

# BEE CARED4, LLC (“Company”) APPLICATION for EMPLOYMENT

POSITION APPLIED FOR: \_PCA (Personal Care Attendant)

PERSONAL DATA					
NAME	LAST	FIRST	M	DATE	HOME PHONE
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)				CELL PHONE #:	
PREFERRED METHOD OF CONTACT - CIRCLE ONE:  PHONE CALL / EMAIL / TEXT MESSAGE				CAN RECEIVE TEXTS? YES / NO	
MALE / FEMALE	DATE OF BIRTH			EMAIL	
VEHICLE (YEAR, MAKE)		DRIVER'S LICENSE # AND STATE ISSUED		FAX NUMBER	
EMERGENCY CONTACT		EMERGENCY CONTACT ADDRESS, PHONE			RELATIONSHIP

PLACEMENT INFORMATION						
DATE AVAILABLE TO START		IDEAL NUMBER OF HOURS PER WEEK			Are you available for overnight shifts?	
HOURS AVAILABLE TO WORK						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EDUCATION				
LIST BUSINESS SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES				
NAME OF SCHOOL	LOCATION	SUBJECT	DEGREE	YEARS

REFERENCES - 3 REQUIRED				
NAME	RELATIONSHIP	TELEPHONE NUMBER	EMAIL ADDRESS	YEARS
NAME	RELATIONSHIP	TELEPHONE NUMBER	EMAIL ADDRESS	YEARS
NAME	RELATIONSHIP	TELEPHONE NUMBER	EMAIL ADDRESS	YEARS

LICENSES AND CERTIFICATIONS	
NAME	EXPIRATION
NAME	EXPIRATION
NAME	EXPIRATION

EMPLOYMENT HISTORY – 5 YEARS		
PRESENT/LAST EMPLOYER	TELEPHONE NUMBER (   )	SUPERVISOR'S NAME
ADDRESS	POSITION TITLE	MAY WE CONTACT? CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES	DATES EMPLOYED ____/____ TO ____/____ MO   YR                      MO   YR	
STARTING PAY RATE AND TITLE	ENDING PAY RATE AND TITLE	
REASON FOR LEAVING		

NEXT PREVIOUS EMPLOYER	TELEPHONE NUMBER	SUPERVISOR'S NAME
ADDRESS	POSITION TITLE	MAY WE CONTACT? CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES		DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR
STARTING PAY RATE AND TITLE	ENDING PAY RATE AND TITLE	
REASON FOR LEAVING		

NEXT PREVIOUS EMPLOYER	TELEPHONE NUMBER ( )	SUPERVISOR'S NAME
ADDRESS	POSITION TITLE	MAY WE CONTACT? CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES		DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR
STARTING PAY RATE AND TITLE	ENDING PAY RATE AND TITLE	
REASON FOR LEAVING		

NEXT PREVIOUS EMPLOYER	TELEPHONE NUMBER ( )	SUPERVISOR'S NAME
ADDRESS	POSITION TITLE	MAY WE CONTACT? CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES		DATES EMPLOYED ____/____ TO ____/____ MO YR MO YR
STARTING PAY RATE AND TITLE	ENDING PAY RATE AND TITLE	
REASON FOR LEAVING		

NEXT PREVIOUS EMPLOYER	TELEPHONE NUMBER (    )	SUPERVISOR'S NAME  MAY WE CONTACT?
ADDRESS	POSITION TITLE	CURRENT OR END SALARY/WAGE
SUMMARY OF DUTIES		DATES EMPLOYED  ___/___ TO ___/___ MO YR    MO YR
STARTING PAY RATE AND TITLE	ENDING PAY RATE AND TITLE	
REASON FOR LEAVING		

**ADDITIONAL EMPLOYMENT NOTES:**

EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS
DESCRIBE ANY PERSONAL, VOLUNTEER OR WORK RELATED EXPERIENCES THAT WILL HELP YOU IN THIS POSITION

HAVE YOU HAD A TB SCREENING IN THE PAST YEAR?	YES / NO	TESTED POSITIVE / NEGATIVE
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES / NO	IF YES, PLEASE EXPLAIN THE CRIME AND DATE CONVICTED?
DO YOU HAVE A CLEAN DRIVING RECORD?	YES / NO	IF NO, PLEASE EXPLAIN?

**"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the Company has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."**

---

SIGNATURE

DATE

**Please email this form to: [tricia@becared4.com](mailto:tricia@becared4.com)**

**Alternatively you can fax the form to: (404)602-9530**

# Bee Cared4, LLC Employee Profile

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

## Biography

Smoker? Yes  No

Languages Spoken  English

Previous Cities or Towns of Residence \_\_\_\_\_

French

Schools or Universities Attended \_\_\_\_\_

German

Occupations \_\_\_\_\_

\_\_\_\_\_

Allergies? Yes  No  If yes please list \_\_\_\_\_

## Leisure Profile

LEISURE	HOBBIES	SPORTS	OTHER
<input type="checkbox"/> Birds <input type="checkbox"/> Board Games <input type="checkbox"/> Bridge <input type="checkbox"/> Cards <input type="checkbox"/> Cats <input type="checkbox"/> Crosswords <input type="checkbox"/> Dogs <input type="checkbox"/> History <input type="checkbox"/> Horses <input type="checkbox"/> Internet <input type="checkbox"/> Movies <input type="checkbox"/> Museums <input type="checkbox"/> Music <input type="checkbox"/> Newspaper <input type="checkbox"/> Painting <input type="checkbox"/> Poetry <input type="checkbox"/> Politics <input type="checkbox"/> Radio <input type="checkbox"/> Reading <input type="checkbox"/> Resting <input type="checkbox"/> Shopping <input type="checkbox"/> Television <input type="checkbox"/> Tropical Fish <input type="checkbox"/> Walking	<input type="checkbox"/> Antiques <input type="checkbox"/> Archaeology <input type="checkbox"/> Astronomy <input type="checkbox"/> Art <input type="checkbox"/> Camping <input type="checkbox"/> Coins <input type="checkbox"/> Collectables <input type="checkbox"/> Cooking <input type="checkbox"/> Dolls <input type="checkbox"/> Gardening <input type="checkbox"/> Ham Radio <input type="checkbox"/> Metal Working <input type="checkbox"/> Model Building <input type="checkbox"/> Nature <input type="checkbox"/> Puzzles <input type="checkbox"/> Rock Hound <input type="checkbox"/> Stamps <input type="checkbox"/> Trains <input type="checkbox"/> Travel <input type="checkbox"/> Woodworking  <input type="checkbox"/> Musical Instruments <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Boating <input type="checkbox"/> Bowling <input type="checkbox"/> Canoeing <input type="checkbox"/> Cross Country <input type="checkbox"/> Skiing <input type="checkbox"/> Curling <input type="checkbox"/> Darts <input type="checkbox"/> Diving <input type="checkbox"/> Downhill Skiing <input type="checkbox"/> Fishing <input type="checkbox"/> Formula 1 Racing <input type="checkbox"/> Golf <input type="checkbox"/> Hockey <input type="checkbox"/> Lawn Bowling <input type="checkbox"/> Nascar Racing <input type="checkbox"/> Rodeo <input type="checkbox"/> Sailing <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> _____ <input type="checkbox"/> _____	Places Traveled <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____  Other Interests <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

General Interests:

---



---

## Behavior Profile

---

Check all areas of client behavior that you have experience working with. Provide details of experience.

✓	BEHAVIOR	EXPERIENCE
	Addiction - Alcohol	
	Addition - Drugs	
	Aggressive - Physically	
	Aggressive - Verbally	
	Agitated	
	Apathetic	
	Cognitive Problems	
	Confused	
	Demanding	
	Depression	
	Disorder - Paranoid	
	Disorder - Schizophrenic	
	Eating Disorder	
	Extraverted/Introverted	
	Forgetful	
	Frail	
	Hallucinations	
	Hearing - Deaf	
	Hearing - Impaired	
	Illiterate	
	Incontinent	
	Insomnia	
	Kleptomaniac	
	Lonely	
	Mentally Challenged	
	Obsessive Compulsive	
	Pain	
	Seizures	
	Sexual Expression	
	Speech - Impediment	
	Speech - Mute	
	Suicidal	
	Violent	
	Vision - Blind	
	Vision - Impaired	
	Wanders	

# Home Services Profile

Check all areas of client "Home Services" that you have experience working with. Provide notes if required.

<input type="checkbox"/> <b>Light Housekeeping</b> Notes: _____ _____ _____	<input type="checkbox"/> Dusting <input type="checkbox"/> Vacuum <input type="checkbox"/> Damp Mop <input type="checkbox"/> Change Bedding <input type="checkbox"/> Bathroom <input type="checkbox"/> General Tidying <input type="checkbox"/> _____	<input type="checkbox"/> <b>Pet Care</b> Notes: _____ _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Fish <input type="checkbox"/> Other _____
<input type="checkbox"/> <b>Laundry</b> Notes: _____ _____	<input type="checkbox"/> Wash <input type="checkbox"/> Dry <input type="checkbox"/> Iron <input type="checkbox"/> Fold <input type="checkbox"/> Put Away	<input type="checkbox"/> <b>Basic Client Personal Care</b> Notes: _____ _____ _____ _____	<input type="checkbox"/> Medicine Reminder <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Hairdressing <input type="checkbox"/> Makeup <input type="checkbox"/> Washing <input type="checkbox"/> Shaving <input type="checkbox"/> Nail Care <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> <b>Meal Preparation</b> Notes: _____ _____ _____	<input type="checkbox"/> Meal Planning <input type="checkbox"/> Preparation <input type="checkbox"/> Cooking <input type="checkbox"/> Serving <input type="checkbox"/> Wash Dishes <input type="checkbox"/> Pre-Cooked Meals	<input type="checkbox"/> <b>Attendant</b> Notes: _____ _____	<input type="checkbox"/> Shopping <input type="checkbox"/> Appointments <input type="checkbox"/> Friends <input type="checkbox"/> Activities
<input type="checkbox"/> <b>Home Basics</b> Notes: _____ _____ _____	<input type="checkbox"/> Gardening <input type="checkbox"/> Lawn <input type="checkbox"/> Snow <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Other:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Notes:</b> _____ _____ _____ _____



## Experience Profile

---

Please check your experience working with clients that were assessed with any of the following:

### General Status:

**Allergies/Sensitivities**  Food  Environmental  Other \_\_\_\_\_

**Skin Conditions**  Bed Sores  Topical  Other \_\_\_\_\_

**Diabetese** Type \_\_\_\_\_ Control type:  Insulin  Oral hypoglycemic  Diet controlled

**Mental Disabilities**  Dementia  Alzheimers  Other \_\_\_\_\_

**Mobility:**  Bedridden  Assistance Required

**Limbs:**  Impairment  Tremor  Amputation  Prosthesis

**Assistive Devices:**  Mechanical Lifts  Walker  Cane  Crutches  Wheelchair  Hearing Aid  
 Prosthetics  Leg Brace  Neck Brace  Other \_\_\_\_\_

### Functional Status:

**Transferring:**  Assist  Total care

**Feeding:**  Assist  Total care

**Appetite:**  Fair  Poor

**Bathing:**  Assist  Bed

**Meal Prep:**  Assist  Total care

**Housework:**  Assist  Total care

**Toileting:**  Assist  Incontinent  Bladder  Bowel  Ostomy/Catheter

### Sensory Perception:

**Vision:**  Impaired  Blind  Contacts  Glasses

**Hearing:**  Impaired  Deaf  Hearing Aid

**Speech:**  Impaired  Aphasic  Language Spoken \_\_\_\_\_

**Literacy:**  Illiterate

**Pain:**  Acute  Chronic  Location \_\_\_\_\_

### Nutrition:

**Mouth:**  Partial  Dentures  No Teeth  Ulcers  Infection  Drooling

**Feeding:**  Supervision  Assistance  Total Feed  Choking Problem  Swallowing Problem

**Diet:**  Supervised  Strict  Supplements

### Notes:

---

---

The information contained within this document is not shared with any third parties. The information is used for matching employee skills with client needs and is kept in the employee's personnel file during employment. The Employee, by signing this document gives the employer consent to collect the information contained herein and use for the specified purpose. I certify that all information provided in this document is accurate and true to the best of my knowledge, and I understand that intentionally providing false information could result in disciplinary action or termination of employment.

Signed \_\_\_\_\_

Date \_\_\_\_\_

# Bee Cared4, LLC Employee Profile

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

## Biography

Smoker? Yes  No

Languages Spoken  English

Previous Cities or Towns of Residence \_\_\_\_\_

French

Schools or Universities Attended \_\_\_\_\_

German

Occupations \_\_\_\_\_

\_\_\_\_\_

Allergies? Yes  No  If yes please list \_\_\_\_\_

## Leisure Profile

LEISURE	HOBBIES	SPORTS	OTHER
<input type="checkbox"/> Birds <input type="checkbox"/> Board Games <input type="checkbox"/> Bridge <input type="checkbox"/> Cards <input type="checkbox"/> Cats <input type="checkbox"/> Crosswords <input type="checkbox"/> Dogs <input type="checkbox"/> History <input type="checkbox"/> Horses <input type="checkbox"/> Internet <input type="checkbox"/> Movies <input type="checkbox"/> Museums <input type="checkbox"/> Music <input type="checkbox"/> Newspaper <input type="checkbox"/> Painting <input type="checkbox"/> Poetry <input type="checkbox"/> Politics <input type="checkbox"/> Radio <input type="checkbox"/> Reading <input type="checkbox"/> Resting <input type="checkbox"/> Shopping <input type="checkbox"/> Television <input type="checkbox"/> Tropical Fish <input type="checkbox"/> Walking	<input type="checkbox"/> Antiques <input type="checkbox"/> Archaeology <input type="checkbox"/> Astronomy <input type="checkbox"/> Art <input type="checkbox"/> Camping <input type="checkbox"/> Coins <input type="checkbox"/> Collectables <input type="checkbox"/> Cooking <input type="checkbox"/> Dolls <input type="checkbox"/> Gardening <input type="checkbox"/> Ham Radio <input type="checkbox"/> Metal Working <input type="checkbox"/> Model Building <input type="checkbox"/> Nature <input type="checkbox"/> Puzzles <input type="checkbox"/> Rock Hound <input type="checkbox"/> Stamps <input type="checkbox"/> Trains <input type="checkbox"/> Travel <input type="checkbox"/> Woodworking  <input type="checkbox"/> Musical Instruments <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Boating <input type="checkbox"/> Bowling <input type="checkbox"/> Canoeing <input type="checkbox"/> Cross Country <input type="checkbox"/> Skiing <input type="checkbox"/> Curling <input type="checkbox"/> Darts <input type="checkbox"/> Diving <input type="checkbox"/> Downhill Skiing <input type="checkbox"/> Fishing <input type="checkbox"/> Formula 1 Racing <input type="checkbox"/> Golf <input type="checkbox"/> Hockey <input type="checkbox"/> Lawn Bowling <input type="checkbox"/> Nascar Racing <input type="checkbox"/> Rodeo <input type="checkbox"/> Sailing <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> _____ <input type="checkbox"/> _____	Places Traveled <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____  Other Interests <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

General Interests:

\_\_\_\_\_

\_\_\_\_\_

## Behavior Profile

---

Check all areas of client behavior that you have experience working with. Provide details of experience.

✓	BEHAVIOR	EXPERIENCE
	Addiction - Alcohol	
	Addition - Drugs	
	Aggressive - Physically	
	Aggressive - Verbally	
	Agitated	
	Apathetic	
	Cognitive Problems	
	Confused	
	Demanding	
	Depression	
	Disorder - Paranoid	
	Disorder - Schizophrenic	
	Eating Disorder	
	Extraverted/Introverted	
	Forgetful	
	Frail	
	Hallucinations	
	Hearing - Deaf	
	Hearing - Impaired	
	Illiterate	
	Incontinent	
	Insomnia	
	Kleptomaniac	
	Lonely	
	Mentally Challenged	
	Obsessive Compulsive	
	Pain	
	Seizures	
	Sexual Expression	
	Speech - Impediment	
	Speech - Mute	
	Suicidal	
	Violent	
	Vision - Blind	
	Vision - Impaired	
	Wanders	

# Home Services Profile

Check all areas of client "Home Services" that you have experience working with. Provide notes if required.

<input type="checkbox"/> <b>Light Housekeeping</b> Notes: _____ _____ _____	<input type="checkbox"/> Dusting <input type="checkbox"/> Vacuum <input type="checkbox"/> Damp Mop <input type="checkbox"/> Change Bedding <input type="checkbox"/> Bathroom <input type="checkbox"/> General Tidying <input type="checkbox"/> _____	<input type="checkbox"/> <b>Pet Care</b> Notes: _____ _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Fish <input type="checkbox"/> Other _____
<input type="checkbox"/> <b>Laundry</b> Notes: _____ _____	<input type="checkbox"/> Wash <input type="checkbox"/> Dry <input type="checkbox"/> Iron <input type="checkbox"/> Fold <input type="checkbox"/> Put Away	<input type="checkbox"/> <b>Basic Client Personal Care</b> Notes: _____ _____ _____ _____	<input type="checkbox"/> Medicine Reminder <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Hairdressing <input type="checkbox"/> Makeup <input type="checkbox"/> Washing <input type="checkbox"/> Shaving <input type="checkbox"/> Nail Care <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> <b>Meal Preparation</b> Notes: _____ _____ _____	<input type="checkbox"/> Meal Planning <input type="checkbox"/> Preparation <input type="checkbox"/> Cooking <input type="checkbox"/> Serving <input type="checkbox"/> Wash Dishes <input type="checkbox"/> Pre-Cooked Meals	<input type="checkbox"/> <b>Attendant</b> Notes: _____ _____	<input type="checkbox"/> Shopping <input type="checkbox"/> Appointments <input type="checkbox"/> Friends <input type="checkbox"/> Activities
<input type="checkbox"/> <b>Home Basics</b> Notes: _____ _____ _____	<input type="checkbox"/> Gardening <input type="checkbox"/> Lawn <input type="checkbox"/> Snow <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Other:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Notes:</b> _____ _____ _____ _____

## Experience Profile

---

Please check your experience working with clients that were assessed with any of the following:

### General Status:

**Allergies/Sensitivities**  Food  Environmental  Other \_\_\_\_\_

**Skin Conditions**  Bed Sores  Topical  Other \_\_\_\_\_

**Diabetese** Type \_\_\_\_\_ Control type:  Insulin  Oral hypoglycemic  Diet controlled

**Mental Disabilities**  Dementia  Alzheimers  Other \_\_\_\_\_

**Mobility:**  Bedridden  Assistance Required

**Limbs:**  Impairment  Tremor  Amputation  Prosthesis

**Assistive Devices:**  Mechanical Lifts  Walker  Cane  Crutches  Wheelchair  Hearing Aid  
 Prosthetics  Leg Brace  Neck Brace  Other \_\_\_\_\_

### Functional Status:

**Transferring:**  Assist  Total care

**Feeding:**  Assist  Total care

**Appetite:**  Fair  Poor

**Bathing:**  Assist  Bed

**Meal Prep:**  Assist  Total care

**Housework:**  Assist  Total care

**Toiletting:**  Assist  Incontinent  Bladder  Bowel  Ostomy/Catheter

### Sensory Perception:

**Vision:**  Impaired  Blind  Contacts  Glasses

**Hearing:**  Impaired  Deaf  Hearing Aid

**Speech:**  Impaired  Aphasic  Language Spoken \_\_\_\_\_

**Literacy:**  Illiterate

**Pain:**  Acute  Chronic  Location \_\_\_\_\_

### Nutrition:

**Mouth:**  Partial  Dentures  No Teeth  Ulcers  Infection  Drooling

**Feeding:**  Supervision  Assistance  Total Feed  Choking Problem  Swallowing Problem

**Diet:**  Supervised  Strict  Supplements

### Notes:

---

---

The information contained within this document is not shared with any third parties. The information is used for matching employee skills with client needs and is kept in the employee's personnel file during employment. The Employee, by signing this document gives the employer consent to collect the information contained herein and use for the specified purpose. I certify that all information provided in this document is accurate and true to the best of my knowledge, and I understand that intentionally providing false information could result in disciplinary action or termination of employment.

Signed \_\_\_\_\_

Date \_\_\_\_\_