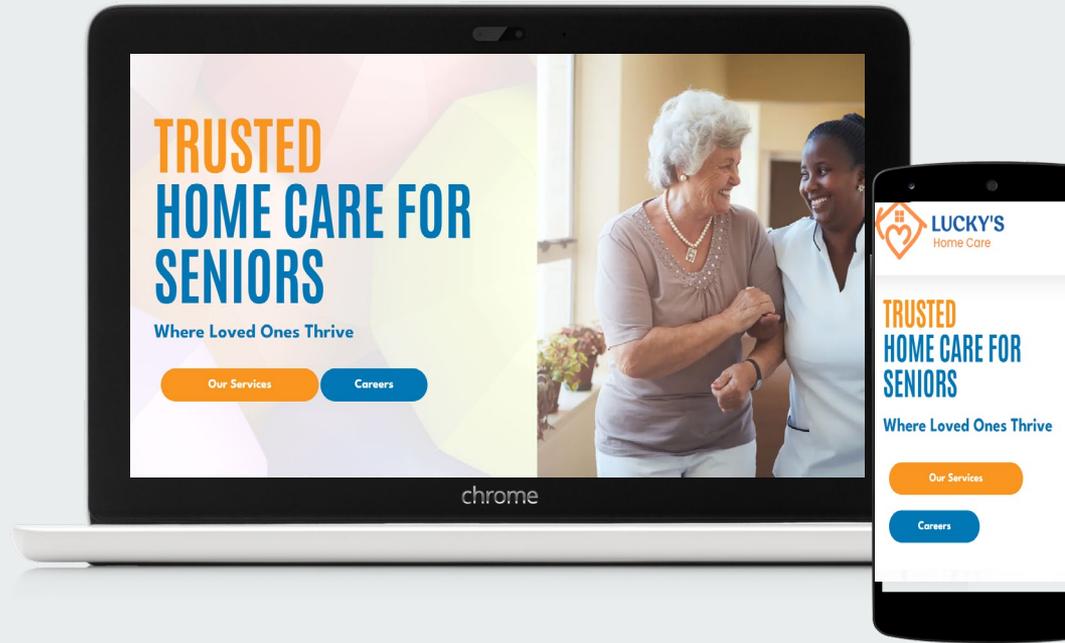

Navigating the Application Process

A walkthrough on how to apply at
Lucky's Home Care



Choose
the Apply
button
again to
move
forward.

Lucky's Home Care, LLC

Here at Lucky's Home Care, we assist individuals with their daily living, provide safety, and comfort. We provide assistance to people with basic tasks such as bathing, dressing, grooming and eating. We also help with home management tasks such as preparing meals, grocery shopping, and cleaning.

[View company website](#)

[Follow on Facebook](#)

Current Job Openings:

[Caregiver / Home Health Aide](#)

[Remote](#)

Looking to hire Caregivers, Home Health Aides (HHA)Weekly Pay!Positions available in and around Pittsburgh and some in Beaver county!Looking for Full time and Part...

With either option you will get to a page that looks like this.

If you have a electronic resume and/or cover letter that is great. If not just enter your email address and click the Apply Now button.



[view all jobs at this company](#)

Caregiver / Home Health Aide

Lucky's Home Care, LLC

This is a remote role

Share:

Looking to hire Caregivers, Home Health Aides (HHA)

Weekly Pay!

Positions available in and around Pittsburgh and some in Beaver county!

Looking for Full time and Part time Morning shifts, Evening Shifts, and Overnights.

Summary:

As a direct care worker, you will provide assistance and support to consumers who are not able to look after themselves, You will have the responsibility of working directly with consumers . Consumers are the clients who have chosen to use the services of our organization with their assistance with activities with daily living (ADL) and instrumental activities of daily living (IADL).

Responsibilities:

- Physical movements such as lifting objects over 50 lbs, stooping, bending, squatting, pushing, pulling, and reaching
- Ensures that each consumer participates in social/leisure/recreational activities based on individualized plans
- Provides social, emotional, and environmental supports to ensure the happiness, health, and safety of the consumers
- Provides support to residents in activities of daily living such as personal/oral hygiene and appropriate dress; requires the transfer of non-ambulatory consumer
- Performs household duties and assists/supervises the consumer in performing household duties to ensure that the consumer and home are clean, safe, and secure at all times
- Medication reminder

Upload Your Resume *Accepted formats: .pdf, .doc, .docx*

[Choose File](#)

Upload Cover Letter *Accepted formats: .pdf, .doc, .docx*

[Choose File](#)

Email

[Apply Now](#)

By clicking the button, I agree to the [GetHired Terms of Service](#)

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Caregiver / Home Health Aide

[Lucky's Home Care, LLC](#)

[This is a remote role](#)

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Upload Your Resume *Accepted formats: .pdf, .doc, .docx*

Choose File

Upload Cover Letter *Accepted formats: .pdf, .doc, .docx*

Choose File

Email

What letters are in the image?



FBBN

Apply Now

By clicking the button, I agree to the [GetHired Terms of Service](#)

GetHired.com member? [Login to Apply](#)

After entering your email address you will see a challenge to test if you are human.

Fill the empty field with the letters you see.



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Complete Your Account

First Name

Last Name

Phone

Password

I consent to receive SMS/text messages, from companies that I have applied to with information or questions about my application. I understand that this consent is not a requirement for using the GetHired system. Read the [Terms of Service](#) and [Privacy Policy](#).

Privacy Options

- Public** - Allow employers to search for me.
- Private** - Do not allow employers to search for me.

Continue

Now you will create an account with GetHired and us.

Fill the name fields and phone, plus make a password that you will remember. In the Privacy Options we suggest picking "public."

The next page has a series of questions that are all optional and you can click continue.



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- Medication reminder
- Encourages the consumer in the acquisition of skills to achieve a greater level of independence
- Participates in required training sessions and meetings

Qualifications:

- Experience preferred but not required- Complete training provided!
- 18 years of age or older
- Valid Driver's License or State ID
- Must pass physical and 2-Step TB.

Education:

- High school or equivalent

Our Non- Discrimination Policy

Work Opportunity Tax Credit Assessment

Employers use these questions to pre-screen and to make a written request to their state workforce agency (SWA) to certify an individual as a member of a target group for purposes of qualifying for the work opportunity credit.

Have you worked for this employer before?

- Yes
 No

Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit?

- Yes
 No

In the last two years, have you or someone in your family received any of the following:

- Temporary Assistance for Needy Families (TANF)
 Supplemental Social Security (SSI)
 Food Stamps (SNAP)
 No

Have you been unemployed for the past 27 weeks and have received unemployment compensation for at least a part of this period?

- Yes
 No

Are you a U.S. Military Veteran?

- Yes
 No

Were you referred to an employer by:

- A Vocational Rehabilitation Agency approved by a State
 An Employment Network under the Ticket to Work Program

Equal Employment Opportunity is the Law and we collect this data, privately.

Sex

Please choose

Race/Ethnicity: Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- White**
A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American**
A person having origins in any of the Black racial groups of Africa.
- American Indian or Alaska Native**
A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian**
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander**
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races**
All persons who identify with more than one of the above five races.
- I do not wish to be identified**

Continue

Both questions must be answered

The next page is your basic application form- All fields with a red asterisk must be filled out.

☰ LHC Application

Personal Information

First Name *	Last Name *	Email *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 1 *	Apt #	
<input type="text"/>	<input type="text"/>	
City *	State *	Zip Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you been a resident of Pennsylvania for 2 or more years? *	Home Phone	Emergency Contact *
<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="(888)888-8888"/>	<input type="text"/>
Emergency Contact Phone *	Relationship to Emergency Contact *	License/ ID State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number *	Date of Birth *	License/ ID Number
<input type="text" value="000-00-0000"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>
Position Applying For *		
<input type="text"/>		

**After
completing the
form, don't
forget to read
the terms and
check the box.
Click within
the signature
field to sign.**

Please read carefully

You certify that the information given by you to LHCLLC which does include a Disclosure Statement, is true and correct and that no attempt has been made to conceal pertinent information. If employed you will be subjected to immediate dismissal at any time during your employment if you have provided any false or misleading information during any part of this application process.

You authorize LHCLLC to solicit information regarding your performance, character, skill, reason for separation, and similar background material from current or former employers, schools, law-enforcement agencies, and personal references and release all persons connected with such solicitation for information from all claims, liabilities or damages arising out of such request. You also released from all claims, liability and damage all organizations and individuals connected with furnishing are such information.

LHCLLC offers equal employment opportunity to all applicants, without regard to their race, national origin, age, color, sex, marital status, religious beliefs, veteran status, or disability. Applicants who require accommodation for a disability in order to complete the application/interviewing process or encourage to request such accommodation.

You certify and understand that any information received by you while being employed for LHCLLC is confidential. This includes personnel, office policies and patient information. You certify to keep information regarding these areas confidential and understanding disclosing any information is in violation of local state and federal laws.

Misconduct clause - Any action or behavior that incurred while providing regular direct care work services for a customer that results in a customer to send that direct care worker home or will not allow that worker into the home is deemed misconduct and subject to immediate termination.

All interviews will be conducted face-to-face.

read, understand and agree to the terms above.

Signature *

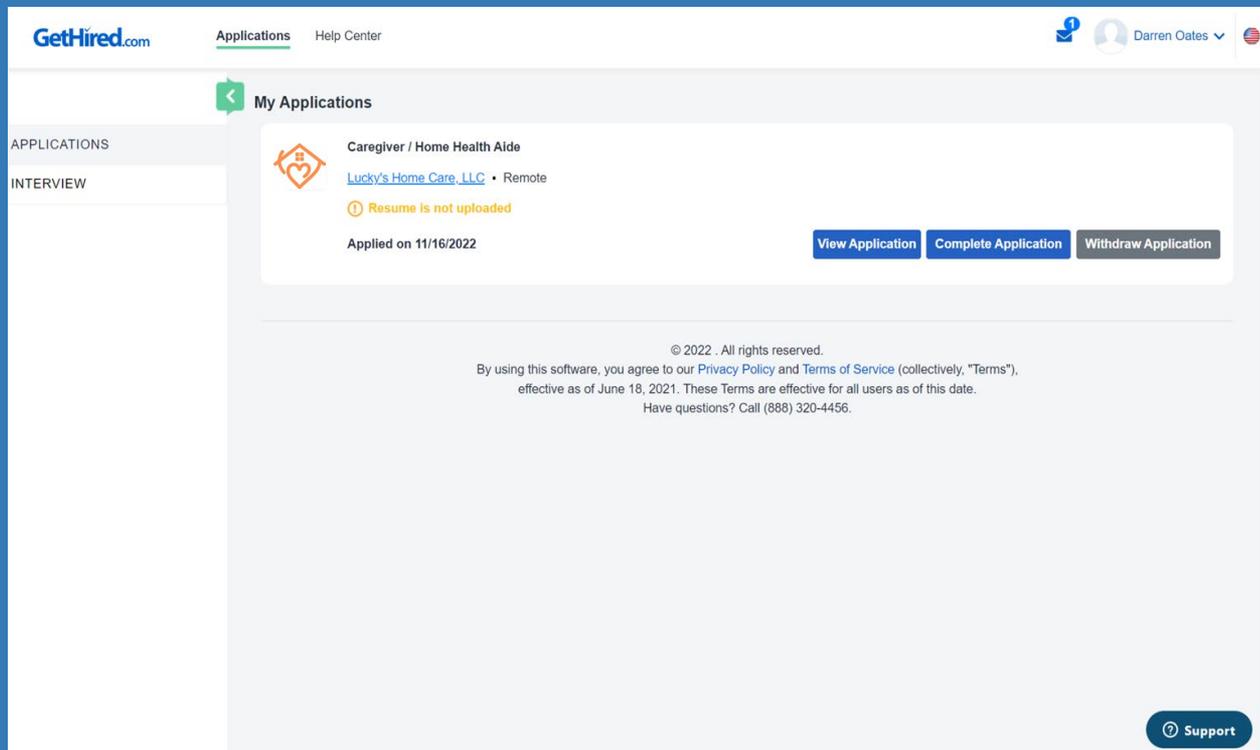
Your Signature

Click to pop-up signature box

Date *

MM/DD/YYYY

After you did everything correctly, you should see a page like this.



We will be in touch with you soon, thanks! Look for a confirmation email.