



## INSTRUCTIONS FOR COMPLETING A PERSONAL ASSISTANT (PA) APPLICATION

Dear Applicant:

Thank you for showing interest in becoming a Personal Assistant (PA). PA's play a vital role in helping people with disabilities live full and independent lives. Attached to this letter is the full PA application you requested. Please complete the forms and return it to our office so we can process your information. There are several steps before you can be placed on our referral lists.

1. Complete the attached application. **Leave nothing blank.** Return it to the NICIL office with:
  - a. Clear black and white (front and back) of a **current, valid Photo ID** (e.g. IL Driver's License, State ID, Passport). Copies can also be made at the office.
2. After your application is processed you will be sent information about our next PA training course which includes all the details about the training date, location, time, and requirements. **You MUST RSVP by the deadline** in order to attend (one week prior to the class). If you miss the deadline you will have to wait for the next training date. If you are unable to attend a class within the first two (2) months of your application submission, you will be required to re-apply.
3. Orientations are three (3) hours long and are held at a variety of locations and times to accommodate different schedules. You **must attend the entire training session**. Late arrivals will not be permitted to join the class. Therefore, please arrive at least 15 minutes before the scheduled start time.
4. After you complete the PA training, your profile will be placed on our PA referral lists and will be sent out to potential employers.
5. **In order to stay on the PA list, you MUST call NICIL quarterly** (every three months) to update your information. **This is mandatory!** If you fail to do so, you will be removed from the list and will have to start the application process again if you wish to be added back.

**KEEP THIS PAGE FOR YOUR FUTURE REFERENCE. COMPLETE THE ATTACHED APPLICATION AND RETURN IT TO THE NICIL OFFICE. WE LOOK FORWARD TO YOUR ENTRANCE INTO THIS REWARDING FIELD OF EMPLOYMENT.**

## **ADDITIONAL INFORMATION:**

Northwestern Illinois Center for Independent Living (NICIL)  
412 Locust St.  
Sterling, IL 61081  
815-625-7860

### **PA JOB REQUIREMENTS:**

- Must be at least 18 years of age
- Valid Illinois Driver's license or State of Illinois valid ID
- Must have a working phone number
- Must have reliable transportation
- Must be dependable and responsible

### **EXAMPLES OF PA JOB DUTIES:**

- Personal hygiene (such as bathing/grooming, etc.)
- Bowel and bladder programs
- Transferring
- Cooking/Cleaning/Laundry
- Shopping/Dr. Appointments/Paying Bills/other out-of-home chores

### **NOTES ON THE PA REGISTRY**

When you are placed on the PA Registry your name will be given to a customer who is matched with your profile skills and availability. It does not guarantee that you will be hired by a consumer who has been sent the Registry list. NICIL is only a referral source and not the actual employer. Consumers are encouraged to complete their own criminal background checks on new PAs they hire for the position.

Any false or misleading information provided will cause PAs to be removed from the referral list. If PAs do not keep NICIL informed as to ANY and ALL phone number changes and/or address changes, said individual will be removed from the referral list. If said individual does not act in a respectful, responsible and courteous manner to staff and/or to the PA consumer (your employer), that individual will be permanently removed from the NICIL referral list.

### **NOTE ON BACKGROUND CHECKS:**

Per Department of Human Services Title 89, Chapter IV, Section.686.25 Background checks conducted by Illinois Centers for Independent Living have ceased to be utilized. Background checks may be conducted by the individual consumer pending hiring Personal Assistance. Personal Assistance will have a background check conducted by the Department of Human Services before being offered a position.

**NICIL PERSONAL ASSISTANT (PA) APPLICATION:  
Please print all information with blue or black ink**

Name \_\_\_\_\_  
                    LAST  FIRST  MIDDLE INITIAL

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(Please notify us if any of demographic information changes once you have submitted application)

Email address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

D.O.B \_\_\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_M\_\_\_F

Smoker? \_\_\_Y\_\_\_N      Do you currently have a driver's license? \_\_\_Y\_\_\_N

If no, please explain \_\_\_\_\_

Training preference: Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

**Employment History**

*(Please print or you may attach a resume)*

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ph. # \_\_\_\_\_  
Title/Duties \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ph. # \_\_\_\_\_  
Title/Duties \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ph. # \_\_\_\_\_  
Title/Duties \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

NICIL does not discriminate with regard to race, color, religion, creed, gender, national origin, age, disability, marital/veteran status or any other legally protected status.

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer?

Yes     No

With my signature below, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

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Please print your name

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Signature

Date

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412 Locust St.  
Sterling, IL 61081  
815-625-7860

Please visit our website at: [www.nicil.org](http://www.nicil.org) for a schedule of our upcoming Personal Assistance (PA) classes. NICIL is growing and changing! Join us in our upcoming events and see why we are excited about NICIL!

Please note: Classes will only be held with two (2) or more confirmed attendees. Please RSVP upon receipt of your class invitation by the deadline date to ensure the class will be conducted.