Name: _____

Date: _____

Home Instead SENIOR CARE
To us, it's personal℠

CAREGiver Application Pre-Interview Questions

Please answer ALL questions
PRINT CLEARLY. Incomplete or illegible answers will not be processed.

1. How would you describe the ideal caregiver for your parents or grandparents?

2. What would give you the greatest satisfaction in working with the elderly?

3. When are you able to begin working?

4. Please circle the following shifts that you are available for:
   Days Evenings Overnights Weekends Sat or Sun

   24 hour 12 hour 3 hour

5. Using the scale listed below, please rate your housekeeping skills.

   Please Circle: Marginal Ok Good Great

6. Using the scale listed below, please rate your cooking skills.

   Please Circle: Marginal Ok Good Great

7. Using the scale below, please rate your skill level with outings and transportation.

   Please Circle: Marginal Ok Good Great

8. Using the scale below, please rate your skill level for working with pets in the home.

   Please Circle: Marginal Ok Good Great

9. Using a scale of 1-10 (1 being the lowest and 10 being the highest), please rate your personal care experience. Include in this rating a description of the personal care experience you have.

   Please circle (Low) 1 2 3 4 5 6 7 8 9 10 (High)

10. Using a scale of 1-10 (1 being the lowest and 10 being the highest), please rate your experience and comfort level for working with clients who have Alzheimer's & Dementia. Include in this rating a description of the Alzheimer's/Dementia experience you have.

    Please circle (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Each Home Instead franchise office is independently owned and operated

11. Are you willing to perform stand-by assistance with toileting and bathing? I.e. helping a client on and off a toilet or providing stabilization for a client who is in a shower.

12. Are you willing to transport a client? Is your car interior clean? Can a client get in easily?

13. If you smoke how long will you go without smoking? Please note N/A if non-smoker.

14. Can you repeatedly lift, bend, stoop and hold 25lbs?

15. Please indicate on the list below which of the following applies:

E = Experience **W** = Willing to learn
NE = No Experience **N** = Will not be able to learn

Incontinence care _____ Bathing/sponge bath_____
Oral Care_____ Hospice care_____
Alzheimer/dementia_____ Other_____

16. Are you aware of wages for this position? Please note, while a good caregiver will often be offered as many hours as desired, we cannot guarantee a set amount of hours per week.

17. What personal obligations or other jobs would require you to change your schedule at the last minute?

18. Do you have any commitments for the next month? I.e. Doctor's appointments, vacations, etc.

19. What are your long-term goals?

20. Are you working for client's privately now? Do you plan to in the future?

21. Are you working for any other in-home care agency?

22. Where else have you applied for work?

23. If offered a higher paying job would you resign from Home Instead Senior Care?

****We will staff you with clients based on the answers you provide on this sheet. We expect that you will answer with 100% honesty****