

**LOVING HOME CARE OF GEORGIA, LLC**  
**790 INDIAN TRAIL LILBURN ROAD, SUITE B103 , LILBURN GA 30047**  
**Employment Application**

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company?    YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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LOVING HOME CARE OF GEORGIA, LLC  
790 INDIAN TRAIL LILBURN RD.  
B-103, LILBURN, GA 30047

EMERGENCY CONTACT INFORMATION

EMPLOYEE NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ COUNTY: \_\_\_\_\_

SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

1. NAME OF CONTACT PERSON(S): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

3. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Loving Home CARE OF GEORGIA, LLC,**

790 INDIAN TRAIL LILBURN RD

SUITE # B-103, LILBURN, GA 30047

PH: 770-931-7781, FAX: 770-717-5589

WEB: [www.Lovinghomecarega.com](http://www.Lovinghomecarega.com)

Email: [lovinghcea@gmail.com](mailto:lovinghcea@gmail.com)

**Job Description-Certified Nursing Assistant (CNA)**

**BACKGROUND:**

1. Must be certified by the State of Georgia as a Certified Nursing Assistant (C.N.A), and verification required by the Georgia Nurse Aide Registry
2. High School Diploma or GED required
3. Must maintain AHA or Red Cross affiliate CPR certification

**JOB DISCRIPTION**

1. To assist/give client personal hygiene
2. To prepare meal
3. To encourage fluid intake
4. To follow order in the care plan
5. Frequent skin assessment
6. Light house keeping and bed making: dusting, sweeping, mopping, vacuuming, laundry/washing dishes, cleaning stoves, tables and counter tops etc
7. Assist with correspondence and bill payments (if authorized)
8. Transport client to appointments and or medical appointments, shopping, and other errands
9. Assist in providing food supplies
10. Assist Bathing, grooming, shaving, dressing, toileting, eating and dental hygiene.
11. Help client with walking, exercising, and moving in and out of bed
12. Observe client's condition, measuring and recording food and liquid intake and output and vital signs (when needed) and report changes to the nurse/professional staff
13. Help with home management, home safety, and sanitation. Proper nutrition, ambulation and transfer (if needed)

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CNA's Signature

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Manager's Signature

"Loving Home Care of Georgia, LLC, Reserve the right to amend and or adjust this Job Description according to the client and DCH rules"

**LOVING HOME CARE OF GEORGIA, LLC.**

790 INDIAN TRAIL LILBURN RD

SUITE #B-103, LILBURN, GA 30047

PH: 770-931-7781, Fax: 770-825-9271

WEBSITE: [www.lovinghomecarega.com](http://www.lovinghomecarega.com)

EMAIL: [lovinghcg@gmail.com](mailto:lovinghcg@gmail.com)

**Job Description - Personal Care Assistant (PCA)**

**BACKGROUND:**

1. Must successfully pass the PCA Competency Exam with a passing score of 80% or higher
2. Must maintain AHA or Red Cross affiliate CPR certification
3. The candidate for the Personal Care Assistant (PCA) position must possess ability to read, write and follow instructions and have successfully completed training or demonstrate understanding and practical competency in the areas of: understanding needs and characteristics of elderly and handicapped, basic meal preparation and serving, housekeeping, home safety and sanitation etc.

**JOB DESCRIPTION**

1. To assist/give client personal hygiene
2. To prepare meal/Serve meal
3. To encourage fluid intake
4. To follow order in the care plan
5. Frequent skin assessment
6. To remind clients to take their medication
7. Light housekeeping and bed making: dusting, sweeping, mopping, vacuuming, laundry/washing dishes, cleaning stoves, tables and counter tops etc
8. Assist with correspondence and bill payments (if authorized)
9. Transport client to appointments and/or medical appointments, shopping, and other errands
10. Assist in providing food supplies and personal hygiene items
11. Reading to clients
12. Assist bathing, grooming, shaving, dressing, toileting, eating and dental hygiene
13. Help client with walking, exercising, range of motions, and moving in and out of bed
14. Observe client's condition, measuring and recording food and liquid intake and output, taking vital signs (when needed) and report changes to the nurse/professional staff
15. Help with home management, home safety, and sanitation. Proper nutrition, ambulation and transfer (if needed)

\_\_\_\_\_  
PCA's Signature

\_\_\_\_\_  
Manager's Signature

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EMAIL: [lovinghcg@gmail.com](mailto:lovinghcg@gmail.com)

**Job Description – Companion/Sitter**

**BACKGROUND:**

1. Must successfully pass the PCA Competency Exam with a passing score of 80% or higher
2. Must maintain AHA or Red Cross affiliate CPR certification
3. The candidate for the Personal Care Assistant (PCA) position must possess ability to read, write and follow instructions and have successfully completed training or demonstrate understanding and practical competency in the areas of: understanding needs and characteristics of elderly and handicapped, basic meal preparation and serving, housekeeping, home safety and sanitation etc.

**JOB DESCRIPTION**

1. To provide clients with companionship and friendship
2. To encourage fluid intake
3. To follow order in the care plan
4. Light housekeeping and bed making: dusting, sweeping, mopping, vacuuming, laundry/washing dishes, cleaning stoves, tables and counter tops, etc
5. Assist with shopping
6. Help clients with walking, exercising, and moving in and out of bed.
7. Home management, Home safety and sanitation
8. To remind clients to take their medication
9. To assist/give clients personal hygiene/cleanliness and safety.
10. To prepare meal/serve meal
11. Reading to clients
12. May perform other duties as assigned or discussed above to assure quality services to the clients.

\_\_\_\_\_  
Companion's/Sitter's Signature

\_\_\_\_\_  
Manager's Signature

"Loving Home Care of Georgia, LLC, reserves the right to amend and/or adjust this Job Description according to the client and DCH rules"

**Loving Home Care Of Georgia, LLC.**  
**CNA/PCA Self Assessment of Skills (Page 1 of 2)**

**Employee:**

**ID#**

**Date:**

Knowledge/Skills	Adult			Children		
	Able to do	Need Review	Never did	Able to do	Need Review	Never did
<b>Vital Signs:</b>						
<b>Temperature</b>						
<b>Pulse</b>						
<b>Respiration</b>						
<b>Basic Care:</b>						
<b>Complete Bed Bath</b>						
<b>Bath Sponge, Tub or Shower</b>						
<b>Foot Care</b>						
<b>Mouth Care</b>						
<b>Hair Care</b>						
<b>Nail Care</b>						
<b>General Skin Care</b>						
<b>Decubiti Care (bed sore)</b>						
<b>Shampoo sink, tub or bed</b>						
<b>Patient Positioning</b>						
<b>Toileting and Elimination</b>						
<b>Care of an incontinent patient</b>						
<b>Range of Motion</b>						
<b>Make bed</b>						
<b>Patient Safety:</b>						
<b>Wheelchair</b>						
<b>Cane</b>						
<b>Walker</b>						
<b>Assist patient walking</b>						
<b>Transfer (bed to chair/wheelchair)</b>						
<b>Body Mechanics</b>						
<b>Patient home safety</b>						
<b>Special Care:</b>						
<b>Foley Catheter</b>						
<b>Condom Catheter</b>						
<b>Fractional Urines (S&amp;A)</b>						
<b>Assist with Colostomy Care</b>						
<b>Knowledge of low salt diet</b>						

**Loving Home Care Of Georgia, LLC.**  
**CNA/PCA Self Assessment of Skills (Page 2)**

**Employee:**

**ID#**

**Date:**

Knowledge/Skills	Adult			Children		
	Able to do	Need Review	Never did	Able to do	Need Review	Never did
Knowledge of low cholesterol (low fat) diet						
Knowledge of Diabetic diet						
Hoyer Lift						
Reinforce dressing						
Change simple non sterile dressing						
Care of paralyzed patient						
Care of handicapped patient						
Care of developmentally delayed patient						
Care of psychiatric patient						
Care of Autistic patient						
Care of elderly patient						
Care of confused patient						
<b>Infection control:</b>						
Gloves						
Disposal of hazardous materials						
Universal Precautions						
Mask						
Gown						
<b>Charting:</b>						
Read and follow Plan of Care						
PSA Worksheet						
<b>Activities of Daily Living:</b>						
Dust and vacuum						
Wash dishes						
Clean kitchen, bedroom, bathroom						
Shop for patient						
Wash and iron clothes						
Prepare meals						
<b>Communication with:</b>						
Member						
Family/ caregiver						
Health Care Team						
Supervisor						