



# BETTER LIVING

• HOME HEALTHCARE, INC. •

Minnesota Office  
5 County Road B E Ste 2  
Little Canada, MN 55117  
Office No. (651) 204-3337  
Fax No. (651) 815-0087

Wisconsin Office  
8201 W. Capitol Dr. Ste 120  
Milwaukee WI 53222  
Office No. (414) 434-1910  
Fax No. (414) 435-1253

## Employment Application

Date Available

### PERSONAL INFORMATION

**Full Name**  
First, Middle, Last)

**Gender:**

List other names/alias if any

**Date of Birth:** \_\_\_\_\_

**Street Address**

**Apt/Unit #**

City

State

Postal Code

**Phone**

**Email Address**

**Position Applied for:**

**Referral Source**

**Emergency Contact Name**

**Relationship**

**Phone**

**Alt. Number**

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain: \_\_\_\_\_

Have you ever worked for this company? YES NO

If yes, when? \_\_\_\_\_

Do you already have a  
**PCA Training Certificate?**  
YES NO

Are you able to provide us a copy  
of your PCA Training Certificate?  
YES NO

### BACKGROUND STUDY

I, \_\_\_\_\_, authorize and understand that as part of Better Living Home Healthcare, Inc. employment process, a complete background check will be performed on me. This background check is necessary for employment as a Personal Care Worker.

**Social Security Number**

**Drivers License Number**

**Place of Birth**  
 |  |  |   
City County State Country

## BACKGROUND STUDY CONTINUE

List any other cities, states and dates of residency during the last five (5) years (use back of sheet if necessary).

City	State	From: Month/Year	To: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____

## PCA SKILLS EXPERIENCE

### DRESSING

- DRESSING
- UNDRESSING

### BATHING

- BED BATH
- TUB BATH
- SHOWER

### MOBILITY

- WHEELCHAIR
- CRUTCHES
- WALKER
- CANE
- QUAD CANE

### MEALS

- FOOD PREPARATION
- MEAL SET UP
- FEEDING
- ASSIST W/ FEEDING

### BATHROOM

- BED PAN
- TOILET
- COMMODE
- URINAL
- USE OF INCONTINENCE

### SKIN CARE

- APPLY LOTION

### POSITIONING

- IN BED
- IN CHAIR
- IN WHEELCHAIR

### TRANSFERS

- PIVOT
- GAIT BELT
- SLIDE BOARD
- IN/OUT OF BED
- IN/OUT OF COMMODE/TOILET
- IN/OUT OF CHAIR
- IN/OUT OF WHEELCHAIR

### HAIR CARE

- SHAMPOO
- BRUSHING
- COMBING

### SHAVING

- ELECTRIC RAZOR
- SAFETY RAZOR

### NAIL CARE

- FILING FINER NAILS
- FILING TOE NAILS

### ORAL HYGIENE

- BRUSHING TEETH
- RINSING MOUTH
- BRUSHING DENTURES

### LIGHT HOUSEKEEPING

- LAUNDRY
- DISHES
- FLOOR CARE
- DUSTING/VACUUM
- BED MAKING

### OTHER

- HEARING AIDS
- EYE GLASSES
- FIRE SAFETY
- FALLS SAFETY

## 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: \_\_\_\_\_