



TLC Staffing, LLC 116 E Madison St, Lake Mills, WI 53551  
(920)648-2300

Name (Last)	Name (First)		Social Security Number	
Address	APT	City	State	Zip Code
Phone Number	Cell Number		Are you 18yrs or older?	
Emergency Contact Name	Relationship:		Phone Number:	

Position Desired:		Number of hours desired per week:		
Date available:	Desired Status: FT PT Temporary	Available to work: AM PM NOC Weekends	Distance willing to travel	
Have you worked for TLC before? :	Have you worked for another agency before/where? :			
How did you hear about us?				

**Education and professional training:**

School Level	Name of School	Major Course	Number of years completed	Degree/Diploma
High School				
College				
Trade, business or correspondence				



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**Employment History (begin with most recent employer) if more space is needed please use the back.**

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed:</b>
	<b>From:</b>	<b>To:</b>	
<b>Address:</b>			
<b>Phone Number:</b>			
<b>Supervisor Name:</b>			
	<b>Hourly Rate:</b>		
<b>Job Title</b>	<b>Start:</b>	<b>Final</b>	
<b>Reason for Leaving:</b>			

<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed:</b>
	<b>From:</b>	<b>To:</b>	
<b>Address:</b>			
<b>Phone Number:</b>			
<b>Supervisor Name:</b>			
	<b>Hourly Rate:</b>		
<b>Job Title</b>	<b>Start:</b>	<b>Final</b>	
<b>Reason for Leaving:</b>			

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<b>Reason for Leaving:</b>			



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- |  |            |           |
|--|------------|-----------|
| <b>Are you employed now?</b>   | <b>YES</b> | <b>NO</b> |
| <b>May we contact your present employer?</b>                           | <b>YES</b> | <b>NO</b> |
| <b>Are you in good standing with the Wisconsin State Registry?</b>     | <b>YES</b> | <b>NO</b> |
| <b>Have you ever been convicted of a felony with the last 5 years?</b> | <b>YES</b> | <b>NO</b> |

**If YES please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are you a United States Military Verteran?** **YES** **NO**

**If YES please specify branch:** \_\_\_\_\_

**If discharged, was it honorable?** \_\_\_\_\_

I certify that the answers given here are true and complete to the best of my knowledge and I have not withheld any information requested on this application. I authorize TLC Staffing LLC to investigate all of the information I have submitted on this application for employment as may be necessary in arriving at an employment decision and indemnify and hold harmless such parties from any and all claims or liability arising from the disclosure or release of derogatory facts made for the express purpose of preventing me from obtaining employment which the contact person discloses such facts know are untrue. I understand that misrepresentations or omissions on this application or in my interview may be cause for rejection of the application or may be cause for subsequent dismissal if I am employed.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the organization is of an "at will" nature, which means that the employee may resign at any time and employer may discharge employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules, policy/procedures and regulations of the employer.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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#### PCW JOB DESCRIPTION/SUMMARY:

A Personal Care Worker (PCW) is dedicated to providing a professional high standard of quality non-medical care customized to suit the client's needs. A PCW provides personal care and health maintenance to individuals. You will be required to work weekly flexible schedules in client's home, retirement community or medical facility. PCWs are supervised by a RN case Manager or Social Worker at Jefferson County Personal Care department PCWs receive detailed instructions explaining when to visit clients and what services to perform for them. PCWs work impudently with only periodic visits for the client is Case Worker.

#### Qualifications:

- Must have a high school diploma or documentation of a GED
- CNA in good standing with the State of Wisconsin with 6 month experience.
- Ability to work effectively, safely and independently in a multitude of environments.
- Experience working with the elderly, disabled, chronically ill, cognitively impaired individuals and children.
- Ability to carry out directions exactly as written.
- Must be able to communicate well, both in written and verbal.
- Good assessment skills
- Housekeeping and cooking skills
- Work varying shifts, including 2 weekends per month
- Must have a valid/current driver's license and Automobile insurance
- Active phone
- Reliable transportation
- Maturity and ability to deal effectively with the demands of the job.
- Must be dependable, drug and alcohol free
- Must have current TB test

#### Responsibilities:

- At all times, follow an established plan of care and delegation of procedures that meets the needs of the individual.
- Provide light housekeeping and homemaking tasks such as laundry, changing bed linens, shop for food, plan and prepare meals. Vacuuming, cleaning kitchen, bathroom, living quarters of the client.
- Assist clients in the use of toilet facilities, including urinal and bed pans.
- Assist with bathing, skin care, and shampoo, grooming, caring for teeth and dressing assistance.
- Assist client in the use of toilet facilities, including urinal and bedpan.
- Assist client with walking including the use of walkers and wheelchairs.
- Meal prep and grocery shopping
- Assist with prescribed exercises when required
- Record and report changes
- Participate in ongoing in services
- Must practice universal precautions



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#### Judgment and Reasoning ability:

- Must have the ability to make reasonable observation about a client and know when to report all these to RN.
- Must have the ability to reason with clients of all backgrounds. Some clients may be more difficult and it is your responsibility to know how to redirect the client.

#### Schedule:

Must be able to work at the times the PCW submits to TLC office. This is with the understanding that occasionally the client visits may need to be flexible depending upon scheduling needs. Occasional work may also be required to cover shifts in an emergency depending upon your availability.

#### Working Environment:

PCWs are required to work in client homes. Environment varies from client to client. No heavy lifting, outside work.

#### Lifting Requirements:

Ability to perform the following tasks if necessary:

- Ability to participate in physical activity.
- Ability to work for extended period while standing, bending, squatting, sitting, pulling and pushing.
- Ability to lift up to 100lbs.

#### Dress Code:

Must dress professionally at all times. Scrubs are preferred but clean jeans, tee shirts or sweatshirts are allowed. Tennis shoes are preferred. NO OPEN TOED SHOES! No low cut tops or low hanging pants. Hair must be tied back off face. Personal hygiene is very important.

**PERSONAL CARE WORKER SKILLED CHECKLIST**

Please check skills you have experience with, leave blank what you do not have experience.

Shower (hand held) or Bath		Sponge Bath/Partial Bath Wash & Rinse Body		Wash Hair/Condition/Rinse Comb/brush/style/set hair
Dry body thoroughly		Apply deodorant		Perineal Care
Shave face/legs/underarm		Thoroughly dry shower chair		Clean up Bathroom
Put supplies away		Foot soak		Ear Care
Wash face/apply moisturizer		Brush teeth		Fingernail care-trim/file
Denture Care		Lotion skin		Toe nail care-file
Remove/Apply Ted Hose (elastic stockings)		Dressing/undressing		Apply foot brace
Pivot transfer		Slide board		Hoyer lift-Manual/Electric
Tub transfer		Transfer 1 assist		Ambulate
Ceiling track lift		Toilet/commode/urinal/bedpan		Clean toilet / equipment
Incontinence care		Condom Catheter application		Depends/Incontinent products
Menstrual Care		Hook-up urinary drainage		Drain Catheter Leg Bag
Clean urinary drainage equipment		Change leg bag		Care around Colostomy site
Bowel Program Assistance		Use of a Gait Belt		Use of LIFE LINE
SKIN CARE: Prevent skin breakdown		Treat skin breakdown		MEDICATION: Med Reminder
EXERCISE: Range of Motion		Strengthening		Circulation
POSITIONING: Position in bed		Night time turning assistance/reposition		RESPIRATION: Set up C-Pap machine
Meal Prep: Prepare food		Cook/use a stove/oven/microwave		Serve/cut foods
Feed a client		Put food away		Clean up-wash dishes/counters/appliances
Check for outdated food		Clean oven		Clean stove
Clean refrigerator		Make/change bed		Sweep/Vacuum/Mop floors
Dust furniture		Clean toilet/commode		Scour tub/shower/sink
Empty trash		General clean-up		Wash mirrors
Wash doors/light switches/door handles		Wheelchair cleaning		LAUNDRY: Sort clothes
Hand wash items		Wash clothes in washing machine		Dry clothes in dryer on proper setting
Line dry clothes		Do laundry at a Laundromat		Iron
SHOPPING: Assist making list		Assist with food stamps/store charge		Assist in store
Carry purchases home/put away		Transport to medical appointments		COMMUNICATION: Write



Consent to release information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of company: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ Fulltime \_\_\_ Part-time \_\_\_\_\_ Rate of pay at end: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Rehire eligible: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of company: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ Fulltime \_\_\_ Part-time \_\_\_\_\_ Rate of pay at end: \_\_\_\_\_

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of company: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ Fulltime \_\_\_ Part-time \_\_\_\_\_ Rate of pay at end: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Rehire eligible: \_\_\_\_\_

By signing below you give TLC Staffing the rights to the above information for all employers listed.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Space: Please do not write anything below.**

Name of person contacted: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Rehire eligible: \_\_\_\_\_

Comments: \_\_\_\_\_

Name of person contacted: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Rehire eligible: \_\_\_\_\_

Comments: \_\_\_\_\_

Name of person contacted: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Rehire eligible: \_\_\_\_\_

Comments: \_\_\_\_\_