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Hyattsville, MD 20783
Phone: 240 825-3153 Fax: 240 825- 3154

Job Overview

Company: Elites Care, LLC.

Industry: Elderly and Persons with
Physical Disabilities.

Job Type: Full-Time/Part-Time/PRN

Job Category: Entry/Mid Level

Minimum Education: High School

Minimum Experience: 1 year (Added
Advantage)

Required Skills:

- ✓ Knowledge of local communities and their activities
- ✓ Capable of working responsibly with highly confidential information
- ✓ Must be able to work as part of a team as well as independently
- ✓ Ability to carry out programs with creativity and initiative
- ✓ Must be flexible and organized
- ✓ Maintain good judgment when faced with an unexpected or disturbing turn of events

Company Overview

Elites Care, LLC is a family owned business in the District of Columbia that provides residential and community support services to eligible D.C. residents within the framework of the LTCA program. We are Medicaid certified and coordinate numerous aspects of our residents' care. Elites Care offers a full range of healthcare services through a large network of medical professionals and compassionate support staff who work with the residents to ensure a fulfillment of their potentials.

Philosophy of Service

This job carries with it the obligation to respect the dignity and recognize the potential for growth of every person who receives or provides services and supports, to advocate for the rights of people we support to pursue their own vision, and to be responsible stewards of our human and financial resources in order to create an environment committed to quality. A commitment to the Elites Care's values should be demonstrated as job duties are performed.

Vacancy Announcement: Homemaker

Job Description: The Homemaker provides homemaker services and other related services in the home of the beneficiary being served. He/she functions under the directions, instruction and supervision of the homemaker supervisor and the Director of Nursing or appropriate supervisor and other duties as deemed necessary.

Job Duties and Responsibilities: Homemaker will be assigned to a particular person(s), performing (but not limited to) the following tasks:

- Take and follow orders for daily housekeeping chores based on the beneficiaries' plan of care directives.
- Clean surfaces such as floors in kitchens, rooms, and hallways by performing sweeping and mopping duties.
- Perform preventative infection control procedures through effective sanitation of all surfaces and furniture.
- Dust and polish furniture and fittings and ensure that they are properly restored according to provided instructions.
- Interacts with beneficiaries, visitors and guests to determine their needs and attempt to fulfill them immediately.
- Change bedsheets and ensure that all soiled or dirty linen including towels and napkins are transported to the laundry.
- Anticipate the needs of patients and guests and provide them with information regarding Elites Care's policies and procedures.
- Provides transportation, if needed.
- Assists person to integrate into the community by accompanying them to social and spiritual activities of their choice.
- Empty trash baskets and clean ashtrays and ensure that appropriate trash removal activities are carried out.
- Ascertain that storage areas are properly stocked and kept clean and tidy at all times.
- Clean and shampoo rugs and carpets and ensure that all drapes are vacuumed and washed properly
- Prepare and properly store food for the beneficiary.
- *Performs all other duties as assigned by their supervisor.*

Job Requirements/Qualifications and Certifications:

- 18 years or older
- High School Diploma
- Driver's License and Reliable Transportation
- Proof of Hepatitis B Vaccine
- PPD/Chest x-ray and Physicals
- TME (If Applicable)
- American Red Cross Standard First Aid Certification
- Cardio-Pulmonary Resuscitation (CPR) Certification



APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ Phone # 1: _____ Phone # 2: _____

Date of Birth: _____ SSN: _____ E-mail: _____

Are you authorized to work in the U.S.? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Position (s) applied for: _____

Check the employment type(s) and shift(s) that best suit your schedule below:

- Full-Time Employment Part-Time Employment Impromptu
 Morning Evening Overnight Weekdays Weekends Doubles

How did you hear of this opening? (If referred by current employee, please print name): _____

When can you be available to start work? _____

Some positions may require driving. Do you have a valid Driver's License? Yes No

Are there any conditions which would limit you from performing the essential functions of the position(s) you are applying for? Yes No (If yes, please explain. Use extra paper if necessary)

Have you been convicted of a felony within the last seven years? Yes No
(If yes, please explain. Use extra paper if necessary)

EEOC Race/Ethnic Identification:

(Complete this section only if you choose to do so)

- White Black (Non-Hispanic) Hispanic
 Asian or Pacific Islander American Indian or Alaskan Native

EDUCATION

| School Name and Location | Year | Major | Degree |
|---------------------------------|-------------|--------------|---------------|
| High School _____ _____ | _____ | _____ | _____ |
| College _____ _____ | _____ | _____ | _____ |
| Post College _____ _____ | _____ | _____ | _____ |

In addition to your work history, do you have any other skills, qualifications, experiences, trainings or certifications that we should consider? (If yes, please list below)

EMPLOYMENT HISTORY (Please start with most recent employment)

Company Name: _____
Address: _____
Phone: _____ Fax: _____
Start Date: _____ Starting Position: _____
End Date: _____ Ending Position: _____
Supervisor's Name: _____ E-mail: _____
May we contact employer? _____ Yes No
Responsibilities: _____

Reason for leaving: _____

Company Name: _____
Address: _____
Phone: _____ Fax: _____
Start Date: _____ Starting Position: _____
End Date: _____ Ending Position: _____
Supervisor's Name: _____ E-mail: _____
May we contact employer? _____ Yes No
Responsibilities: _____

Reason for leaving: _____

Company Name: _____
Address: _____
Phone: _____ Fax: _____
Start Date: _____ Starting Position: _____
End Date: _____ Ending Position: _____
Supervisor's Name: _____ E-mail: _____
May we contact employer? _____ Yes No
Responsibilities: _____

Reason for leaving: _____

Why do you want to work with this population? (Please use extra paper if necessary)

Please read thoroughly and sign:

I certify that the facts set forth in this application for employment with Elites Care, LLC are true and complete to the best of my knowledge. I understand that if I am employed, false statements/misrepresentation on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational, criminal and employment history. I agree to conform to policies and procedures of Elites Care, LLC and I understand that due to the nature of business work schedules may be subject to change with sufficient notice, and that overtime, weekends and holidays may be required.

I have read and understand that I (through the nature of my employment) maybe involved in incidents requiring physical interventions and /or assistance. To assure the safety of the persons we serve, intervention(s) maybe inherent to my position, and may occur without provocation or stimulation. Intervention(s) will occasionally result in bruises and scrapes. I also understand that the nature of my job makes it possible for me to come in contact with blood, mucus membranes and other body fluids that may be contaminated with Hepatitis B Virus (HBV). I am aware that the HBV vaccine will reduce my risk of being infected by 90% and hence prevent serious liver damage. I have been advised to take this vaccine at my own cost; though Elites Care, LLC can finance the cost of this vaccine through my paychecks.

Lastly, I understand that employment at this company is "at will", which means that either I or Elites Care, LLC can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

Signature: _____ Date: _____



PROFESSIONAL EMPLOYMENT REFERENCE FORM

(To be completed by a supervisor at your work place or professor at your school)

Please complete the top portion of this form and send it to the reference concerned. Once completed, this form must be mailed or faxed to the address at the bottom of the form.

Applicant's Name _____ Date _____

Position Applied For

I authorize Elites Care, LLC to request and secure a full and candid reference from the reference named below to provide answers to the questions noted on this form concerning my employment history and/or other professional performance. (* Indicates required field)

*Reference Name: _____ *Company Name: _____

*Reference Title: _____ *Phone: _____ *Fax: _____

*Address: _____ *City: _____ *State: _____ *Zip Code: _____

Reference E-mail: _____

Applicant's Signature: _____ Date: _____

The portion below is to be completed by the reference

Dates of Employment: From (Month/Year): _____ To (Month/Year): _____ Would you rehire? Yes No

Applicant's former/current position held: _____

Reason for Leaving: _____

Table with 5 columns: Poor, Fair, Good, Exceptional, Unknown. Rows include Character (Honesty, Integrity, Reaction to correction, Ability to mentor, Trustworthiness, Work ethic), Competence (Knowledge, Job skills, Work quality, Quantity of work, Ability to learn, Judgement, Communication), and Service (Service to others, Ability to work with others, Initiative, Dependability, Attendance).

Other comments: (Use the back if necessary)

Reference Signature: _____ Date: _____

Elites Care Representative: _____ Signature: _____ Date: _____



PERSONAL EMPLOYMENT REFERENCE FORM

(A person you have known for at least 1 year who does not live at the same house as you.)

Please complete the top portion of this form and send it to the reference concerned. Once completed, this form must be mailed or faxed to the address at the bottom of the form.

Applicant's Name _____ **Date** _____

Position Applied For _____

I authorize Elites Care, LLC to request and secure a full and candid reference from the reference named below to provide answers to the questions noted on this form concerning me. (* Indicates required field)

***Reference Name** _____ **Reference Title** _____

***Address:** _____ ***City:** _____ ***State:** _____ ***Zip Code:** _____

***Phone:** _____ **Fax:** _____ **E-mail:** _____

Applicant's Signature _____ **Date** _____

The portion below is to be completed by the reference

***Indicate how long you have known the applicant:** From (month/Year): _____ To (Month/Year): _____

Would you recommend her for this job? Yes No

| | Poor | Fair | Good | Exceptional | Unknown |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Character: | | | | | |
| Honesty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaction to correction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Mentor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trustworthiness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work ethic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Service: | | | | | |
| Service to Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other general comments: (Use the back if necessary)

Reference Name: _____ Signature: _____ Date _____

Elites Care Representative: _____ Signature: _____ Date: _____