







## Job Skill Checklist

Do you have a valid driver's license? Yes  No

Are you comfortable working with a personal computer? Yes  No

Are you comfortable assisting patients with personal hygiene needs? Yes  No

Are you ever assisted patients with medications? Yes  No

Do you have any physical limitations that would make cleaning tasks difficult? Yes  No

Have you ever written progress notes on patients? Yes  No

Describe your strengths as a Human Services Worker:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what area do you think you need the most improvement/skill development?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Positions you are applying for: \_\_\_\_\_

Please rate your preference for employment:

Full Time

Part Time

Flex Time

For Residential positions, please "x" your shift preferences or availability:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8am - 4pm							
2pm - 10pm							
4pm - 12am							
12am - 8am							
9:30am - 9:30pm							
9:30pm - 9:30am							

