



INTEGRA
Home Health Care

20730 Holyoke Ave #125
P.O. Box 565
Lakeville, MN 55044

Phone: 952-985-0672
Fax: 952-985-0675
www.IntegraHC.com

CONFIDENTIAL

PCA/Homemaker Employment Application

An Equal Opportunity Employer

***Please Print in Dark Ink**

Date _____

Name _____
First Middle Last

Cell Phone (_____) _____ Home Phone(_____) _____

E-Mail _____ How did you hear about us? _____

Street Address _____

City _____ State _____ Zip Code _____

Position Applied For: PCA Homemaker DL# _____ Exp. Date _____

Do you have current CPR registration? Yes No Exp. Date _____

Person we may contact in case of emergency _____
Name Phone

Date available for employment _____

Check shifts willing to work:							
___ 7 a.m. – 3 p. m.	___ 3 p.m. – 11 p.m.	___ 11 p.m. – 7 a.m.					
Days available for work assignments: Sun M Tu W Th F Sat							

Education

School Name and Location	Major	Dates Attended	Graduated

Employment Experience Please list job history starting with your current or most recent position, going back 5 years. If your references are incomplete (not listing phone numbers, position, etc.) your application will be discarded.

Company Name _____

Street Address City State Zip Code

Supervisor's name and Phone Number _____

Position _____ Duties _____

Starting Day _____ Starting Salary _____ Leaving Day _____ Leaving Salary _____

Reason for Leaving _____

May we contact the employer listed above? Yes No If no, please explain: _____

Company Name _____

Street Address City State Zip Code

Supervisor's name and Phone Number _____

Position _____ Duties _____

Starting Day _____ Starting Salary _____ Leaving Day _____ Leaving Salary _____

Reason for Leaving _____

May we contact the employer listed above? Yes No If no, please explain: _____

Company Name _____

Street Address City State Zip Code

Supervisor's name and Phone Number _____

Position _____ Duties _____

Starting Day _____ Starting Salary _____ Leaving Day _____ Leaving Salary _____

Reason for Leaving _____

May we contact the employer listed above? Yes No If no, please explain: _____

Proficiency Skills Checklist

Please check the appropriate boxes to describe your experience level with each skill listed below.

Key To Competency Levels

- 0 - No Experience
- 1 - Minimal experience, need review and supervision, have performed at least once
- 2 - Comfortable performing with resource available
- 3 - Competent to perform independently and safely
- 4 - Expert, able to act as resource to others

Infection Control	0	1	2	3	4
Proper Use of Infection Control/Protection Methods:					
Gloves					
Gown					
Mask /Goggles					
Isolation technique (protecting yourself and/or the client using protective clothing, gloves and/or mask when the client has a infectious disease that can be passed on, or to protect the client when their immune system is low)					
Hand Washing					
Infectious /Hazardous Waste Disposal (what to do with items soiled with body fluids or disposal of hazardous waste)					

Safety and Activity	0	1	2	3	4
Identifying Safety Hazards (eg. Loose rugs, clutter)					
Determining Need for Additional Help					
Recognizing Abuse: Substance, Physical, Emotional, Etc.					
Maintaining Clean, Orderly Work Area					
Proper Body Mechanics (using proper posture and technique when providing cares and during transfers)					
Transferring to Bed, WC, Commode, Etc.					
Ambulating With or Without Device (walker, cane, wheelchair)					
Use of Wheel Chair locks					
Use of Transfer Belt					
Responding to Safety Hazards					

_____ I agree to allow Integra Health Care to contact previous employers and professional references.
 Initials

_____ I agree to allow Integra Health Care to perform necessary background screenings applicable to my employment.
 Initials

I certify that the above information is true and complete to the best of my knowledge.

 Applicant's Signature

 Date