

Name: _____

In Home Personal Care

Requirements & Conditions of Employment

1. All applicants must be eighteen (18) years of age or older unless you are 16-18 years of age and have participated in a related school-based job training program or have successfully completed a certified Home Health Aide Competency Evaluation.
2. All applicants must be able to communicate effectively with the client and In Home Personal Care staff. This means you must always have a working phone to contact the office and/or the client. All employees must keep the office informed of any change in address or phone information.
3. All applicants are subject to criminal background checks. An individual who has been convicted of a crime specified in the Minnesota Rules part 4668.0020, subpart 14, or a comparable crime in another jurisdiction, is disqualified from being a PCA unless you meet rehabilitation criteria specified in Minnesota Rules, part 4668.0020, subpart 15.
4. In Home Personal Care is a drug free employer. All applicants must be able to pass a drug test.
5. A minimum 50 lbs. weight lifting ability is mandatory for employment.
6. All applicants must complete an In Home Personal Care training program with the Education Coordinator prior to working with a client. You must also respond appropriately to client needs and report changes in the client's condition to the In Home Personal Care supervising Registered Nurse.
7. You must have reliable transportation to and from your job. If you drive, you must have a valid driver's license and insurance. If you use your own car to run an errand while on In Home Personal Care's time and are involved in an accident, In Home Personal Care, as your employer, could be involved in a third party liability claim. Our insurance company has requested that each In Home Personal Care employee carry automobile liability insurance (suggested \$300,000 minimum) on date of hire.
8. You must follow the emergency procedures as given to you. If you do not follow the emergency as outlined to you, legal action may occur. This could include being reported to Vulnerable Adult.
9. The starting pay for PCA positions within the agency is \$9.25 – 9.50 per hour.
10. As a requirement for employment with In Home Personal Care, a minimum of two shifts must be worked per month on a Saturday or Sunday.
11. We check professional references before being scheduled for an interview. Please ensure the contact information provided on the reference check form is correct. We only accept professional references from previous employers on the reference check form, not friends or family members.
12. Depending on the number of hours you work, we offer the following benefits:
 - Part time employees: Dental, AFLAC
 - Full time employees: Medical, Dental, AFLAC, VacationDirect deposit is available to all employees.
13. You must provide In Home Personal Care with a valid picture ID before an interview can be conducted. A second proof of ID is required no later than three days after your hire date.

I understand these requirements/conditions of employment for In Home Personal Care. I understand if I breach on any of these stipulations, I may be terminated. Furthermore, I take full responsibility for all legal recourse that can result from not conforming to these conditions.

Signature _____ Date _____



Application for Employment

In Home Personal Care is an Equal Opportunity employer. We do not discriminate in employment based on race, color, creed, ancestry, religion, sex, handicap, age, national origin, marital status, sexual preference, and veteran status, status with regard to public assistance or re-employment rights.

*Please print

Date _____ Name _____
Last First Middle initial

Address _____
Street number/name City State Zip code

Home phone _____ Cell _____ Other _____

Email: _____

How did you hear about this company? _____

List any training, certifications, etc applicable to position: _____

Educational Experience:

Name and location of High School, College, University, Technical, Professional, Business, Correspondence, Trade or other school	Degree received Yes/no	Type of certificate/ degree	Major Emphasis Area

Please list the cities you are willing to work:

What types of disabilities have you worked with?

Do you have a preference of working with children or adults? Children Adults No preference

Mode of transportation: Bus Vehicle Other

Are you allergic/fearful of: Dogs Cats Smoking None of the above

Availability: This is Very Important! Please fill out your available times as accurately as possible—In Home Personal Care will take every opportunity to match you with a client who fits your experience and availability.

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:							
End:							
Start:							
End:							

In Home Personal Care

Work Experience (please list your present or most recent employment first)

May we contact your present employer? Yes _____ No _____

Company Name	From: Month Year	To: Month Year	Full Time _____ Part Time _____ # of hours _____
Address	Position	Total time in position ____ Years ____ Months	Supervisor
City State Zip	Reason for leaving	Last salary	Phone number
Describe duties			

Company Name	From: Month Year	To: Month Year	Full Time _____ Part Time _____ # of hours _____
Address	Position	Total time in position	Supervisor
City State Zip	Reason for leaving	Last salary	Phone number
Describe duties			

Company Name	From: Month Year	To: Month Year	Full Time _____ Part Time _____ # of hours _____
Address	Position	Total time in position	Supervisor
City State Zip	Reason for leaving	Last salary	Phone number
Describe duties			

I authorize an inquiry to be made on the information contained in this application when it is used in consideration for employment. Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information.

I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice. I understand that my employment and compensation may be terminated by the employer at any time and for any reason.

If employed by In Home Personal Care, it is understood that employment is conditional upon complying with the provisions of the Immigration Reform Control Act of 1986. Accordingly, I will furnish proof of both my identity and my legal right to live and work in the United States.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or immediate dismissal if employed.

Applicant's Signature _____ Date _____

Personal Care Assistant (PCA)

Position Details:

In Home Personal Care services the Twin Cities metropolitan area, St. Cloud, and Duluth areas. We have full-time and part-time positions available seven days per week. You are hired to work for In Home Personal Care and are assigned a particular client or clients as the need arises.

PCA services provide human assistance and support to persons with disabilities living independently in the community including the elderly and others with special healthcare needs. The Personal Care Assistant works within the guidelines of a plan of care established by the client, physician, and other licensed professionals. The PCA reports directly to the Responsible Party and/or PCA Supervisor as needed.

Qualifications: Professional and Personal:

- Be eighteen (18) years of age or have been approved to work by the employer and met state guidelines for persons between the ages of 16-18 years
- Have demonstrated ability to work with little direct supervision and make appropriate judgments.
- Have demonstrated dependability, tact and ability to follow orders.
- Possess good interpersonal communication skills.
- Possess and maintain good physical and mental health, including current TB testing (refer To Health Screening policy).
- Must be able to lift a minimum of fifty (50) pounds.
- Have US Citizenship or evidence of alien work permit.
- Disclose any conviction and criminal history records pertaining to any crime, other than a traffic offense. Failure to do so could result in termination.
- Must not have jeopardized health and welfare of vulnerable adults through physical abuse, sexual abuse or neglect as defined in Minnesota Statutes Section 626.557.
- Must not use or show dependency on mood altering chemicals including alcohol. Random drug tests are administered as needed.
- You must have reliable transportation and a working telephone.

PCA's may do the following:

- Provide bowel and bladder care.
- Perform skin care as documented in plan of care.
- Assist with range of motion exercises.
- Provide respiratory assistance.
- Perform transfers, turning, and positioning. Many require lifting.
- Assist with bathing, grooming, etc. which is necessary for personal hygiene.
- Assist with medications as directed by the client.
- Apply and maintain prosthetics and orthodontics.
- Assist with dressing/undressing.
- Provide assistance with food, nutrition and diet activities.
- Accompany client to medical appointments or treatments.
- Provide services necessary to maintain client's personal health and safety.
- Assist client to complete daily living skills such as personal/oral hygiene.
- Assist with household chores such as laundry and dusting.
- Complete the appropriate records to document cares given and pertinent observations.
- Respond and attend to client requests promptly.
- Maintain proper hand washing techniques.
- Maintain a safe client environment.
- Accept and fulfill assignments with the Agency; exercise judgment in accepting assignments.
- Perform other related duties and responsibilities as deemed necessary.

Personal Care Assistants **must** strictly adhere to HIPAA. As an applicant, you must keep any information you receive about a client confidential. You may not share their names, addresses, phone numbers, cares, health information, etc. with friends, family, other clients, etc. Violating HIPAA could result in disqualification of employment with In Home Personal Care.

I have read and understand the above job description of a Personal Care Assistant.

Signature _____

Date _____

Background Disclosure and Release Form

Minnesota law requires that we secure the following information from any prospective/current employee who may be involved with duties involving contact with clients in their homes. I understand that, according to Minnesota Department of Health regulations governing professional home care providers operating within the State of Minnesota, In Home Personal Care, Inc. (hereafter referred to as "IHPC") is legally required to perform criminal background screenings upon any employee that may have direct contact with individuals receiving home care services from IHPC. Minnesota Rule §4668.0012 Subpart 3(A)(1); Minnesota Statutes §245A.04 Subdivisions 3(a)(3) and 3(c)(5); Minnesota Rule §9505.0335 Subpart 12

As such, I understand that I will be the subject of a criminal background screening because I am applying for employment with IHPC. This criminal background screening report, a form of consumer report for employment purposes, will be generated by backgrounds.com and provided to IHPC. I understand that my employment with IHPC is contingent on the results of this background study.

Therefore, I hereby authorize IHPC, backgroundchecks.com, and the Minnesota Department of Health and Human Services to conduct a review of my criminal history, which includes records from any criminal justice agency in any, or all, federal, state, county, and local jurisdiction. I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Full Legal Printed Name _____
First Middle Last Maiden

Former Name(s) _____

All states which you have resided in for the last seven (7) years _____

Sex _____ Date of Birth ____/____/____
MM DD YYYY

Have you ever been convicted of a crime other than a traffic violation? Yes _____ No _____

If you have been convicted of (or have pled guilty to) any crime, other than a minor traffic violation, in any jurisdiction, please complete this section. It is very important that you provide complete and accurate information. Failure to do so may bring adverse consequences, including the loss of any employment with In Home Personal Care. If you have not, please write N/A in question 1 and sign the bottom.

1. Describe the nature of the crime (i.e. official name of the crime and brief summary of the case)

2. Name the jurisdiction in which and the date on which you were convicted
Jurisdiction: _____ Date _____
3. Describe the penalty imposed, including the time periods of the penalty

4. Name and phone number of the probation or parole agent, if any:
Name: _____ Phone: _____
5. The date of release from incarceration, if applicable: _____

I hereby authorize all individuals, institutions, and entities with which I have been associated, who have knowledge concerning information requested in the form, to consent with and release relevant information to In Home Personal Care, its agents, and designees.

I hereby release In Home Personal Care, its agents and designees, and all other individuals, institutions and entities providing information in accordance with the authorizations contained herein from liability for the acts performed in good faith and without malice in connection with the investigation of this form and the release and exchange of information authorized above. This release will be in addition to any other applicable immunity provided by law for investigatory activities.

I hereby agree that, as a condition of employment with In Home Personal Care, I will promptly inform In Home Personal Care in writing of any criminal convictions, in any jurisdiction (including all pleas of guilty), other than minor traffic offenses, of which I am convicted of after today.

The undersigned hereby certifies the above information is true and correct in all respects.

Signature _____ Date _____

OFFICE USE ONLY

Online Study Ran _____ DL _____

DHS Background Study Ran _____

In Home Personal Care

Employee Reference Form

In Home Personal Care completes reference checks for all applicants. Please provide us the company name and phone number you wish you use as a business reference. Complete the top portion of this form only.

Company Name _____

Company Address _____

Phone Number _____

Fax Number _____

This applicant has applied for a position with In Home Personal Care. He/she may be working with vulnerable children or adults. Please take a few moments to complete this reference form and return by mail or fax to:

In Home Personal Care
8441 Wayzata Blvd. Suite 130
Golden Valley, MN 55426
Phone: 763-546-1000
Fax: 763-546-1018

I hereby authorize you to furnish In Home Personal Care any information in a confidential manner.

Name while working there _____ Social Security No. _____

Signature _____ Date _____

EMPLOYER ONLY

Dates applicant worked for you: From _____ to _____

Would you rehire this employee: Yes _____ No _____

Indicator	Above Average	Satisfactory	Unsatisfactory
Reliability/Attendance			
Skills Competency			
Ability to work alone			
Ability to work with team			
Cooperation/Flexibility			
Follows directions			

Comments _____

Person Completing form _____ Title _____

Date form completed _____

Affirmative Action Employment Information

In Home Personal Care, Inc. is an Affirmative Action/Equal Opportunity Employer. Therefore, we will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance.

In compliance with government regulations, we are required to record the number of applications received by sex and minority status and then to report these totals to the appropriate government agencies. To help us meet our goals of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, we are strongly encouraging you to complete this form by providing the information requested below.

Please note that you are not required to complete this form; providing information is strictly voluntary and, if provided, this information will be handled confidentially. Your application will be considered in the same manner whether this form is completed or not, so choosing not to provide this information will not subject you to any adverse treatment.

If you wish not want to answer these questions, please check here _____.

Please print clearly using a pen.

Date: _____

Name: _____
Last First

A. Gender: 1. Male 2. Female

B. Race/Ethnicity

- 1. African American – A person having origins in any of the Black racial groups of Africa.
- 2. American Indian, Eskimo or Aleut – A person having origins in any of the original peoples of North America, and who maintains identification through tribal affiliation or community recognition.
- 3. Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
- 4. Hispanic origin, any race – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or Origin, regardless of race.
- 5. Caucasian, Non-Hispanic – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 6. Other – A person identified with more than one of the above categories.

C. Are you disabled? 1. Yes 2. No

A person with a disability is someone who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.