



EVERGREEN
In-Home Care Services

Care for loved ones.
Comfort for all.

Dear Potential Evergreen Employees:

If you are interested in pursuing a career opportunity in caregiving, working with elderly, disabled, terminally or chronically ill persons, employment with Evergreen In-Home Care Services may provide you with the “hands on” job experience you are seeking.

Evergreen In-Home Care Services established in 1982, is a long-term locally owned and operated in-home care agency, licensed by the State of Oregon.

Evergreen’s mission is to “*Enhance the Dignity and Independence of our Clients*”.

With this in mind, our goal is to allow clients to maintain independence and quality in their home environment. It is our endeavor to provide the highest possible quality in-home supportive services to clients by following professionally developed plans of care in accordance with regulations of our licensing entities. We maintain high standards to ensure high quality of home care services to our clients. Evergreen’s reputation for provision of quality services has resulted in a steady pattern of continued growth since our inception.

Evergreen provides non-medical services for clients whose care needs are medically stable and predictable. Services may be short term or long term, routine and/or emergency situations, two to twenty-four hours a day, seven days a week.

The quality of our staff is key to our success. Our screening process involves a thorough criminal background investigation and multiple personal and professional reference checks. We also perform pre-employment drug screens. Staff are hired based upon abilities/skills, experience and quality of past job performance. Evergreen has been very successful retaining qualified staff over the years. We are proud that the longevity of staff retention for our 45 employees averages approximately 7 years.

Depending upon your availability, skills and flexibility we strive to accommodate the numbers of hours and days you would like to work. We staff for hourly, daytime, nighttime, weekends and holidays. We work closely with our employees to provide on-going support, educational and training opportunities.

If you have further questions regarding employment opportunities with Evergreen, please feel free to contact us. We welcome and appreciate your interest in employment with us!

Regards,

Nancy Webre, BS, MS
President/CEO
Evergreen In-Home Care Services



EMPLOYMENT BENEFITS OF WORKING FOR EVERGREEN IN-HOME CARE SERVICES

Evergreen In-Home Care Services established in 1982, is a long-term locally owned and operated in-home care services agency. We provide professional in-home care services in Central Oregon (including Deschutes, Jefferson and Crook Counties) ranging from hourly to round-the-clock care. We are proud to be the longest standing, privately owned in-home care agency in the State of Oregon. Some of the benefits of working for Evergreen In-Home Care Services are:

Tax Reporting & Withholding	Evergreen provides all tax reporting and withholding
Liability Insurance & Bonding	Liability and bonding insurance covers all employees
Workers Compensation	Evergreen supplies coverage if employees are injured on the job
Holiday Pay	Employees receive holiday pay at time and one half while working designated holidays
Flexible Scheduling	Evergreen strives to provide flexibility with schedules to accommodate employee's personal lives
Back-up staffing	Back-up staffing is provided if you have an emergency situation or are sick
Training	Evergreen provides on-going educational training opportunities for staff. On the job training is provided by when appropriate
Flu Vaccination	Flu vaccinations are offered annually at no cost to employees
RN Supervision & Training	Evergreen has a Registered Nurse on staff to provide supervision and training of employees providing personal care and medication administration services to our clients. RN supervision meets CNA renewal requirements
Support and Supervision	On-going support and supervision by a caring administrative/office staff

Our Mission:

"To Enhance the Dignity and Independence of our Clients"

JOB DESCRIPTION: CAREGIVER



General Description: Provides in-home supportive services to community based clients.

Supervision: Works under supervision of Evergreen CEO or appropriate agency personnel.

Responsibilities:

- Specific services to be provided will be defined in a written Service Plan agreed to by client and/or client representative. Caregiver will be oriented by administrative office staff to specific services to be provided to client.
- Perform household services that are essential to the client's care at home. This may include: light housekeeping, with particular focus on the kitchen and bathroom; vacuuming; making the bed & changing linens; laundry.
- Provide and/or assist with personal care services. This may include: bathing/showering; dressing/undressing; oral hygiene; toileting; and incontinence care; taking vitals; exercise or range of motion as prescribed by physical therapist.
- Meal preparation. This may include planning, preparation, serving and assisting with eating of nutritious meals.
- May assist with ambulation and mobility of clients.
- Provides for client safety and comfort; provides social and emotional support.
- Provides shopping, errands, transportation to appointments, if requested.
- Provides delegated nursing tasks as necessary under direction of Evergreen registered nurse.
- Provides medication services under supervision of Evergreen registered nurse in accordance to client's specific Service Plan.
- Complies with all policies, rules and regulations regarding client confidentiality, documentation of services and employee conduct.

Required Experience and Training: Must be at least eighteen years of age and have a combination of education, experience and/or training working with the elderly, sick and disabled population.

Qualifications for Employment: Caregivers must have a mature and responsible work record and a genuine concern for people. In addition he/she must:

- Present in a professional, clean appearance; demonstrate professionalism in all interactions with clients, families, co-workers and community partners; possess a positive attitude.
- Successfully pass a criminal history check and drug screen.
- Valid Oregon driver's license, access to a vehicle, current proof of vehicle insurance.
- Willingness to work variable schedules and weekends.
- Be adaptive to varied working conditions and personalities.



Evergreen In-Home Care Services EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete all sides of this form.
3. If more space is needed to complete any question, use comment section on the back.
4. Print clearly. Incomplete or illegible applications may not be processed.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. **False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment.** Evergreen In-Home Care Services is an At-Will employer. Evergreen In-Home Care Services is also a part-time employer and cannot guarantee any set hours. This employment application will remain current for 30 days after the date below. All qualified applicants will receive consideration without discrimination because of gender, marital status, pregnancy, religion, race, age, creed, national origin, presence of disabilities, sexual orientation, screening or testing information, or any other characteristic protected under applicable State or Federal law.

TODAY'S DATE: _____ POSITION APPLIED FOR: _____

NAME: _____
Last First Middle Maiden

CURRENT: _____
No. Street City State Zip Code

MAILING: _____
No. Street City State Zip Code

PREVIOUS ADDRESS: _____
No. Street City State Zip Code

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

MOBILE PHONE: (_____) _____ ALTERNATE PHONE: (_____) _____

E-MAIL: _____

VALID DRIVER'S LICENSE #: _____ STATE ISSUED: _____ EXP. DATE: _____

MAKE & YEAR OF VEHICLE: _____

AUTO INSURANCE COMPANY: _____ POLICY #: _____

AUTO INSURANCE AGENT: _____ PHONE #: _____

How did you hear about Evergreen In-Home Care Services? _____

Why are you interested in employment with Evergreen In-Home Care? _____

(OVER)

EMPLOYMENT HISTORY

ARE YOU EMPLOYED NOW? ___ YES ___ NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? ___ YES ___ NO

BEGIN WITH YOUR MOST RECENT EMPLOYMENT (10 years min) AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY).

I. EMPLOYER	FROM MO YR	DESCRIBE YOUR POSITION & DUTIES	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
NAME OF COMPANY				
ADDRESS	TO			
CITY, STATE (ZIP)	MO YR			
PHONE NO.	TYPE OF BUSINESS			

EXPLAIN ANY PERIODS BETWEEN JOBS:

II. EMPLOYER	FROM MO YR	DESCRIBE YOUR POSITION & DUTIES	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
NAME OF COMPANY				
ADDRESS	TO			
CITY, STATE (ZIP)	MO YR			
PHONE NO.	TYPE OF BUSINESS			

EXPLAIN ANY PERIODS BETWEEN JOBS:

III. EMPLOYER	FROM MO YR	DESCRIBE YOUR POSITION & DUTIES	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
NAME OF COMPANY				
ADDRESS	TO			
CITY, STATE (ZIP)	MO YR			
PHONE NO.	TYPE OF BUSINESS			

EXPLAIN ANY PERIODS BETWEEN JOBS:

IV. EMPLOYER	FROM MO YR	DESCRIBE YOUR POSITION & DUTIES	REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR
NAME OF COMPANY				
ADDRESS	TO			
CITY, STATE (ZIP)	MO YR			
PHONE NO.	TYPE OF BUSINESS			

EXPLAIN ANY PERIODS BETWEEN JOBS:

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR RESIGNED IN LIEU OF TERMINATION?
 NO YES IF YES, PLEASE EXPLAIN:

--

PERSONAL REFERENCES (Please list three non-relatives):

FULL NAME	AREA CODE & PHONE NUMBER		NUMBER OF YEARS KNOWN
I)			
II)			
III			

AVAILABILITY: Employment decisions are made based on the information you provide for your availability. This career requires extreme flexibility. Please indicate the shifts you are willing to consider. Evergreen In-Home Care Services reserves the right to assign you as agency needs require.

___ Days ___ Evenings ___ Weekends ___ 12 Hour Overnights ___ 24 Hour Shifts
 About how many hours per week do you wish to work? _____ When are you available to begin work? _____

EDUCATION:

Please circle highest grade completed:

Grade School: **6 7 8** High School: **9 10 11 12** College: **13 14 15 16 16+**

	NAME OF SCHOOL	CITY, STATE	MAJOR SUBJECT	# OF YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL					
VOCATIONAL					
COLLEGE/ UNIVERSITY					
OTHER					

ADDITIONAL EXPERIENCE OR QUALIFICATIONS:
Summarize special skills and qualifications, volunteer activities, military experience, hobbies, employment or other activities related to the job you are seeking and which you would like to be considered in connection with your application for employment.

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, my criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE



Pre-Employment Reference Request

Employer's Name: _____

Supervisor's Name: _____ Telephone #: _____

Address: _____ Fax #: _____

City, State, Zip: _____

I authorize the following information to be released to Evergreen In-Home Care Services

Signature: _____ Date: _____

Dear Employer:

The individual above has applied to work for Evergreen In-Home Care Services and has submitted your name as a former employer for reference purposes. Due to the serious nature and the responsibility of working in the health care industry, it is extremely important for us to perform thorough reference checks. Therefore we would appreciate your cooperation in completing the following questions and returning the form to us as soon as possible. Thank you in advance for your cooperation and assistance.

Position(s) Held: _____ Employed From: _____ To: _____

Eligible for rehire: Yes No

	Exceeds	Meets	Below
Quality of Work			
Quantity of Work			
Attendance Habits			
Communicates Effectively			
Demonstrates Competent Skills			
Demonstrates courteous, cooperative, respectful behavior towards co-workers and clients			
Ability to handle stress			
Overall Caregiving Skills			

Additional Comments:

Name: _____ Title: _____

Signature: _____ Date: _____

(Employer: Please Fax Reference Form to 541-389-0906. Thank You)



Pre-Employment Reference Request

Employer's Name: _____

Supervisor's Name: _____ Telephone #: _____

Address: _____ Fax #: _____

City, State, Zip: _____

I authorize the following information to be released to Evergreen In-Home Care Services

Signature: _____ Date: _____

Dear Employer:

The individual above has applied to work for Evergreen In-Home Care Services and has submitted your name as a former employer for reference purposes. Due to the serious nature and the responsibility of working in the health care industry, it is extremely important for us to perform thorough reference checks. Therefore we would appreciate your cooperation in completing the following questions and returning the form to us as soon as possible. Thank you in advance for your cooperation and assistance.

Position(s) Held: _____ Employed From: _____ To: _____

Eligible for rehire: Yes No

	Exceeds	Meets	Below
Quality of Work			
Quantity of Work			
Attendance Habits			
Communicates Effectively			
Demonstrates Competent Skills			
Demonstrates courteous, cooperative, respectful behavior towards co-workers and clients			
Ability to handle stress			
Overall Caregiving Skills			

Additional Comments:

Name: _____ Title: _____

Signature: _____ Date: _____

(Employer: Please Fax Reference Form to 541-389-0906. Thank You)



Pre-Employment Reference Request

Employer's Name: _____

Supervisor's Name: _____ Telephone #: _____

Address: _____ Fax #: _____

City, State, Zip: _____

I authorize the following information to be released to Evergreen In-Home Care Services

Signature: _____ Date: _____

Dear Employer:

The individual above has applied to work for Evergreen In-Home Care Services and has submitted your name as a former employer for reference purposes. Due to the serious nature and the responsibility of working in the health care industry, it is extremely important for us to perform thorough reference checks. Therefore we would appreciate your cooperation in completing the following questions and returning the form to us as soon as possible. Thank you in advance for your cooperation and assistance.

Position(s) Held: _____ Employed From: _____ To: _____

Eligible for rehire: Yes No

	Exceeds	Meets	Below
Quality of Work			
Quantity of Work			
Attendance Habits			
Communicates Effectively			
Demonstrates Competent Skills			
Demonstrates courteous, cooperative, respectful behavior towards co-workers and clients			
Ability to handle stress			
Overall Caregiving Skills			

Additional Comments:

Name: _____ Title: _____

Signature: _____ Date: _____

(Employer: Please Fax Reference Form to 541-389-0906. Thank You)



EVERGREEN
In-Home Care Services

Care for loved ones.
Comfort for all.

In consideration of my employment, I agree to conform to the instructions, rules, and policies of EVERGREEN IN-HOME CARE SERVICES. I understand that my employment can be terminated at anytime, with or without cause, and with or without notice. I understand that no representative of EVERGREEN IN-HOME CARE SERVICES, other than Nancy Webre, CEO, or her designee, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I also understand and agree that all clients are the sole responsibility of EVERGREEN IN-HOME CARE SERVICES, and agree not to enter into private contracts with aforementioned clients during my employment with EVERGREEN IN-HOME CARE SERVICES, or for a period of 1 year following termination of my employment. I understand that to do so would be a breach of contract and could result in legal action being taken against me.

SIGNED

DATE

FOR OFFICE USE ONLY

DATE RECEIVED _____ BY _____

DATE INTERVIEWED _____ BY _____

DATE REFERENCES _____ BY _____

CRIMINAL HISTORY CHECK _____ BY _____



EVERGREEN
In-Home Care Services

CAREGIVER SKILLS/COMPETENCY ASSESSMENT

Name: _____ Date: _____

Please review the skills checklist below and fill it out to the best of your ability. In the first box check whether you have had previous experience with the listed task and in the next box rate yourself 1 through 4 on how comfortable you are performing this task, 1 meaning you feel comfortable performing the task and teaching others, 2 meaning you are comfortable performing the task, 3 meaning that you need a review of the task and 4 meaning you need additional training prior to performing the task. If you have no experience with this task please put an N in the box. If you have any questions please ask.

Skill	✓ for previous experience	Rating 1-4	Reviewed by	Date reviewed
Body Mechanics				
Use of gait belt				
Lifts (Hoyer/Sit-to-stand)				
Pivot transfer				
Slide-board transfers				
Transfers (bed to W/C, W/C to bed)				
Transfer in and out of a car				
Turning and repositioning				
Dementia Care				
Communication				
Hygiene				
Nutrition				
Redirecting techniques				
Understanding behaviors				
Documentation				
Charting completed tasks				
Charting significant events				
Documenting care need changes				
Hospice Care				
Hospice medications				
Hospice nurse orders				
Oral care				
Oral suctioning (education)				
Post mortem care				
Household Tasks				
Vacuuming, Dusting				
Cleaning/sanitizing bathroom				
Cleaning Kitchen				
Laundry				
Linen change (unoccupied)				
Medication Administration				
Eye drops				
Eye ointment				
Oral medication				
Topical medication				
Transdermal patches				
Rectal medications				

(OVER)

Skill Cont.....	✓ for previous experience	Rating 1-4	Reviewed By	Date Reviewed
Nutrition				
Assist with feeding client				
Diabetic diet				
Low sodium diet				
Shopping				
Meal planning				
Meal preparation/cooking				
Monitoring liquid intake				
PEG tube feeding (delegation)				
Personal Care				
Bed bath				
Tub bath/Shower				
Oral hygiene/Denture care				
Dressing the client				
Perineal Care				
Bed pan assistance				
Urinal assistance				
Assisting client to commode/toilet				
Skin care				
Foot care				
Assistance w/hearing aids				
Catheter care				
Colostomy care				
Wound care/dressing changes				
Measuring input/output				
Assisting w/ted hose/elastic socks				
Blood sugar checks (CBG)				
Insulin injections				
Administering suppositories				
Linen change (occupied)				
Restorative Care				
Range of motion exercises				
Assisted ambulation w/cane				
Assisted ambulation w/gait belt				
Assisted ambulation w/walker				
Universal Precautions/Infection Control				
Vital Signs				
Respiratory rate				
Temperature				
Blood pressure				
Pulse				

Signature: _____ Date: _____

Reviewed By: _____ Date: _____

Caregiver certification: I, _____ understand that I may only perform tasks that have documented evidence of competency to perform. If I believe I need additional training, I will contact my supervisor to arrange for training.

Name: _____ Date: _____