



PILLAR HOME & HEALTH CARE, L.L.C

FACE TO FACE INTERVIEW QUESTIONS

1. Can you describe what you think a care worker does and what type of people or groups you might work with?
2. Can you provide an example of how you have contributed to effective team working?
3. Can you describe a stressful experience you have had and explain how you coped with it?
4. If you were delivering personal support to someone, how would you maintain their dignity and respect?
5. Safeguarding is an Important and topical issue. When going into someone's home, how would you know they are safe and health? If you felt concerned, what would you do?

Employee Signature Date

Administrator Signature Date



PILLAR HOME & HEALTH CARE, L.L.C
PersonalAssistant Checklist

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

- A. Independent (requires no instructions)**
- B. Have had the experience but needs instructions**
- C. No experience**

1. Safe transfer and positioning of clients:

----- In bed ----- Into wheelchair ----- Ambulation ----- With Walker ----- With the cane

2. Personal Care:

Household

- Oral care
- Taking Blood Pressure
- Taking Respirations
- Checking Temperature
- Giving Shower or bath
- Infection control
- Show respect
- Nail/skin care
- Check Pulse
- Charting
- Help with Medicine
- Report problems
- Help get dressed
- Toileting

- Shopping
- Bed making
- Keep area safe
- Errands
- Handle receipts
- Home maintenance
- Vacuum
- Laundry
- Dust
- Fix meals
- Fix special diets
- Meal planning
- Assist with eating
- Demonstrate cleaning procedures

Name

Administrator

Signature

Signature

Date

Date

Contacts:

Tel: 717-826-9339

Fax: 717-826-9648

Email: pillarhomehealthcare.llc@gmail.com



PILLAR HOME & HEALTH CARE, L.L.C

Date: _____/_____/_____

Name: _____

New Hire & Orientation Checklist Acknowledgement

Thank you for applying for a Direct Care Worker position with PHHC, LLC. The attached checklist is our New Hire & Orientation Checklist. Once this checklist is completed you will receive a face-to-face interview. This checklist is per PA Chapter 611. Home Care Agencies and Home Care Registries and must be completed to be considered for employment. Make sure to complete each of the documents provided and sign where necessary.

New Hire Instructions:

- **Employment application:** Please complete the entire application and sign where necessary. 2
- **Reference Requests Required:** Please fill in the contact **information** for two professional references, also sign and date provided forms.
- **1-9 Form:** Complete and sign Section 1 and provide acceptable documents from List A or B & C.
- **W-4 Form:** Make sure to indicate marital status. Please put your dependents that you would like to claim in box labeled 5. Remember to sign at the bottom.
- **Identification:** Bring 2 forms of ID for photocopy, (social security card and state ID preferred.)
- **Tuberculin (TB) PPD test:** Proof of either 2-step Skin test or chest x-ray (chest x-ray must have annual TB questionnaire completed.)
- **Background Check:** Clean **Criminal** Background check required. (**Federal / PSP**)
- **Employee Policies** and Handbook Acknowledgment: Please sign and date the provided form.
- **Education** and Competencies: Direct Care Staff Person **Training** Course and completion of a Competency Test, an online test to be taken at (services.dpw.state.pa.us/pch_comptesVRegister.aspx). Bring Diploma or any nursing/healthcare certification for photocopy.
- **Temporary Work ID Badge:** Picture will be taken, and the badge made before the first client visit, (mandatory).
- **Direct Deposit** Form: Please complete the Direct Deposit Form if direct deposit is desired.
- **Job Description:** Please read, sign, and date the provided Job Description form.
- **Personal Assistant Checklist:** Will complete upon face-to-face interviews. Sign and date the provided form.
- **Residency form:** fill, sign, and date provided form. Proof of residency in PA for the past 2 years is required (ask for acceptable forms).
- **Interview Questionnaire:** Will be completed upon face-to-face interviews. Sign and date the provided form.

Signature: _____



PILLAR HOME & HEALTH CARE, L.L.C

Job Title/Position: **Home Care Assistant**

Position Summary

A Home Care Assistant supports the client with activities of daily living which include; supporting clients in their hygiene, socialization, cognition, spiritual being, and physical health and also support client choice and preserve resident dignity and privacy. Home Care Assistants also perform housekeeping tasks that the client would do for themselves if they were fully able. Due to cognitive or physical impairments being more significant to clients PHHC LLC accords to, home Care Assistants will spend more time validating and cueing.

Routine Functions of the Home Care Assistant

- Maintain a caring, compassionate, and professional attitude when according care to the clients. Practices patience, compassion, and empathy when interacting with clients and their families Provide clients with assistance for daily living according to the client's care plan.
- Interact and communicate with the client and family in a manner that shows respect and understands the importance of improving the client's quality of life.
- Promote social and emotional support of the client in accordance to care plan
- Inform the Administrator of any changes in client health, behavior, or need.
- Consistently utilizes Standard Precautions and follow infection control procedures
- Report maintenance needs promptly and take all appropriate safety precautions to prevent injury or risk to the client, self, and family
- Promptly report and document any unusual events, suspicion, or abuse or neglect, and any emergencies.
- Display initiative to complete work without constant supervision
- Fulfill regulatory requirements for annual and continuing education programs Display communication skills that include careful listening
- Document and maintain all client-related information according to PHHC, LLC policies.
- Perform other duties as assigned which may include; assisting the client in food selection, cooking and dining, wash, dry and arrange client laundry, clean client rooms, bathroom, and common areas, make clients bed.



PILLAR HOME & HEALTH CARE, L.L.C

I HEREBY AUTHORISE THE RELEASE OF ANY INFORMATION REQUESTED ON THIS FORM

APPLICANT NAME (PRINT)..... APPLICANT SIGNATUREDATE

The above applicant has applied for employment with Pillar Home & Health Care LLC, and he has authorized the release of information requested on this form. Please complete all the requested information and mail it back to Pillar Home & Health Care LLC. All information given is confidential

NAME OF REFERENCE: _____

<u>Facility Name</u> _____	<u>Position</u> _____
<u>Address</u> _____	<u>Telephone #</u> _____
<u>Position held</u> _____	<u>Start Date</u> _____ <u>End Date</u> _____

Reason for leaving _____

Is this individual eligible for rehire? If "NO", please explain _____

Please rate the Applicant According to the following-

Appearance	1	2	3	4	Knowledge of Job	1	2	3	4
Attendance	1	2	3	4	Listening Skills	1	2	3	4
Attitude or approach to work	1	2	3	4	Organization Skills	1	2	3	4
Communication Skills	1	2	3	4	Phone Skills	1	2	3	4
Computer able	1	2	3	4	Problem Solving	1	2	3	4
Conflict Management	1	2	3	4	Stress Reaction	1	2	3	4
Cooperation	1	2	3	4	Teamwork	1	2	3	4
Customer Relations	1	2	3	4	Quantity of Work	1	2	3	4
Decision-Making	1	2	3	4	Quality of Work	1	2	3	4
Dependability	1	2	3	4					
Equal Opportunity Diversity	1	2	3	4					
Flexibility	1	2	3	4					
Initiative	1	2	3	4					

Completed by _____ Date _____

1- Does not Meet 2 – Meet 3 – Exceed Meet 4 – Exceptional

Contacts:
Tel: 717-826-9339



PILLAR HOME & HEALTH CARE, L.L.C

**Notification and Authorization to Release Criminal Information
For Employment Purposes**

Notification

The position for which I am being considered requires me to consent to a criminal background checks as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the country and federal levels in every jurisdiction where I currently reside or where I have resided.

Pillar Home & Health Care, L.L.C will pay for the initial criminal background check but will expect reimbursement of the state-mandated fee of \$22 in two \$11 payments from the employee's first two consecutive paychecks.

Authorization

I hereby authorize Pillar Home & Health Care Services, LLC to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist PHHC LLC in collecting this information. Validity Screening Solutions has been secured as a third-party vendor (consumer reporting agency) to assist PHHC LLC in collecting and verifying information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for PHHC, LLC clients, employees, and community members.

Position(s) Applied for: **Home Health Aide**



PILLAR HOME & HEALTH CARE, LLC

PPD/TUBERCULIN 2-STEP SKIN TEST OR CHEST X-RAY

It is required that a 2-step TB test or chest x-ray be completed before employment can start with Pillar Home & Health Care, LLC. To complete the 2-step TB test, Please go to Concentra Urgent Care, you may need to call to obtain an appointment to get the TB shot and then go back for your reading at the specified time given to you. Once finished with the first step you will need to repeat the skin test to complete the second step (this means two shots).

Once at Concentra Urgent Care, provide your ID along with this paper. The initial 2-step TB test will be paid for by Pillar Home & Health Care, LLC however, *if you do not go back for your reading or miss your second step skin test, PHHC, LLC will no longer consider you for an employment *RP* opportunity,*

unless a TB test result is provided. A Chest x-ray is acceptable in place of the TB skin test.

Go to one of the following locations: (May need to call to make an appointment)

- Concentra Urgent Care
113 Butler Ave, Lancaster, PA
17601
717-391-3087

Patient Information:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____

Home

Work

Skin Test Information:

Administrator Name: _____

Date/Time Administered: _____

Arm on which Administered: Step 1 (arm) R___ L ___ Step 2 (arm) R___L___

Manufacture of PPD Solution: _____

Expiration Date of PPD Solution: _____

Lot#: _____

Results:

PPD Step 1. Given on : _____ **Read on** _____ **Results** _____ **mm**

PPD Step 2. Given on: _____ **Read on** _____ **Results** _____ **mm**

Induration: _____ mm Date/Time of Reading: _____

Comments and Adverse Reaction(s), if any*: _____

Name of Reader: _____

Signature: _____

Important Note: If a TB skin test cannot be performed due to a past positive PPD test or BCG vaccination, please either have a chest x-ray done with the results interpreted or a statement from the physician on an office letter head that you are free from TB and do not need a two-step TB skin test or chest x-ray.

Chest X-Ray Taken on: _____ **Read by(Physician)** _____ **please circle one:**

Positive: _____ **Negative:** _____

Please attach copy of x-ray results.



PILLAR HOME & HEALTH CARE, L.L.C
EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____ Date: _____
Address : _____
City : _____
State : _____
Zip : _____
Phone : _____
Email : _____

CHOOSE YOUR METHOD OF DIRECT DEPOSIT:

* I request my payroll deduction/ direct deposit to be placed in the following account:			
BANK / CREDIT UNION	BANK ACCOUNT #	ROUTING #	ACCOUNT TYPE
			Savings
			Checking

PLEASE PROVIDE A VOIDED CHECK FOR CHECKING ACCOUNT LISTED ABOVE

CONTACTS

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