



HOME CARE AIDE SKILLS CHECKLIST

NAME: _____ SS#: _____ DATE: _____

In order to be able to better place you in the appropriate health care setting, Shay Health Care Services/Shay Nursing Services, Inc. asks that you fill in the information below. This will assist the nursing department in assigning you to the cases that best fit your skills.

Please check the type of clients that you have had experience with:	Please indicate the number of years experience in each setting below.
<input type="checkbox"/> care of newborns <input type="checkbox"/> care of toddlers <input type="checkbox"/> care of handicapped children <input type="checkbox"/> care of handicapped adults <input type="checkbox"/> care of Alzheimer's clients <input type="checkbox"/> care of AIDS clients <input type="checkbox"/> care of terminally ill clients <input type="checkbox"/> care of quadriplegic clients <input type="checkbox"/> care of paraplegic clients <input type="checkbox"/> care of geriatric clients <input type="checkbox"/> other, please explain	<input type="checkbox"/> Hospital <input type="checkbox"/> Retirement Home <input type="checkbox"/> Client's Home <input type="checkbox"/> Day Care Center <input type="checkbox"/> Nursing Home <input type="checkbox"/> State Facility <input type="checkbox"/> Other

SKILLS CHECKLIST

Please check each skill area below using the following number system to indicate your experience:

1 = Independent (requires no instruction) **2** = Have had experience, but needs instruction **3** = No experience

- Safe transfer technique and positioning of clients:

<input type="checkbox"/> in bed	<input type="checkbox"/> into wheelchair	<input type="checkbox"/> ambulation
<input type="checkbox"/> hover lift	<input type="checkbox"/> with walker	<input type="checkbox"/> cane
- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Personal Care</p> <input type="checkbox"/> oral care
<input type="checkbox"/> blood pressure
<input type="checkbox"/> respirations
<input type="checkbox"/> temperature
<input type="checkbox"/> use bed pan
<input type="checkbox"/> shower or bath
<input type="checkbox"/> infection control
<input type="checkbox"/> show respect
<input type="checkbox"/> nail/skin care
<input type="checkbox"/> pulse
<input type="checkbox"/> charting
<input type="checkbox"/> CPR
<input type="checkbox"/> help with medicine
<input type="checkbox"/> report problems
<input type="checkbox"/> help get dressed | <p>Household</p> <input type="checkbox"/> shopping
<input type="checkbox"/> bed making
<input type="checkbox"/> keep area safe
<input type="checkbox"/> errands
<input type="checkbox"/> handle client money
<input type="checkbox"/> handle receipts
<input type="checkbox"/> home maintenance
<input type="checkbox"/> vacuum
<input type="checkbox"/> laundry
<input type="checkbox"/> dust
<input type="checkbox"/> fix meals
<input type="checkbox"/> fix special diets
<input type="checkbox"/> meal planning
<input type="checkbox"/> assist with eating |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

APPLICANT SIGNATURE _____

DATE _____



HOME CARE AIDE APPLICANT CHECKLIST

Thank you for your interest in employment at Shay Health Care Services. We have developed this checklist to assist you in preparing for the next step in the application process and to streamline the application process.

After you complete the application packet the next step is to come into the office Mon – Thurs 9am – 2pm with your completed application and the below listed documents to:

**Shay Health Care Services, Inc.
5730 W. 159th. St.
Oak Forest, IL 60452
The Shay Career Hotline is: 708-535-4309**

We ask that you please come as prepared as possible and provide the following:

- o High School Diploma or GED
- o If driving: A valid Drivers License
- o Proof of current Auto Insurance Coverage

These documents must be original. Copies will not be accepted.

Please come appropriately dressed as though you would be working. We also ask you not to wear perfume or cologne.

We look forward to meeting you!

SHAY Health Care Services/SHAY Nursing Services is an equal opportunity employer (EOE)