

Aging Services for Communities (ASC)

HOME MANAGEMENT JOB DESCRIPTION

Position Title: Home Management Worker

GENERAL DESCRIPTION

Primary function is to assist homebound citizens with daily household duties such as shopping, laundry, cleaning and cooking. Reports directly to a designated Supervisor.

KEY RESPONSIBILITIES

1. *Performs shopping duties for clients and picks up grocery items, medications, etc.
2. *Performs light housekeeping tasks including dusting, vacuuming, washing windows, mopping floors, cleaning sinks, bathtub/shower, and toilet, changing bed linens, laundering linens and personal clothing, emptying trash, and cleaning closets, cupboards, stove and refrigerator when necessary..
3. Provides emotional companionship to the homebound client.
4. Plans & prepares meals including special diets prescribed by physician. Cleans up Kitchen area and does dishes.
5. *Keeps records and completes paperwork in the performance of duties.
6. Observes and reports any emotional or physical changes in clients to Supervisor.
7. *Travels in the performance of daily duties.
8. Performs other duties as assigned.

9. Attend Educational Sessions & Training as required by Supervisor.

* Indicates an "essential" job function.

The information on this description has been designed to indicate the general nature and level of work performed by employees. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications required of employees assigned to this job. Director has the right to change or expand job description as necessary.

KEY JOB REQUIREMENTS

Education & Experience:

H.S. Diploma or GED required and homemaking experience or an equivalent combination of education and experience sufficient to successfully perform the essential duties of the job such as those listed below.

Knowledge Required :

Knowledge of basic housekeeping standards and techniques.

Knowledge of basic methods of food preparation.

Skills Required:

Skills in observing and reporting client conditions.

Skill in operating and using various household equipment.

Decision Making:

Basic: Ongoing supervision is provided on an "as needed" basis. Some independent judgment is necessary to select and apply the most appropriate of available procedures.

Communication with Others:

Requires regular contact with Supervisor. Communication note in file of client if family or referral source requires it.

Skill in communication, interpersonal skills as applied to interaction with co-workers, supervisor, clients, the general public, etc... sufficient to exchange or convey information and to receive work direction.

Working Conditions/ Physical Effort:

Work requires moderate physical exertion and/or physical strain. Climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, seeing,

HOME MANAGEMENT APPLICATION FORM
AGING SERVICES FOR COMMUNITIES

Home Management Services
212 1st St. South, P.O. Box 7
Montgomery, MN 56069
Phone: 507-364-5663
Fax: 507-364-5454
Email: agingservices@frontiernet.net

NAME: _____ DATE: _____

DRIVER'S LICENSE NUMBER: _____

DRIVER'S LICENSE DATE OF EXPIRATION: _____

YOUR ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER: _____

CELL NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT PERSON & PHONE: _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES NO
IF YOU ATTENDED COLLEGE WHAT IS YOUR DEGREE IN? _____

HAVE YOU EVER BEEN REJECTED FOR A POSITION DUE TO A POSITIVE
DRUG-ALCOHOL TEST? YES NO

DAYS AVAILABLE TO WORK:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
SATURDAY SUNDAY

TIMES OF DAY AVAILABLE TO WORK:

MORNINGS AFTERNOONS EVENINGS OVERNIGHTS

Employment Experience

Most recent to past employment experience

Most Recent Employment: _____

Supervisor: _____

Dates Employed: _____

Reason for Leaving: _____

Can we call the employer? _____

Employer: _____

Supervisor: _____

Dates Employed: _____

Reason for Leaving: _____

Can we call the employer? _____

Employer: _____

Supervisor: _____

Dates Employed: _____

Reason for Leaving: _____

Can we call the employer? _____

Employer: _____

Supervisor: _____

Dates Employed: _____

Reason for Leaving: _____

Any special training or experience working with older adults: _____

** PLEASE ATTACH A COPY OF YOUR VEHICLE INSURANCE FACE SHEET WITH THE TYPE OF INSURANCE AND THE AMOUNTS FOR LIABILITY/COMPREHENSIVE/COLLISION (BY MINNESOTA LAW YOU ONLY HAVE TO CARRY LIABILITY)

*** PLEASE ATTACH COPIES THAT YOU HAVE: DRIVER'S LICENSE, NURSING, NURSING ASSISTANCE (NURSING DEGREE NOT REQUIRED SINCE THIS IS NOT A MEDICAL POSITION)

MY SIGNATURE GUARANTEES THAT THE INFORMATION ABOVE IS TRUE AND I GIVE PERMISSION TO CONDUCT A BACKGROUND CHECK.

SIGNATURE: _____ DATE: _____

Please list 3 Personal References, their relationship to you and their phone number. No relatives or family members:

1.

2.

3

Optional Questions

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion or disability.

Age: _____ Male or Female: _____ Date of Birth: _____

Check the races which with you identify yourself:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbean's of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- American Indians (includes Alaskans)

Check the highest level of education you have completed:

- Less than 8th grade
- Completed 8th grade
- Attended High School
- High School Graduate or Equivalent (GED)
- Attended College and/or associate degree
- College graduate
- Attended graduate school
- Master's Degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Position applied for: _____

How did you hear about this employment opportunity?

- Newspaper, which newspaper? _____
- Radio/TV, which channel? _____
- Friend _____
- Church Bulletin, which Church? _____
- Agency posting? _____