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Please list all education and specialized experience which you feel relates to the position applied for and which would help you in the performance of your work in that position. For all such education and specialized experience, provide the name of the school or employer, degrees, areas of study, training and experience.

School	Name and Location	Course of Study	# of Years	Degree or Diploma
High School				
College				
Other Including Advanced Degrees or Certifications				

EMPLOYMENT EXPERIENCE

Start with your present or most recent position and please include military service assignments and volunteer activities.

1	Employer	Dates Employed		Job Responsibilities
	Address	From	To	
	City	State	Zip	
	Job Title	Hourly Rate/Salary		
	Supervisor Telephone	Starting	Final	
	Reason for Leaving			
2	Employer	Dates Employed		Job Responsibilities
	Address	From	To	

City	State	Zip			
Job Title			Hourly Rate/Salary		
Supervisor		Telephone	Starting	Final	
Reason for Leaving					
3	Employer		Dates Employed		Job Responsibilities
	Address		From	To	
	City	State	Zip		
	Job Title		Hourly Rate/Salary		
	Supervisor		Telephone	Starting	Final
	Reason for Leaving				

PERSONAL REFERENCES

1.) Name _____ Relationship _____ # of years known _____ Occupation _____ Phone number _____ Email _____
2.) Name _____ Relationship _____ # of years known _____ Occupation _____ Phone number _____ Email _____

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT: Employer Number(s): _____ Reason: _____

I authorize the investigation of all matters Specialty Comfort Care Inc. deems relevant to my qualifications for employment, including all statements contained in this application, and I release from all liability any persons or employers supplying such information and I also release Specialty Comfort Care Inc. from all liability which might result from conducting such investigation.

In addition, by my signature below I declare that the information on this application is true and accurate. I understand that if I provide false information my application may be rejected, or if I am hired, I may be subject to disciplinary action, including termination.

Signature: _____ Date: _____

Check all skills you have FREQUENTLY performed:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bed baths | <input type="checkbox"/> Incontinence assistance
(depends, adult
underwear) | <input type="checkbox"/> Blood sugar testing |
| <input type="checkbox"/> Catheter peri care | <input type="checkbox"/> Emptying catheter bag | <input type="checkbox"/> Quad care bowel routine |
| <input type="checkbox"/> Basic meal preparation | <input type="checkbox"/> Advanced meal
preparation | <input type="checkbox"/> Feeding tubes |
| <input type="checkbox"/> Medication monitoring | | <input type="checkbox"/> Insulin injections |

Check all that apply (skills and/or restrictions):

- | | | |
|---|--|---|
| <input type="checkbox"/> No lifting | <input type="checkbox"/> Light transfers | <input type="checkbox"/> Repositioning
immobile patients |
| <input type="checkbox"/> Pivot transfer | <input type="checkbox"/> Gait belt | <input type="checkbox"/> Hoyer lift |

Work environments you are willing to tolerate or would prefer:

- | | | |
|---|---|---|
| <input type="checkbox"/> Client is a moderate
smoker | <input type="checkbox"/> Client owns a cat or
cats | <input type="checkbox"/> Client owns a dog or
dogs |
| <input type="checkbox"/> Non-smoking only | | |

Transporting clients: (Select all that you are willing to transport a client in)

- | | | |
|---|---|---|
| <input type="checkbox"/> Client's own vehicle | <input type="checkbox"/> Your own vehicle | <input type="checkbox"/> Prefer not to
transport clients |
|---|---|---|

List amount of patient care experience: (Number of months or years)

- | | | |
|------------------------------------|---|----------------------------------|
| _____ Dementia/Alzheimer's | _____ Parkinson's, MS | |
| _____ Stroke or other brain injury | _____ Obsessive-Compulsive or
other psychiatric disorders | _____ Hospice care |
| _____ Private home care | _____ Facility employees
Type of facility: assisted living,
foster, nursing home, other _____ | _____ Assisted living facilities |

Availability: (All caregivers must be available at least three days a week to be considered for employment)

- | | | | | | | | |
|---------|------------------------------|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|
| DAYS: | <input type="checkbox"/> SUN | <input type="checkbox"/> MON | <input type="checkbox"/> TUES | <input type="checkbox"/> WED | <input type="checkbox"/> THURS | <input type="checkbox"/> FRI | <input type="checkbox"/> SAT |
| NIGHTS: | <input type="checkbox"/> SUN | <input type="checkbox"/> MON | <input type="checkbox"/> TUES | <input type="checkbox"/> WED | <input type="checkbox"/> THURS | <input type="checkbox"/> FRI | <input type="checkbox"/> SAT |

Check preferred shift(s): (You may be requested to work a weekend shift, even if not checked)

- | | | |
|---|---|---|
| <input type="checkbox"/> Short shifts (morning
and afternoons only, <u>no
short evening shifts</u>) | <input type="checkbox"/> Days (8-12 hr. shifts) | <input type="checkbox"/> 24 hours |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Nights with some sleep | <input type="checkbox"/> Nights with no sleep |
| | | <input type="checkbox"/> Weekdays |

Specialty Comfort Care Inc.

11940 SW Denny Rd. Beaverton, OR 97008 Phone: 503-747-3021

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or any other characteristics protected by any applicable law. Exclude from your application information which indicates your race, creed, color, sex, age, national origin, disability or other protected characteristics.

APPLICANT CONSENT TO DRUG TESTING & CRIMINAL BACKGROUND CHECK

I understand that a requirement for employment with Specialty Comfort Care Inc. is a successful passing of a criminal and abuse background check. I understand that Specialty Comfort Care Inc. will withdraw its offer of employment if I am disqualified due to my background check results.

By my signature below, I agree and consent to a criminal records and abuse check for employment at Specialty Comfort Care Inc. I understand that a criminal background check will be conducted through the Oregon Department of Human Services Criminal Background Check Unit online system and that I may be required to submit fingerprints obtained from an outside location within three working days if applicable. I understand that the criminal background check information that I provide must be true and accurate and that false or incomplete information may result in denial of employment or termination. I authorize the release of criminal background check results to Specialty Comfort Care Inc. and I release Specialty Comfort Care Inc. from any and all liability and claims incident to the background check and use of results.

By my signature below, I also hereby agree and consent to provide a urine sample at a facility designated by Specialty Comfort Care Inc. in the event of a work-related injury amongst myself and or the client. I agree and consent to have random samples tested for the presence of illegal drugs, legal drugs and other substances that might adversely affect job performance; I authorize the release of test results to Specialty Comfort Care Inc. for its use in evaluating me for employment; and I release Specialty Comfort Care Inc. from any and all liability and claims to such sample-taking, testing and use of test results.

I understand and agree that if I begin work prior to obtaining a final criminal background check, fitness determination or reviewed by Specialty Comfort Care Inc., I will be a temporary and contingent employee until I successfully pass the background check. I understand Specialty Comfort Care Inc.'s probationary period is in addition to, and independent of, the requirement that I successfully pass the background check.

Applicant Name-please print

Applicant Signature

Date