

**Easy Does It Emergency Services Program  
Emergency Attendant Application**

**APPLICANT INFORMATION**

Date\_\_\_\_\_

First Name\_\_\_\_\_ Middle\_\_\_\_\_ Last Name\_\_\_\_\_

Address\_\_\_\_\_ City/State/Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Other Phone\_\_\_\_\_ Email\_\_\_\_\_

Social Security #\_\_\_\_\_ Are you 18 years of age or older?\_\_\_\_\_

Are you legally entitled to work in the U.S.? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Person to contact in case of emergency: Name \_\_\_\_\_ Phone\_\_\_\_\_

If hired, when can you start work? \_\_\_\_\_

Approximately how many hours a week are you hoping to work? \_\_\_\_\_

Please indicate your days and hours of availability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Mornings / Afternoons / Evenings / Nights

Have you worked as an attendant before? Please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any clients with whom you would have difficulty working? Please explain: \_\_\_\_\_

\_\_\_\_\_

This job requires heavy lifting (over 50 lbs.) and strenuous physical activity. Is there any reason that you would not be able to perform these job functions? Please explain: \_\_\_\_\_

\_\_\_\_\_

This job requires you to have access to your own transportation to all areas of Berkeley.

Please describe your means of transportation: Car\_\_\_ Bicycle\_\_\_ Other\_\_\_\_\_

## EDUCATION

### High School

Name of School \_\_\_\_\_ Number of years attended \_\_\_\_\_  
Location\* \_\_\_\_\_ Did you graduate? \_\_\_\_\_

### College and Postgraduate

Name of School \_\_\_\_\_ Number of years attended \_\_\_\_\_  
Location\* \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
Name of School \_\_\_\_\_ Number of years attended \_\_\_\_\_  
Location\* \_\_\_\_\_ Did you graduate? \_\_\_\_\_

\*optional

## PREVIOUS EMPLOYMENT

(begin with most recent position)

1. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Phone # \_\_\_\_\_  
Position(s) Held \_\_\_\_\_  
Duties \_\_\_\_\_  
Dates of Employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

2. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Phone # \_\_\_\_\_  
Position(s) Held \_\_\_\_\_  
Duties \_\_\_\_\_  
Dates of Employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

3. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Phone # \_\_\_\_\_  
Position(s) Held \_\_\_\_\_  
Duties \_\_\_\_\_  
Dates of Employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

## ATTENDANT CARE REFERENCES

(begin with most recent)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Disability \_\_\_\_\_ Duties \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Disability \_\_\_\_\_ Duties \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Disability \_\_\_\_\_ Duties \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## PERSONAL REFERENCES

(please furnish the names of two people to whom you are not related and by whom you have not been employed)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

## ADDITIONAL QUALIFICATIONS

Have you worked with people with disabilities before, in other settings? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about any other training, education, skills, or achievements that you feel should be considered. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **ACKNOWLEDGEMENT OF AT WILL EMPLOYMENT**

I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that no representative of Easy Does It, other than the Executive Director, has the authority to change the terms of an at will employment and that any such change can occur only in a written employment contract.

Applicant's Initials \_\_\_\_\_

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize Easy Does It to make such investigations and inquiries of my personal, employment, educational, financial or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

Applicant's Initials \_\_\_\_\_

## **STATEMENT OF ACCURACY**

I verify that the statements I have made in this application are true and complete to the best of my knowledge. I understand that if I am hired, any false or misleading information given in my application or interview(s) may result in termination.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## OPTIONAL

We sometimes make referrals for private attendant work to clients in the community.

Please answer the following questions if you are interested in attendant work outside of this program:

Are you interested in a long-term personal attendant position? \_\_\_\_\_

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Would you consider a live in position? \_\_\_\_\_

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Are you interested in working as a substitute attendant? \_\_\_\_\_

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Would you consider a job in:

Personal care? Yes/No Male\_\_\_ Female\_\_\_ Both\_\_\_

Cooking/Feeding? Yes/No Male\_\_\_ Female\_\_\_ Both\_\_\_

Cleaning/Laundry? Yes/No Male\_\_\_ Female\_\_\_ Both\_\_\_

Transportation/Errands? Yes/No Male\_\_\_ Female\_\_\_ Both\_\_\_

Clerical/Reading? Yes/No Male\_\_\_ Female\_\_\_ Both\_\_\_

Travel/Recreation? Yes/No Male\_\_\_ Female\_\_\_ Both\_\_\_

Supervision/Companion? Yes/No Male\_\_\_ Female\_\_\_ Both\_\_\_

What are your hours of availability for private attendant work? \_\_\_\_\_

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Name: \_\_\_\_\_

Attendant Care Skills	Previous Experience		Comments	Training Completed	Comments
	Male	Female			
<i>Please mark areas of experience:</i>				<i>Office use only</i>	<i>Office use only</i>
<b>Disability Experience</b>					
• Spinal cord injury (Quadriplegia)					
• Spinal cord injury (Paraplegia)					
• Cerebral Palsy					
• Muscular Dystrophy					
• Multiple Sclerosis					
• Spina Bifida					
• Frail / Elderly					
• Alzheimer's					
• Blind / Low vision					
• Development. Disabled					
• Environmental Illness					
• Other: _____					
<b>Transfer Methods</b>					
• Pivot (weight _____ lbs)					
• Cradle (weight _____ lbs)					
• Sliding Board					
• Swivel Bar/Trapeze					
• Hoyer Lift					
• Standing Pivot					
• Toilet Transfer					
<b>Bladder Care</b>					
• Indwelling Catheter					
• Suprapubic Catheter					
• Condom Catheter					
• Intermittent Catheter					
• Leg Bag					
• Overnight Bag					
• Urinal/Bedpan					

Attendant Care Skills	Previous Experience		Comments	Training Completed	Comments
	Male	Female			
<i>Please mark areas of experience:</i>				<i>Office use only</i>	<i>Office use only</i>
<b>Bowel Care</b>					
• Bedpan					
• Suppository					
• Enema					
• Digital Stimulation					
• Colostomy Bag					
<b>Skin Care</b>					
• Inspection					
• Pressure Sore Care					
• Repositioning					
<b>Personal Care</b>					
• Dressing/Undressing					
• Washing					
Tub					
Shower					
Bed Bath					
Hair Washing					
• Grooming					
Hair Brushing					
Teeth Brushing					
Shaving					
• Menstrual Care					
• Range of Motion					
• Quad Cough					
<b>Domestic Chores</b>					
• Laundry					
• Cleaning					
• Shopping					
• Cooking					
• Meal Assistance					
• Errands					

