



Personal Assistant Application

UPON COMPLETING YOUR APPLICATION, PLEASE MAIL TO:
ADVOCATES FOR ACCESS
ATTN: PERSONAL ASSISTANT COORDINATOR
4450 N. PROSPECT RD., SUITE C8
PEORIA HEIGHTS, IL 61616

The following information is required when filling out your application:

1. Copy of driver's license/current photo ID
2. Copy of your social security card
3. Work History
4. Disclose criminal background

Advocates for Access's consumers are encouraged to complete criminal background checks for both county and state crimes. If you are unwilling to approve of a background check you will not be placed on our personal assistant list. By completing this application and interview process, you are agreeing to sign the background check forms when requested.

Qualifications:

1. You must be dependable and responsible
2. You must show respect for each individual
3. You must accept the person with the disability as your employer

Failure to meet these qualifications will result in removal from the referral list.

Duties may include but are not limited to:

1. Bathing/grooming/personal hygiene
2. Range of motion exercises
3. Bowel and bladder care
4. Transferring
5. Cooking/cleaning
6. Shopping, running errands, organizing and paying bills
7. Laundry

*Submission of this application does not guarantee the applicant being placed on the Personal Assistant Referral List. Within 30 days, the applicant should be notified with regards to an interview. Once tentatively selected, the applicant **MUST** attend an orientation class prior to being added to the Personal Assistant Referral List.*

Applicant; retain this copy.

The following is a copy of a form you will be asked to sign at the end of this application.
We will keep the signed copy in your file here at
Advocates for Access.

Please retain this copy for your records.

Statement of Certification & Authorization

Upon my acceptance into Advocates for Access's Personal Assistant Referral Program, I understand:

- q That Advocates for Access is not my employer and does not act as a reference for me.
- q That I will not be placed on the referral list until I have successfully completed the application and interview process, turned in copies of my social security card and driver's license or state ID and have completed orientation.
- q I will be removed from the referral list in the event that:
 - o Any information that I have given in this application is false or misleading.
 - o I have failed to give any information requested; regardless of the time elapsed after discovery.
 - o I fail to keep my records up-to-date with Advocates for Access staff.
 - o I fail to act in a respectful, responsible, dependable and courteous manner to agency staff and/or my employer.
- q If I am removed from the program or withdraw for any reason, my file will be kept for a period of one (1) year, then discarded. Should I want to return to the Referral Program, I must go through the normal hiring process.

Furthermore, I understand that any of the information on this application or other forms I am asked to fill out may be shared with Advocates for Access's consumers when they request Personal Assistant referral lists.

I authorize Advocates for Access to release my name and social security number to the Department of Human Services for quarterly reporting purposes.

If incomplete, your application will not be processed.

Applicant Copy

***After filling out the application, you will be asked to sign this form.
Please keep pages 1 & 2 for your records.***



Personal Assistant Application

Applicant Information

Application Date: _____

First Name Middle Last Name

Address Apt. #

City State Zip County

Previous Address (if less than 1 year at current address)

City State Zip County

Home Phone Work Phone Cell Phone

Alternate Phone Date of Birth Gender: Male Female

Social Security # Drivers License or State ID #

Have you ever been convicted of a crime other than a traffic ticket? Yes No

If yes, please explain: _____

I hereby authorize Advocates for Access to obtain a Criminal History Report on me:

Yes No

Signature Date



Personal Assistant Application

Employment History

List most recent employer first. Please feel free to attach a resume.

Please Remember to Print

1. Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Ph#: _____

Title/Job Duties: _____

From: ___/___/___ to: ___/___/___ Supervisor: _____

Reason for leaving: _____

2. Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Ph#: _____

Title/Job Duties: _____

From: ___/___/___ to: ___/___/___ Supervisor: _____

Reason for leaving: _____

3. Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Ph#: _____

Title/Job Duties: _____

From: ___/___/___ to: ___/___/___ Supervisor: _____

Reason for leaving: _____

Please explain any work experience related to being a Personal Assistant:



Consumer Preferences

In the area below, please note your preferences when working as a Personal Assistant

| | | | | |
|-------------------------------------------------------------|--------|--------|---------------|----------|
| Counties preferred: | Fulton | Peoria | Tazewell | Woodford |
| Are you interested in Private Pay: | | | Yes | No |
| Are you interested in being a Live-In P.A.: | | | Yes | No |
| Do you prefer to work with men or women: | Men | Women | No preference | |
| Are you willing to work as a substitute P.A.: | | | Yes | No |
| Do you smoke: | | | Yes | No |
| Are you willing to work with consumers who have pets: | | | Yes | No |
| Are you willing to work with children with disabilities: | | | Yes | No |
| Are you willing to work with consumers with AIDS or HIV: | | | Yes | No |
| Are you willing to work with consumers with Mental Illness: | | | Yes | No |
| Are you willing to work with a consumer who smokes: | | | Yes | No |
| Are you able to assist with transfers (lifting): | | | Yes | No |

Have you had any experience working with persons with specific disabilities?

Alzheimer's Autism Brain Injury Deaf/Hard of Hearing

Developmental Delays Hoyer Lift Mental Illness Physical Disabilities

Other (Please Explain) _____



Personal Assistant Application

Other

Certification: Bilingual _____ CPR CNA LPN

Other _____

Do you have any past experience as a P.A.: Yes No

How were you referred to Advocates for Access: _____

Have you applied for the P.A. program before: Yes No If yes, when: ___/___/___

Are you at least 16: Yes No If not, do you have a work permit: Yes No

What is your primary source of transportation:

Car Bus Friends Other _____

What days of the week are you available:

Mon Tues Wed Thurs Fri Sat Sun

What times are you available to work:

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

When is the best time to call you: _____



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STOP

Please take a moment to re-check your application. **Incomplete forms will not be accepted.**

Signature of Applicant

Date

**Mail completed form to: Advocates for Access
 Attn: Personal Assistant Coordinator
 4450 N. Prospect Rd. Suite C8
 Peoria Heights, IL 61616**

Our Personal Assistant Coordinator will review your application and contact you to discuss any opportunities for you.