

# PERSONAL CARE ATTENDANT APPLICATION

Date of Application: \_\_\_\_\_ Consumer Name: \_\_\_\_\_

Please return application to:

**Southwest Louisiana Independence Center**  
**1202-C Kirkman Street**  
**Lake Charles LA 70601**  
**(337) 477-7194 / Toll Free 1-888-403-1062 / Fax (337) 477-7198**

This application for employment as a Personal Care Attendant will also be used to refer you to individuals with disabilities for possible hiring. Please print.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Phone (include pager number if applicable) Social Security Number

Current LA Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Automobile Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate the days and hours you are available for work:

	<u>Hours</u>		<u>Hours</u>
Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

Do you have a High School Diploma or G.E.D.? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please specify date and nature of conviction below)

\_\_\_\_\_  
\_\_\_\_\_  
Would you consider any of the following types of employment:

Live-in position Yes \_\_\_\_\_ No \_\_\_\_\_ Overnight duty Yes \_\_\_\_\_ No \_\_\_\_\_

Substitute attendant work Yes \_\_\_\_\_ No \_\_\_\_\_ Emergency work Yes \_\_\_\_\_ No \_\_\_\_\_

Hourly rate of pay desired: \_\_\_\_\_

If you are a licensed LA driver, would you be willing to transport client if requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in assisting the client with recreational activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any interests, hobbies, activities: \_\_\_\_\_

\_\_\_\_\_  
List any certificates and/or licenses which may pertain to the position for which you are applying:

Why are you interested in doing attendant work? \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** (list most recent first)

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**ATTENDANT CARE EXPERIENCE**

Have you worked with people with these disabilities? **Place an X next to all that apply.**

Quadriplegia \_\_\_\_\_ Paraplegia \_\_\_\_\_ Cerebral Palsy \_\_\_\_\_ Muscular Dystrophy \_\_\_\_\_  
Polio \_\_\_\_\_ Multiple Sclerosis \_\_\_\_\_ Rheumatoid Arthritis \_\_\_\_\_

List other disabilities with which you have had Experience: \_\_\_\_\_  
\_\_\_\_\_

**Place an X next to all areas of experience:**

Working with males \_\_\_\_\_ Working with females \_\_\_\_\_ Working with adults \_\_\_\_\_  
Working with children \_\_\_\_\_ Cradle lift (list max. wt. \_\_\_\_\_)  
Stand and pivot lift (list max. wt. \_\_\_\_\_) Hoyer lift \_\_\_\_\_  
Sliding board \_\_\_\_\_ Urinal \_\_\_\_\_ Suprapubic catheter \_\_\_\_\_  
Intermittent Catheter \_\_\_\_\_ External Catheter \_\_\_\_\_ Irrigation \_\_\_\_\_ Bowel Assistance \_\_\_\_\_  
Cooking \_\_\_\_\_ Laundry \_\_\_\_\_ Shopping \_\_\_\_\_ Feeding \_\_\_\_\_  
Grooming \_\_\_\_\_ Apply Cosmetics \_\_\_\_\_ Brush Teeth \_\_\_\_\_ Bedbath \_\_\_\_\_  
Shower/Bath \_\_\_\_\_ Dressing / Undressing \_\_\_\_\_ Wash Hair \_\_\_\_\_

Of the above list, are there any tasks which you would be unable to perform? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

**REFERENCES**

Please list employment-related or personal references (if you are hired, you will be required to submit three letters of reference **before** you can begin working.)

NAME ADDRESS PHONE

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

I understand that the information provided in this application will be used only for employment purposes. I agree to authorize SLIC to release and furnish the information supplied in this application to potential clients.

\_\_\_\_\_  
Applicant's Signature Date

<i>For official use only</i>
<b>Audit Number: <u>LSP1307</u></b>
<i>Form Revised January 2007</i>

**Request for Louisiana Automated Criminal History Search**

Client Information		
SRC Account Number: <b>20167</b>	Fax #: <b>(337)-477-7198</b>	Phone Number: <b>(337)-477-7194</b>
Customer: <b>Southwest Louisiana Independent</b>		

Facility requesting criminal history records for employment purposes pursuant to LA R.S 40: 1300.52.

As provided for in LA R.S. 40:1300.52 - criminal history information search which has been approved by the Louisiana Bureau of Criminal Identification and information within the Department of Public Safety and Corrections, Office of the State Police.

Authorized Agents requesting search: Roy R. Schultz or T. J. Ostendorff III, with:

**Southern Research Company, Inc.**

2850 Centenary Blvd., Shreveport, LA. 71104. Phone: 888-772-6952 \* Fax: 888-429-5604.

E-mail: background@southernresearchinc.com

Applicant or Subject of Investigation – Please Print (Black Ink Only) or Type				
Last Name	First Name	Middle Name	Social Security Number	
** Include Maiden Name and/or Previous Married Name if applicable. **				
☞ <b>An additional \$13.75 will be charged for each aka name and maiden name</b> ☜				
aka / maiden name	aka / maiden name	aka / maiden name	aka / maiden name	
Date of Birth (mm/dd/yyyy)	Gender	Race	Drivers License Number	State

Please check if Social Security Number Trace is needed.

**Authorization to Disclose Criminal History Record Information**

As a new or prospective employee of the above Facility, I understand that a thorough investigation will be conducted of any record of past criminal activities that are maintained in the files of the Louisiana Department of Public Safety and Corrections, Office of State Police.

By my signature below, I hereby authorize such an investigation and further authorize the release of all criminal record information which may confirm or deny my eligibility for employment with the Facility named above. Further, I waive such legal rights if any that I may have and do release any and all persons from the liability in connection with furnishing such information about me to the above listed Authorized Agency for the Facility with whom I am making application.

☞ Applicant's Signature: \_\_\_\_\_ (Please Use Ink Only)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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**SEARCH RESULTS** (Please do not write below this line – for official use only)

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Applicant listed on the National Sex Offenders Registry:  YES  NO

**Criminal Results**

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CHECK HERE IF "NO RECORD FOUND" \_\_\_\_\_

CHECK HERE IF "RECORD(S) FOUND" \_\_\_\_\_ (See attached report)

It is understood, owing to the fact that no fingerprint cards were submitted, that this bureau cannot guarantee in any manner the positive identity of this record(s) being furnished to you in order that you may determine whether it pertains to the individual listed above.

Date: \_\_\_\_\_ Record checked by: \_\_\_\_\_

\*\*\*\* Authorized Agent Stamp: