

ELDERCARE SOLUTIONS INC.

5524 Shannon Ridge Lane
San Diego, CA 92130

858/755-2829
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Delineation of Employee Job Duties

Employee Name _____ Last 4 Digits of Social Security No. _____
 Home Telephone _____ Cell Phone Number _____
 Client Name _____ Work Site Telephone _____
 Work Site Address _____ City, State, Zip _____

Please Circle One and answer where it applies:

1. Do you work Full Time or Part Time (check one)?
 () Full Time (32 or more hrs/wk) or () Part Time (less than 20 hr/wk) () Part Time (more than 20 hrs/wk)
2. Do your job duties require you to sleep overnight? Yes No
 If yes, do you sleep at least 5 hours without interruption? Yes No
3. Type of License you hold: CNA LPN LVN RN None
4. Do you administer medication? (Prescription and/or over-the-counter) Yes No
 If yes, what is the amount of medication dispensed daily?
 1-3 Tablets/Doses 3-6 Tablets/Doses 6+ Tablets/Doses
5. If medication is dispensed; how many times a day? 1 2 3 4 5+
6. Do you lift the client? Yes No
7. Do you prepare meals for the client? Yes No
 If yes, how many times per day? _____
8. Do you feed the client? Yes No
9. Do you bathe the client? Yes No
10. Do you clean the client's house? Launder clothes or bedding? Yes No
 If yes, how many times per month? _____
11. Do you drive the client to and from places (i.e., doctor, bank)? Yes No
 If yes, do you use () Your vehicle or () Client's vehicle?
 Do you possess a valid drivers license? Yes No. If yes, attach a copy of your License.
 Do you have current auto liability insurance? Yes No. If yes, attach Proof of Insurance.

I hereby certify and declare under penalty of perjury that the above statements are true.

Employee Signature

Date

