

JOB DESCRIPTION

POSITION TITLE: Direct Care Worker

CLASSIFICATION: Non-Exempt

REPORTS TO: RN &/or In-Home Administrative Assistant

SUMMARY: Provides Personal Care/Chore Service to elderly clients.

POSITION RESPONSIBILITIES:

- 1) Provide service to assigned client(s) strictly following the care plan developed by the R.N.
- 2) Keep daily records of hours worked and services performed. Forms must be signed by the client or their representative at the time of service.
- 3) Submit required reports to supervisor on the scheduled due date. Reports not submitted by due date will not be paid until the next scheduled payroll.
- 4) Attend annual training as required by the Agency and the WV Department of Health and Human Resources.
- 5) Report changes in the client's condition or problems encountered to the R.N. or the administrative assistant. Notify the R.N. or the administrative assistant of any hospital admission.
- 6) Notify the R.N. or administrative assistant immediately if unable to work due to illness, etc.
- 7) Submit mileage reports on approved "Travel Expense Report" forms (client to client only) with semi-monthly reports. Travel **must** be pre-approved by supervisor.
- 8) Maintain confidentiality of client information. **PER HIPPA GUIDELINES.**
- 9) Follow OSHA/Universal Precaution Guidelines.

HARRISON COUNTY SENIOR CITIZEN'S CENTER INC.

Employment Application

APPLICANT INFORMATION									
Last Name		First		M.I.	Date				
Street Address					Apartment/Unit #				
City				State			ZIP		
Phone				E-mail Address					
Position Applied for				Date Available			Desired Salary		
Days and Shifts Availability									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Are you under 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Can you perform all of the job functions required for the position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
IN-HOME CAREGIVERS ONLY - Do you have a valid driver's license, reliable transportation and vehicle insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
EDUCATION									
High School				City, State					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				City, State					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				City, State					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES									
<i>Please list two professional or work-related references.</i>									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
MILITARY SERVICE (IF APPLICABLE)									
Branch					From	To			
Rank at Discharge									

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
AT-WILL EMPLOYMENT STATEMENT			
Just as an employee who works for HCSCC has the right to quit employment at any time, HCSCC reserves the right to terminate an employee without notice or statement of reason at any time. All employees are AT-WILL EMPLOYEES.			
BACKGROUND CHECK STATEMENT			
All employees of Harrison County Senior Citizen's Center, Inc. must complete a WV CARES background check. This background check is paid for by Harrison County Senior Citizen's Center, Inc. If applicant has been convicted of a misdemeanor or felony, he or she may need to apply for a variance to be eligible for employment. Sample paperwork required for the background check is available for viewing prior to submitting an application.			
EEOC STATEMENT			
Harrison County Senior Citizen's Center, Inc. is an equal opportunity employer. EEO law protects employees and job applicants from discrimination on the bases of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, or other non-merit based factors.			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date