



**Thank you for showing interest in working as a Personal Assistant (often referred to as a PA).**

Personal Assistants play an important role for individuals with disabilities requiring assistance with activities of daily living and because of the nature of the work, only individuals who can demonstrate a proven record of honesty, dependability, and trust will be placed on LIFE CIL's Personal Assistant Referral List(s).

Attached please find the Personal Assistant application you requested. Please complete the form and return it to our office so that we can begin processing your information. There are several steps to this process before you can be placed onto our Referral List(s).

1. Complete the attached application. Leave nothing blank! Return it to the office.
2. You will be given a date of the next mandatory orientation. If you cannot attend, please contact me.
3. If you are unable to attend the first orientation you are invited to, you will be invited again. If you are unable to attend that orientation, your application will be closed. Should you wish to pursue the program again, you will need to reapply.
4. The orientation lasts 1-3 hours.
5. You must pick up the PA Orientation Manual before attending the orientation.
6. After you attend the orientation, your information is added to the PA Referral List(s) and the Statewide Registry. A welcoming letter and a Certificate of Completion of the PA Orientation are sent to you after orientation.
7. It is **YOUR** responsibility to update your information quarterly. **THIS IS MANDATORY!** If you fail to update your information quarterly, your name will be removed from the list. To get back on the list, you must complete an update form at the office. If your name is removed a second time because you did not update, you will be removed from the list and will have to reapply if you ever want to be on the list again. This does not mean you cannot work as a PA; it simply means you will not be on our Referral List(s).

Our lists go to several agencies and any consumers that ask for referrals.

The more accurate and complete information provided on your application, the more likely you will receive future calls for interviews that could lead to employment.

Thank you,

*Melissa Johnson*

**Melissa Johnson, Community Living Advocate**

**Phone: (815) 844-1132**

**Email: [melissa@lifecil.org](mailto:melissa@lifecil.org)**

**\*\*Keep this page for future reference. Complete the attached and return to LIFE CIL. \*\***

Please print or type information legibly. ALL information MUST be completed, no blanks.

**PERSONAL INFORMATION:**

Name (Last, First, Middle Initial): \_\_\_\_\_

Former Name(s): \_\_\_\_\_ Gender:  Male  Female  Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Ethnicity:  American Indian/Native American  Asian/Pacific Islander  
 Black or African American  Hispanic/Latino  White  Two or More Races

Reliable transportation?  Own vehicle  Public Transportation  Other: \_\_\_\_\_

Gender(s) willing to work for:  Male  Female  Both

Fluent Language(s)?  English  Spanish  ASL (American Sign Language)  Other: \_\_\_\_\_

Have you previously worked as a PA?  Yes  No Are you a:  CNA  LPN  RN

Willing to be an emergency or backup PA?  Yes  No Notice Needed: \_\_\_\_\_ hrs.

Willing to work holidays?  Yes  No

Do you smoke?  Yes  No Can you work for someone who smokes?  Yes  No

Could you work for someone who has dogs?  Yes  No Who has cats?  Yes  No

Do you have any allergies?  Yes  No If yes, please list those allergies: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**AVAILABILITY: Circle all ranges of time you are available and willing to work each day:**

<b>Sundays:</b>	6 a.m.-12 noon	12 noon-6 p.m.	6 p.m.-12 midnight	12 midnight-6 a.m.
<b>Mondays:</b>	6 a.m.-12 noon	12 noon-6 p.m.	6 p.m.-12 midnight	12 midnight-6 a.m.
<b>Tuesdays:</b>	6 a.m.-12 noon	12 noon-6 p.m.	6 p.m.-12 midnight	12 midnight-6 a.m.
<b>Wednesdays:</b>	6 a.m.-12 noon	12 noon-6 p.m.	6 p.m.-12 midnight	12 midnight-6 a.m.
<b>Thursdays:</b>	6 a.m.-12 noon	12 noon-6 p.m.	6 p.m.-12 midnight	12 midnight-6 a.m.
<b>Fridays:</b>	6 a.m.-12 noon	12 noon-6 p.m.	6 p.m.-12 midnight	12 midnight-6 a.m.
<b>Saturdays:</b>	6 a.m.-12 noon	12 noon-6 p.m.	6 p.m.-12 midnight	12 midnight-6 a.m.

**PA SERVICES/TASKS:** Please mark all services you are willing to assist with:

- Bladder/Bowel    Bathing    Grooming    Dressing    Shopping    Laundry  
 Assist at Appointments    Household Management    Hoyer    Glucose Monitoring  
 Catheter Care    Dressing Wounds    Eating    Transferring    Housework  
 Telephoning    Meal Preparation    Supervision    Register Vitals  
 Range of Motion (ROM) Exercises    Medication Assistance    Turning in Bed

Could you work for someone who requires lifting?  Yes    No

List equipment and specialized services you are trained on. \_\_\_\_\_

**SERVICE AREA:** Please mark the cities/towns/counties you are willing to work in:

- DeWitt County:**    ALL of DeWitt County    Birkbeck    Clinton    DeWitt  
 Farmer City    Fullerton    Hallsville    Kenney    Lane    Midland City  
 Ospur    Parnell    Rowell    Wapella    Waynesville    Weldon

- Ford County:**    ALL of Ford County    Cabery    Clarence    Elliott    Garber  
 Gibson City    Guthrie    Harpster    Kempton    Melvin    Paxton  
 Perdueville    Piper City    Proctor    Roberts    Sibley

- Livingston County:**    ALL of Livingston County    Ancona    Blackstone    Campus  
 Chatsworth    Cornell    Cullom    Dwight    Emington    Fairbury  
 Flanagan    Forrest    Graymont    Long Point    Odell    Pontiac  
 Reddick    Saunemin    South Streator    Strawn

- McLean County:**    ALL of McLean County    Anchor    Arrowsmith    Barnes  
 Bellflower    Bentown    Bloomington    Carlock    Chenoa    Clarksville  
 Colfax    Cooksville    Covell    Cropsey    Danvers    Downs  
 Ellsworth    Fletcher    Funks Grove    Gillum    Glen Avon    Gridley  
 Heyworth    Holder    Hudson    Kerrick    LeRoy    Lexington    McLean  
 Meadows    Merna    Normal    Randolph    Sabrina    Saybrook    Shirley  
 Stanford    Towanda    Weedman    Weston    Yuton

How did you learn about becoming a PA? \_\_\_\_\_

**PA DRIVER INFORMATION: Optional**

There is sometimes a need for a PA Driver. This is a person that will drive someone to different functions when needed. This is not connected with the DRS Home Services Program. It is usually a matter of an individual needing the transportation and/or a business/agency needing a driver. Each job is very individual. Location, hours, and rate of pay is negotiable, but all should be explained upfront before you accept the job. If this is something you wish to do, please complete this section.

You **MUST** provide a copy of your driver's license and proof of insurance before you can be added to the PA Driver Referral Lists. It is then your responsibility to always keep an updated copy of both in the office or you will be removed from the PA Drivers List upon expiration of either.

**Driver's License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Auto Insurance Company:** \_\_\_\_\_

**Auto Policy Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**RELEASE OF INFORMATION WAIVER**

**Read carefully and sign to be considered for placement on LIFE CIL's PA Referral Lists.**

I authorize LIFE Center for Independent Living (LIFE CIL) to release information provided on this application to consumers of LIFE CIL's Personal Assistant Program for the specific purpose of considering me for employment. For the privacy and confidentiality of the PA, LIFE CIL will not make copies or redistribute the signed application.

I understand that this application and any initial interview/orientation does not guarantee that I will be selected to participate in the Personal Assistant Program or that I will be hired as a Personal Assistant. I understand that if I am hired as a Personal Assistant, I will **NOT** be an employee of LIFE CIL. If I am hired as a Personal Assistant, I understand the consumer hiring me is my employer.

I understand that falsifying any information on this application will result in my not being considered for LIFE CIL's Personal Assistant Program. Therefore, the information I have supplied on this is true to the best of my knowledge. I am also aware that reference checks may be performed to corroborate the information I have supplied.

I understand that yelling, cursing, or being disrespectful to LIFE CIL staff at any time will prevent me from participating in the Personal Assistant Program.

I also understand that if I am eligible to participate in LIFE CIL's Personal Assistant Program, I must attend and be on time for at least one **MANDATORY** Personal Assistant Program Orientation session and adhere to **MANDATORY** information updates.

I have freely completed this application. The information given to LIFE CIL is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed