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.

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

**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

1. Safe transfer technique and positioning of clients:
   - ____ in bed  ____ into wheelchair  ____ ambulation
   - ____ hover lift  ____ with walker  ____ cane

2. **Personal Care**
   - ____ oral care
   - ____ blood pressure
   - ____ respirations
   - ____ temperature
   - ____ use bed pan
   - ____ shower or bath
   - ____ infection control
   - ____ show respect
   - ____ nail/skin care
   - ____ pulse
   - ____ charting
   - ____ CPR
   - ____ help with medicine
   - ____ report problems
   - ____ help get dressed

   **Household**
   - ____ shopping
   - ____ bed making
   - ____ keep area safe
   - ____ errands
   - ____ handle client money
   - ____ handle receipts
   - ____ home maintenance
   - ____ vacuum
   - ____ laundry
   - ____ dust
   - ____ fix meals
   - ____ fix special diets
   - ____ meal planning
   - ____ assist with eating

---

`APPLICANT SIGNATURE`  
[Signature]

`DATE`  
[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:

- High School Diploma or GED
- If driving: A valid Drivers License
- 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)