

77 N. 129th Infantry Dr.
Joliet, IL 60435
Hours 8:30 a.m. - 5:00 p.m.
Monday - Friday
A 501(c)3 organization



Phone: 815-729-0162
TTY: 815-729-2085
VP/VRS: 815-768-2582
Fax: 815-729-3697
Website: www.drcjoliet.org



A Center for Independent Living

Personal Assistant Application

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____ County: _____

Phone: (_____) _____ Date of Birth: _____

(Your name, city, phone number, and profile are disclosed to consumers. Your address is confidential)

Are you currently looking for employment? Y / N Are you CPR Certified? Y / N

Prefer to work with: Male: ____ Female: ____ Are you willing to be a backup Personal Assistant? Y / N

Availability: Weekday: _____ Saturday: _____ Sunday: _____

Do you have dependable transportation? _____ Languages Spoken: _____

What type of work are you interested in doing? Personal Care: ____ Homemaking: ____ Errands: ____

Are there specific types of work you are NOT interested in doing? _____

Would you consent to having a criminal background check? Y / N **(If NO, please explain):**

We have the right to remove your name from the personal assistant registry if you are involved in any illegal activity, being reported by the consumer that you did not notify them that you were unable to report to work, and if phone number(s) are disconnected. Personal assistants can be removed from the registry at the Center's discretion without notice. All personal assistant applicants are expected to be respectable and courteous throughout the entire application process and while your name is on the P.A. registry. If not, your name will be removed from the registry.

I, the undersigned, acknowledge that all information I have given freely in this Personal Assistant application is true and correct.

Signature of Applicant

Date

Staff use: Reviewed by:

Date:

PERSONAL ASSISTANT RESUME

Personal Assistant: _____

PERSONAL REFERENCES

Name: _____ Relationship: _____

Phone: _____ Years Known: _____

Name: _____ Relationship: _____

Phone: _____ Years Known: _____

Name: _____ Relationship: _____

Phone: _____ Years Known: _____

EDUCATION

High School: _____ Vocational/Technical: _____

College: _____ Graduate Studies: _____

EMPLOYMENT HISTORY

Dates: _____ Company: _____ Title: _____

Duties: _____

Dates: _____ Company: _____ Title: _____

Duties: _____

Dates: _____ Company: _____ Title: _____

Duties: _____

Dates: _____ Company: _____ Title: _____

Duties: _____

Resume provided to consumers upon request

PERSONAL ASSISTANT TRAINING

INTAKE FORM

Last Name _____ First Name _____ Middle _____

Street Address _____

City _____ State _____ Zip _____

Phone (Primary) _____ Phone (Secondary) _____

Email _____

Gender _____ Do you smoke? Yes _____ No _____

Are you willing to work for? Males _____ Females _____ Both _____

Are you willing to be an emergency or back-up PA? Yes _____ No _____

Do you have reliable transportation? Yes _____ No _____

What day(s) are you available to work? (Check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What counties/areas are you willing to work in?

What tasks are you willing to perform? (Check all that apply)

Bladder/Bowel care	Bathing	Grooming	Dressing	Shopping
Laundry	Appointment Assistance	Household Management	Hoyer/Lift	Glucose Monitoring
Catheterization	Dressing Wounds	Eating	Transferring	Telephoning
Housework	Meal Preparation	Supervision	Registering Vitals	

Are you a CNA? Yes ___ No ___

What other Skills or Certifications do you have (including languages)?

Do you have any work restrictions? (lifting, allergies, etc.) Yes ___ No ___

If yes, please explain:

Can you work with dogs? Yes ___ No ___ Can you work with cats? Yes ___ No ___

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Disability Resource Center Personal Assistant Referral Agreement

Regarding Civil and Criminal History:

Disability Resource Center (DRC) requirements for Personal Assistant (PA) include: **RELIABILITY, CONFIDENTIALITY, RESPONSIBILITY, AND WILLINGNESS TO WORK FOR A PERSON WITH A DISABILITY.**

DRC strongly encourages consumers to use the Dept. of Human Services/ Division of Rehab Services (DRS) "Mind your Business" background check opportunity, which is free to all DRS customers.

Illinois Department of Human Services
Division of Rehabilitation Services
1617 W. Jefferson St.
Joliet, Il 60435

Personal Assistants are required to be drug-free and alcohol free while working for DRC consumers.

Should criminal convictions or ongoing behavior indicating risk of abuse, neglect, exploitation, theft or other endangerment of consumers be discovered by or reported to DRC, the result will be non-placement or removal from the DRC Personal Assistant Registry. Any PA removed from the registry will be notified in writing by the Program Manager. PAs involved in any criminal activities while performing their duties as a P.A. will be reported to the appropriate law enforcement agency.

I, _____, have read and understand the Disability Resource Center requirements and responsibilities for Personal Assistants. I agree to be drug-free and alcohol free while performing my duties as a Personal Assistant. I further agree to refrain from engaging in any illegal activities and any activity that creates a risk of abuse, neglect, exploitation, or endangerment to any DRC consumer at any time.

I understand that as a PA, I am NOT an employee of DRC. However, DRC, may at any time and for any reason remove my name from the DRC Personal Assistant registry and terminate its association with me. Furthermore, I hereby release DRC, its employees, and any DRC consumer employing me as a PA from any liability associated with my employment and duties as a Personal Assistant.

Personal Assistant Signature

Date

Personal Assistant Coordinator

Date

Executive Director

Date