

SINAI FAMILY HOME SERVICES

PRE-EMPLOYMENT QUESTIONNAIRE

Thank you for applying with us! These questions are designed to help you determine whether Sinai Family Home Services is the right place for you. Please answer the questions and return to the front desk.

Name: _____ Today's Date: _____

Please circle "yes" or "no", as it applies to your circumstances, and fill in the details:

- I am at least 18 years of age. **YES NO**
- I am eligible for employment in the United States. **YES NO**
- I have had recent experience providing supportive services to seniors. **YES NO**
EXPLAIN: _____
- I have a valid driver's license, and my driving record will show less than 3 moving violations and no DUI. **YES NO**
- I have an automobile that I can use for work, and I have automobile insurance. **YES NO**
- I am available to work **one shift per weekend**: _____ Friday night _____ Saturday day _____ Saturday night _____ Sunday day _____ Sunday night (check all that you can work) **YES NO**
- I can lift at least 50 pounds with no restrictions. **YES NO**
- I am eligible to work with vulnerable adults (NO CRIMINAL HISTORY) **YES NO**

NOTE: If you cannot answer "yes" to all of the above questions, stop here and return to the receptionist. Otherwise, answer the questions below.

1. I am looking for: _____ full time (40+ hours) / _____ part time , about _____ hours
2. Check the days and/or nights you are **available to work**:

	DAYS	NIGHTS
SATURDAY		
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

3. I am available: _____ now / I could start on the (date): _____
4. I have a current CPR card. **YES NO**
5. I have nurse delegation training. **YES NO**

6. I have a current license as a: **C.N.A. CMA. other none**

7. Please indicate if you have the following restrictions by checking next to the item:

- a. **No Pets**
- b. **No Smokers**
- c. **No Men**
- d. **No Women**
- e. **No Lifting**
- f. **Client cannot ride in my car**

Other information you would like to share:



Sinai Family Home Services

7412 SW Beaverton Hillsdale Highway, Suite 106
 Portland OR, 97225
 503-542-0088
 503-542-0077 Fax

Prospective employees will receive consideration without discrimination due to race, creed, color, sex, age, national origin, handicap or any other characteristic protected by any applicable law.

APPLICATION FOR EMPLOYMENT

Name, Last	First	MI	Date
Street Address			Home Phone:
City	State	Zip	Cell Phone:
Where did you hear about us?			Business Phone:
Email address:			
Have you ever applied for employment with us? If yes month and year:	Other names used during employment?		Are you over 18 years of age? If hired, you may need to show proof of age.
Position desired:		Are you eligible for employment in the United States?	
Are you available for: ___ Full time ___ Part-Time Shift preferred: ___ Day ___ Evening ___ Night We will attempt to reasonably accommodate employees who require certain hours or days off because of their religious practices or beliefs.		When will you be available to begin work?	
Other special training or skills:		Current CPR? ___yes ___no Expiration Date:	
Professional license # : Expiration Date:		How many days were you absent from your most recent job in the last year? (exclude vacations)	
Are you related to or residing with anyone presently employed by us? ___yes ___no If yes give a name:		Have you ever been convicted of a felony or crime? i.e. abuse, theft, substance abuse: Conviction of a crime will not necessarily disqualify you from employment. Factors such as age of the offense, the seriousness and nature of the violation, and rehabilitation will be taken into consideration.	

EDUCATION

Please list all educational 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 of School	Course of Study	No. of Years	Degree or Diploma
High School				
College				
Other (including Advanced Degrees or Certifications)				

EMPLOYMENT EXPERIENCE and/or REFERENCES

Start with your present or last job. Include military service assignments and volunteer activities

1 Employer	Dates Employed		Job responsibilities
Street	From	To	
City State Zip			
Job title Telephone	Hourly Rate/ Salary		
Supervisor	Start	Final	
Reason for leaving			
2 Employer	Dates Employed		Job responsibilities
Street	From	To	
City State Zip			
Job title Telephone	Hourly Rate/ Salary		
Supervisor	Start	Final	
Reason for leaving			
3 Employer	Dates Employed		Job responsibilities
Street	From	To	
City State Zip			
Job title Telephone	Hourly Rate/ Salary		
Supervisor	Start	Final	
Reason for leaving			

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 Sinai Family Home Services deems relevant to my qualifications for employment, including all statements contained in this application and I release from all liability any persons or employees supplying such information. I release Sinai Family Home Services 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 discipline up to and including termination.

Signature _____ Date _____

SINAI FAMILY HOME SERVICES CAREGIVER ASSESSMENT

NAME _____

DATE _____

TRUE/FALSE

CIRCLE EITHER TRUE, FALSE, OR I DON'T KNOW

REMEMBER: It is okay if you do not know the answer to a question, just try and answer to the best of your knowledge. This is just so we can see where you are at and what type of training needs to take place.

1. TRUE FALSE I DON'T KNOW To help support a client's independence, be patient and allow the client plenty of time to do as much as he or she can
2. TRUE FALSE I DON'T KNOW A client gives up freedom to choose his or her own daily routine when needing care
3. TRUE FALSE I DON'T KNOW By law, you are a mandatory reporter of suspected abuse of any vulnerable adult
4. TRUE FALSE I DON'T KNOW Your hidden biases influence how you provide personal care to a client
5. TRUE FALSE I DON'T KNOW Follow up periodically with a client to make sure care tasks are still being done the way he or she wants them to be
6. TRUE FALSE I DON'T KNOW Document exactly what the client tells you about a change in his or her condition

MULTIPLE CHOICE

CIRCLE THE LETTER NEXT TO THE CORRECT ANSWER

7. You suspect a vulnerable adult has been sexually assaulted. You must report it:
 - a. After you have more proof
 - b. Only if you are comfortable calling
 - c. To Sinai Family Home Services who will contact the police and the DHS abuse hotline

8. Mrs. Purdy has dementia and lives at home. You find out that her husband is tying her to a chair to keep her from wandering. Why is this a problem?
 - a. It is not a problem
 - b. It is an illegal restraint and considered abuse
 - c. The family can do whatever they want

9. Mr. Jones needs extensive care and has been left alone without care for several days. This is a sign of what type of abuse?
 - a. Sexual Abuse
 - b. Financial Exploitation
 - c. Abandonment

10. Your legal responsibility for reporting abuse begins as soon as you:
 - a. Suspect abuse has happened
 - b. Have informed your supervisor
 - c. Get the client to admit it happened

11. A client asks you to do a self-directed care task, you must:
 - a. Make sure you are trained before doing it
 - b. Explain to the client that a family member must do the task
 - c. Always talk with the client's Doctor before doing it

12. An ambulance arrives at a boarding home to take Mrs. Carroll to the hospital. Another client rushes over and wants to know what is wrong. What do you tell her?
 - a. As much information as you know
 - b. That the information is confidential
 - c. You do not know what has happened

13. A client living in an adult family home or boarding home has a legal right to refuse treatment, care, or medications:
 - a. Anytime he or she wants to
 - b. As long as it does not put his or her life in danger
 - c. If it does not impact the care of other clients

14. Mrs. Gomez walks into another client's room uninvited and refuses to leave. What do you do?
 - a. Lock her in her room for a few hours
 - b. Block her from entering other people's rooms
 - c. Try and find out what is causing the behavior

15. Mrs. Dooley tells you her grandson has been taking her money without her permission. What must you do?
 - a. Report it to Sinai Family Home Services office staff
 - b. Talk to her grandson about it
 - c. Call the bank to see if it is true

16. As a caregiver, respect the clients right and need for privacy:
 - a. Whenever the time permits
 - b. Each time you provide care
 - c. If it is written in the care plan

17. You are concerned Mr. Finnie is about to do something that puts his safety at risk. What should you do?
 - a. Nothing. It is his right to do what he wants
 - b. Explain your concerns and offer a safer alternative
 - c. Find a way to pressure him into not doing it