



CENTER FOR INDEPENDENT LIVING SOUTHWEST KANSAS

1802 E. Spruce St.
P.O. Box 2090
Garden City, KS 67846

Toll Free: (800) 736-9443
Local: (620) 276-1900
Fax: (620) 271-0200
Payroll Dept. Fax: (620) 276-3537

DODGE CITY OFFICE
2601 Central Ave.
Dodge City, KS 67801

(800) 326-1366
p: (620) 227-6660
f: (620) 227-8185

LIBERAL OFFICE **(800) 327-4048**
1023 N. Kansas Ave. Suite 2 p: (620) 624-5500
Liberal, KS 67901 f: (620) 624-6576

PERSONAL CARE ATTENDANT APPLICATION FOR EMPLOYMENT

Center for Independent Living Southwest Kansas is a payroll agency for persons on the Waiver's through Medicaid. Those persons can choose to hire Personal Care Attendants who apply through Center for Independent Living Southwest Kansas.

Date of Application: _____

Name: _____
Last First M.I.

Address: _____
Number Street / PO Box Apt #

City State Zip

Telephone: _____ Email Address: _____

By which method would you preferred to be contacted? _____ Phone _____ Email

Have you ever been employed with Center for Independent Living Southwest Kansas and/or with a Consumer receiving Personal Care Attendant Services through CILSWKS before? _____ Yes _____ No
When: _____

Are you currently employed? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ Yes _____ No

On what date would you be available to work? _____ / _____ / _____

What pay are you expecting to receive? \$ _____ / Hour

How many hours per week are you willing to work? _____ Hours / Week

Can you travel if the job requires it? _____ Yes _____ No

Are you bilingual? _____ Yes _____ No

Language(s): _____

Have you ever been convicted of a felony within the last seven (7) years? _____ Yes _____ No

If yes, please give _____
detailed information _____
about your felony _____
conviction: _____

Name: _____ Application Date: _____
Last First M.I.

Center for Independent Living Southwest Kansas tries to help match consumers and personal care attendants to help make the best suitable working environment. To do so, we ask you to answer the following questions.

Please check the responsibilities you want to assist:

- Bathing / Showering
- Dressing
- Toileting
- Transferring
- Walking / Mobility
- Eating
- Meal Preparation
- Shopping
- Money Management
- Accompanying for Medical
- Laundry / Housekeeping
- Management of Medications / Treatments

Please check all the shifts you are available:

	Morning	Afternoon	Evening	Overnight
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long would you like the Center for Independent Living Southwest Kansas to keep your application on file? 1 Month 3 Months 5 Months
 2 Months 4 Months 6 Months

Please provide names, job titles, locations, and phone numbers of at least 3 individuals who can provide personal, character, or work-related references.

	Reference 1	Reference 2	Reference 3
Name:	_____	_____	_____
Job Title:	_____	_____	_____
Location (City, State):	_____	_____	_____
Phone Number:	_____	_____	_____

Please include additional comments about yourself that would assist you in better placement for a job with one of our consumers: _____

By signing this application, I certify that the answers given by me to the foregoing questions and statements are true and correct, and I authorize investigation of all statements contained herein. I understand that any misleading or incorrect statements will result in my application being removed from consideration and that the Center for Independent Living Southwest Kansas or the employer shall not be liable in any respect if employment is denied or terminated because of false, misleading, or incorrect statements, answers, or omission made by me in this application. This also is an authorization for this information to be shared in electronic format to interested registered users of the PCA Information & Resources. Further, I understand and agree that employment is for no definite period and may be terminated at any time by either me or the employer.

Signature: _____ Date: _____