

**CARROLL GOLDEN AGE RETREAT**  
**PO BOX 365**  
**CARROLLTON, OH 44615**  
**(330) 627-4665**

**MOBILITY AIDE**

**POSITION SUMMARY:**

Mobility aide is a health care professional who is responsible for providing a variety of mobility and rehabilitation care for residents/patients to maintain or regain physical, mental and emotional well-being. Their primary duty is to address range-of-motion and mobility issues that can impact a person's life and lifestyle. It is a very hands-on job and requires patience and a genuine interest in the well-being of clients. Under the supervision of the Director of Nursing, Superintendent and/or floor nurse.

Mobility aides are responsible for helping residents/patients with active range of motion (AROM) and passive range of motion (PROM) including but not limited to mobility, transferring, walking, dressing, grooming, hand roll care, restoration and reminiscence therapy as assigned.

Restorative programs are essential for ensuring the residents retain skills they completed in therapy. This program will also help maintain and improve muscle mass, mobility, and help to prevent sarcopenia, the natural loss of skeletal muscle mass and strength.

Our goal at Carroll Golden Age Retreat is to provide the physical, mental and emotional therapy to all of our residents allowing them to restore and maintain the highest possible level of functioning a resident can possess.

**QUALIFICATIONS:**

- Demonstrates acceptable skill proficiency in those areas of restorative nursing that the facility has determined it will make available to its residents.
- Demonstrates proficiency in motivating residents to participate in and complete restorative programs.
- Demonstrates a practical knowledge of facility policies and procedures for restorative nursing as set by Director of Nursing.
- Has knowledge on the effects of aging, inactivity, and disability
- Has knowledge of basic anatomy and how the body moves
- Follows appropriate safety and hygiene measures at all times to protect residents and themselves.
- Complies with facility guidelines for documentation.
- Relates well to residents, their families, and facility staff.
- Interacts well with Director of Nursing/Superintendent and implements individual programs as developed.
- Maintains equipment and supplies for treatment.
- Maintains consistent resident care schedule and is efficient in use of time.
- Able to perform duties with a minimum of supervision.
- Identifies potential problems/issues and reports to supervisor in a timely manner.
- Maintains a professional attitude and appearance.
- Is supportive of facility goals and objectives.

**DUTIES:**

- Receives specific restorative nursing assignments directly from the Director of Nursing. These assignments often involve residents who are discharged from formalized therapy and have specific orders from the therapist.
- Performs ROM (both AROM and PROM), ADL specifics, hand roll care, proper positioning and hand & leg exercises and activities as tolerated.
- Attends care-planning conferences.
- Informs Director of Nursing of suggestions for changes that he/she perceives as necessary for improving resident care and that would help a resident reach their highest possible functioning level.
- Assists in range of motion exercises including ambulatory training as necessary.
- Demonstrates proficiency with range of motion exercises to reduce the effects of strokes on weakened limbs.
- Assist with walking with gait belt using proper technique.
- Perform range of motion on bed ridden patients with proper positioning once complete.
- Perform routine skin inspections on residents and report signs of pressure and need for positioning to Director of Nursing.
- Assist patients with ambulation, exercise, documented meal percentages, assisted with transfers and helped with adls.
- Assist clients in ADLs, mobility, eating and swallowing, dressing, grooming and bathing.
- Organize patient care activities to complete patient care based on priority of patient needs.
- Ambulate and give patient care when needed.
- Provide patient transfers and assist nurse aides with all other patient care including but not limited to grooming, toileting, bathing and feeding.
- Assist RN, LPN, Nurse Aides and Dietary in ensuring optimal patient care. Exchange all information necessary for quality patient care.

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Signature

Date

**The ideal candidate must have specialized training in restorative care and mobility. This prospective staff must have hands-on experience and be able to demonstrate the specified care as listed in the job description.**

## CARROLL COUNTY APPLICATION FOR EMPLOYMENT

*Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify the supervisor of the department at which you are applying. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

### POSITION

Position Applied For

Date of Application

How did you hear about the position?

Date available for work

What is your desired salary range or rate of pay?

Type of employment desired

Full Time

Part Time

Seasonal

### APPLICANT INFORMATION

Last Name

First

M.I.

Street Address

Apartment/Unit #

City

State

ZIP

Phone

E-mail

Best time to contact you?

Have you ever submitted an application to Carroll County?

YES

NO

If yes, when?

Have you ever been employed by Carroll County?

YES

NO

If yes, when?

Are you legally eligible for employment in the United States?

YES

NO

If you are under 18, can you furnish a work permit?

YES

NO

Do you have a valid driver's license?

YES

NO

State/Number:

Are you able to meet all of the attendance requirements of this position?

YES

NO

Are you able to work overtime if necessary?

YES

NO

Will you travel if the position requires it?

YES

NO

Do you have any friends or relatives currently employed by Carroll County?

YES

NO

If yes, who?

### EDUCATION

High School

Address

From

To

Did you graduate?

YES

NO

Degree

College

Address

From

To

Did you graduate?

YES

NO

Degree

Other

Address

From

To

Did you graduate?

YES

NO

Degree

**EMPLOYMENT HISTORY**

Starting with your most recent employer, provide the following information. Include any relevant volunteer activities, but exclude any organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Company		Phone	
Address		Supervisor	
Job Title	Ending Salary	\$	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Ending Salary	\$	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Ending Salary	\$	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities			
From	To	Reason for Leaving	

Please explain any gaps in employment

Have you ever been fired or asked to resign from a job? YES  NO  If yes, explain on separate sheet

**PROFESSIONAL OR TRADE ORGANIZATIONS**

Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Office(s) Held
Organization	Office(s) Held

**REFERENCES**

Name	Relationship
Phone	Email
Name	Relationship
Phone	Email
Name	Relationship
Phone	Email

**DISCLAIMER AND SIGNATURE**

I certify that all information I have provided in order to apply for and obtain employment with Carroll County is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Carroll County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Carroll County the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Carroll County in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Carroll County, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Carroll County, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with Carroll County is of an "at will" nature, which means that I am free to resign at any time and Carroll County reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Carroll County at any time. I understand that no representative of Carroll County is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Appointing Authority.

**DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature		Date	
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