Lists for the following counties (circle all that apply):

DeWitt

Ford

Livingston

McLean

_____ I would like for my application for PA Driver to be considered **ALONG** with being a Personal Assistant.

_____ I would like this application to apply to PA Driver **ONLY** and am not applying to be a Personal Assistant at this time.

I understand I must attend a mandatory orientation to be a Personal Assistant, however, I may not need to attend if I wish to be a PA Driver ONLY.

Signature

Date

RELEASE OF INFORMATION WAIVER

Please read carefully and sign to have your information considered for placement on our PA Referral Lists.

I authorize LIFE Center for Independent Living to release data information provided on this application to consumers of LIFE Center for Independent Living's Personal Assistant Program for the specific purpose of considering me for employment. For the privacy and confidentiality of the PA, LIFE CIL will not make copies or redistribute the signed application.

I understand that this application and any initial interview/orientation does not guarantee that I will be selected to participate in the Personal Assistant Program or that I will be hired as a Personal Assistant. I understand that if I am hired as a Personal Assistant, I will **NOT** be an employee of LIFE Center for Independent Living. If I am hired as a Personal Assistant, I understand the consumer hiring me is my employer.

I understand that falsifying any information on this application will result in my not being considered for LIFE Center for Independent Living's Personal Assistant Program. Therefore, the information I have supplied on this is true to the best of my knowledge. I am also aware that reference checks may be performed to corroborate the information I have supplied.

I understand that yelling, cursing, or being disrespectful to LIFE Center for Independent Living staff at any time will prevent me from participating in the Personal Assistant Program.

I also understand that if I am eligible to participate in the LIFE Center for Independent Living Personal Assistant Program, I must attend and be on time for at least one MANDATORY Personal Assistant Program Orientation session and adhere to MANDATORY information updates.

I have freely completed this application. The information given to LIFE Center for Independent Living is accurate to the best of my knowledge.

Signature

Date Signed

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Office Use Only: