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## PCA APPLICATION PACKET

Thank you for your interest in A Caring Company, Inc. (ACC). Our company is an Equal Opportunity Employer. People are considered for positions without regard to race, color, sex, religion, age, national origin, marital status, sexual orientation, disability or handicap, veteran's status, and status with regard to public assistance or reemployment.

Please complete the information outlined below and mail it to our address (shown above) or fax it to 952-881-0259. If you choose, you can email it to us at [forms@acaringcompanyinc.com](mailto:forms@acaringcompanyinc.com).

Once we receive your completed application forms, we will call you to set up an interview. After the interview is completed, you will be required to complete additional forms. Please be aware that a condition of employment is that you pass a background study as required by the Minnesota Department of Human Services (DHS). Background studies now require that you go to an approved site to be finger-printed and photographed.

When filling out the forms in this package, you must list your legal name as it appears on your social security card or similar documentation for proof of ability to work. Do not use nicknames. It is imperative that hyphenated or multiple last names be listed correctly. If you provide an incorrect name, you will not be allowed to work until all paperwork is completed correctly.

**Our forms can be filled out electronically( type in your information) or you can print them out and complete them manually.**

- If you choose to complete them manually, **you must PRINT your answers in ink** and answer each question completely. If a question is not applicable to you, please place an "N/A" in the space provided so we know you did not forget to fill in a question.
- To fill out the forms electronically, we can email them to you or you can download them from our website at [www.acaringcompanyinc.com](http://www.acaringcompanyinc.com). If we email you the form you simply need to download it to your computer. open the downloaded form, fill it out, and use "save as" to save it on your computer(usually under your documents file). Make sure the saved form includes your name as part of the title. For example the form could be named "application-packet-john-doe.pdf." Then email that form as an attachment to [forms@acaringcompanyinc.com](mailto:forms@acaringcompanyinc.com). If you are downloading the form from our website, click on Application Process under the PCA tab. Then click on Application Packet to open the form. Once the form is open download it to your computer, open the downloaded form, fill it out, and use "save as" to save it on your computer(usually under your documents file). Make sure the saved form includes your name as part of the title. Email that form as an attachment to [forms@acaringcompanyinc.com](mailto:forms@acaringcompanyinc.com).

Please follow the steps below to help you accurately complete the forms in this packet:

1. **Review the PCA Job Description.** Make sure you are willing and able to perform all job duties and responsibilities, and that you meet all job qualifications.
2. **Go online and complete DHS's Online PCA Training and send us a copy of your Certificate of Completion.** DHS requires that all PCAs must complete the online standardized training before they can work as a PCA. Both the training and the test are free and can be accessed through any computer connected to the internet (You can use computers at public libraries if needed for free). There is an online study guide as well as a test. Experienced PCAs can choose to take the test without going through the study guide. You can take the test as many times as needed to pass. You must get 20 of the 25 questions correct to pass. To access the training go to <http://registrations.dhs.state.mn.us> and click on Individualized Personal Care Assistance Training.

Once you pass the test, you will be able to print a Certificate of Completion. If you are mailing or faxing back your application, you will need to send a COPY of the Certificate of Completion back with your application packet forms. DO NOT SEND US THE ORIGINAL. If you are emailing your application forms, you can email a copy of your certificate to [forms@acaringcompanyinc.com](mailto:forms@acaringcompanyinc.com). The DHS site gives you an option to email a copy of your certificate. We will not process your application until this certificate is received.

3. **Complete and sign ACC's Conditions of Employment Form.** You must meet all of the conditions for employment. If you plan to use your car to run errands, make sure you provide insurance information.
4. **Complete and sign ACC's Employment Application form.** This includes personal information and employment information. **Complete the Affirmative Action Form at the back of the application IF YOU CHOOSE.** As an Equal Opportunity Employer, we are required by law to maintain/report certain information. You are not required to complete/return this form but if you do, all information will remain confidential, kept in a separate file from your application, and not used in hiring decisions.
5. **Complete the Driver's License form provided.** As outlined in the PCA Job description, having a valid driver's license is a requirement for PCAs. If the client you will be working for chooses to waive this requirement for you, please check the box indicating this on the form. You will be required to provide a copy of your driver's license when we process your background study.

We look forward to receiving your application forms. If you have any questions, please call us at 952-767-3793.

Sincerely,

*Paulette Rush*

Staffing Coordinator

**Title:** Personal Care Assistant (PCA)

**Supervisor:** Supervising Qualified Professional (QP) and Responsible Party

**Position Purpose:** Provides health care tasks, personal hygiene services, housekeeping tasks and other related support services as outlined in a client's Care Plan that are essential to the client's health and safety needs.

### **JOB DUTIES:**

1. Provide assistance in accomplishing **activities of daily living(ADLs)** which include the following:
  - **Dressing** – Choosing appropriate clothing for the day, includes laying-out of clothing, actual applying and changing clothing, special appliances or wraps, transfers, mobility and positioning to complete this task.
  - **Grooming** – Personal hygiene, includes basic hair care, oral care(including care of dentures), nail care (except recipients who are diabetic or have poor circulation), shaving , applying cosmetics and deodorant, care of eyeglasses, contact lenses, hearing aids.
  - **Bathing** – Starting and finishing a bath or shower, transfers, mobility, positioning, using soap, rinsing, drying, inspecting skin and applying lotion.
  - **Eating** – Getting food into the body, transfers, mobility, positioning, hand washing, applying of orthotics needed for eating, feeding, preparing meals and grocery shopping.
  - **Transfers** – Moving from one seating/reclining area or position to another.
  - **Mobility** – Moving including assistance with ambulation, including use of a wheelchair. Mobility does not include providing transportation for a recipient.
  - **Positioning** – Including assistance with positioning or turning a recipient for necessary care and comfort.
  - **Toileting** – Bowel/bladder elimination and care, transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area and inspecting skin and adjusting clothing.
  - Monitoring, assisting, offering direction and prompting activities that are integral to the cares listed above.
2. Provide assistance with **health related procedures and tasks** which includes:
  - Passive/active range of motion or other exercises to maintain the optimal level of functioning.
  - Respiratory Assistance: Application and maintenance of CPAP, BIPAP, respiratory vests, cough assist machines, and oxygen equipment
  - Applying and maintaining prosthetics and orthotics
  - Non-sterile catheter care
  - Cleaning medical equipment
  - Tube feedings
  - Interventions for seizure disorders as instructed by the supervising RN.
  - Special skin care
  - Assistance with self-administered medication including bringing medication to the recipient, and assistance with opening medication under the direction of the client or responsible party
3. Providing redirection and intervention for **behaviors**, including observation and monitoring and documenting
4. Provide assistance in completing **instrumental activities of daily living (IADLs)** which includes but is not limited to:
  - Meals- including planning and preparation, set-up, storing food, clean up and washing dishes
  - Light housekeeping- including sweeping, mopping, dusting, vacuuming
  - Laundry- including washing, drying, folding, and putting away laundry, changing linens, ironing clothes
  - Basic assistance with paying bills
  - Shopping for food, clothing and other essential items
  - Accompanying to appointments
  - Transportation- includes driving the client in client's vehicle or accompanying on public transportation
  - Recreation including but not limited to in-home and community activities

**NOTE: IADLS are not a covered service for children under the age of 18 unless immediate attention is needed for health or hygiene reasons integral to the personal care services and the need is listed in the client's Care Plan (must be approved by county assessor)**

5. **All duties listed above are part of the PCA job.** Duties will vary from client to client. PCAs are required to be able to complete all duties outlined in a client's Care Plan.

**JOB RESPONSIBILITIES:**

- PCAs must manage their hours to the hours agreed upon within the client's Service Agreement, with the responsible party, and as outlined by A Caring Company, Inc. They are not allowed to work more than the hours per week noted on their wage agreement. Any over-time must be pre-approved by A Caring Company, Inc. **If a PCA works for multiple clients and/or multiple agencies, they are not allowed to work more than a total of 275 hours per month. It is their responsibility to keep track of their total hours worked.** If the employee exceeds the 275 monthly limit, they will be *personally responsible for reimbursing A Caring Company for any financial losses due to this error.* Failing to comply with this requirement is grounds for termination.
- PCAs must respond appropriately to client needs.
- PCAs must report changes in the client's condition to the Qualified Professional and responsible party.
- PCAs must only provide services outlined in the client's Care Plan.
- PCAs are mandated reporters for vulnerable adults and minors.
- PCAs must use proper body mechanics. This includes use of a transfer belt where appropriate.
- PCAs must report all client and employee incidents/accidents to their Qualified Professional immediately. They are required to formally document the incident on the appropriate company forms.
- PCAs must ensure maintenance of a clean, safe, comfortable and healthy environment for the client.
- PCAs must engage in respectful social interaction with the client, including friendly conversation and empathetic support as well as respecting client's privacy and property. PCAs should have a positive attitude and maintain absolute confidentiality of all information pertaining to clients, clients' families and other company employees.
- **PCAs must keep the responsible party and A Caring Company, Inc informed of phone number changes. They must also notify the agency of all address and name changes.**
- PCAs are responsible for showing up to scheduled shifts on time. When unable to cover a scheduled shift, they must give at least a 2 day notice to enable scheduling of another PCA to cover their shift. **A PCA can be terminated for a No Call/No Show to a scheduled shift.**
- PCAs must observe safety precautions including: wiping up wet floors, spills, and other falling hazards immediately; also reporting safety hazards, frayed electrical cords, unsecured handrails, malfunctioning smoke and carbon monoxide detectors/alarms, defective equipment or environmental hazards to responsible party and Qualified Professional on the same day of observation.
- PCAs must prepare and submit accurate timecards by the due dates, ensuring these contain the client's or responsible party's signature and leaving a copy or originals of the timecard with the client/responsible party.
- PCAs must adhere to A Caring Company, Inc. policies and procedures.

**The PCA may NOT do the following:**

- May not dispense medication (dose measuring).
- May not perform any sterile procedures including sterile dressing changes.
- May not inject any fluids.
- May not perform any cares not listed in the Care Plan or Public Health Nurse's assessment or for which the PCA has not been trained.
- May not claim any time that was not actually spent performing the cares as per the Care Plan.
- May not sign the client's/responsible party's name to any document.
- May not transport a client in their car while working for A Caring Company, Inc.
- May not bring their children to work.
- May not care for anyone other than the client while claiming time for working with the client unless the PCA is working for DHS approved Shared Care clients . A PCA may NOT be responsible for or babysit for ANYONE while working as a PCA for the client.
- Work more than 275 hours per month providing PCA services regardless of the number of clients or agencies working for.

## PCA QUALIFICATIONS:

- Must be at least age 18. Applicants ages 16-17 will be considered after a specified training program has been completed and the applicant has demonstrated their ability to meet the needs of a specific client and be approved and monitored every 60 days by the supervising RN.
- Must have the ability to provide covered personal care services outlined under Job Duties according to the client's Care Plan including the ability to work with little direct supervision and make appropriate judgments.
- Must pass a background check required by the Department of Human Services before providing services to clients. They must also pass a background check when required due to 3 or more months of not providing services to a client of A Caring Company, Inc.
- Must not be on the Office of Inspector General's list or the DHS Excluded Provider Lists
- Must be authorized to work in the United States. Prior to the first day of work, the PCA will be required to submit a completed I-9(Employment Eligibility Verification), a completed W-4(withholding allowance , two original documents outlined in the I-9 to be copied and retained in your employment records, and permanent resident cards or work authorization cards for non-US citizens.
- Must have good physical and mental health and not misuse or show dependency on mood altering chemicals including alcohol.
- Must be able to lift 50 lbs. (or more if necessary for specific client assignment) and tolerate periods of repeated bending, stooping, etc. as necessary to meet the needs of individual clients.
- Must be able to communicate effectively with the client and A Caring Company, Inc. staff, respond appropriately to client needs and report changes in a client's condition to the Supervisory Nurse.
- May not be a consumer of Personal Care Assistant services, the client's legal guardian or related to the client as a spouse, parent or step-parent of a minor unless specifically waived by DHS.
- Must be able to be contacted by the responsible party or A caring Company, Inc. This includes having a working phone number where you can be reached.
- PCAs must have reliable transportation and a valid driver's license. The driver's license requirement may be waived at the request of a PCA Choice client. If the requirement is waived, the PCA must have the ability to commute to the client's home and must be able to arrive at a client's home on time. However, if the PCA requires another client assignment, they must meet this requirement or it will be considered a voluntary quit. Certain client assignments require the following:
  1. PCA's will be required to have a valid driver's license if the client assignment requires that they must drive the client's vehicle.
  2. PCAs will be required to have a valid driver's license and carry automobile insurance coverage as specified by A Caring Company, Inc. if they will be using their car to run errands such as shopping or picking up prescriptions while working for the client.
- Successfully complete the following training requirements:
  1. Minnesota Department of Human Services' PCA Training Certification(required at time of application).
  2. A Caring Company, Inc.'s training program including passing annual in-service tests with a score of 75% or higher. If a PCA does not return the annual test, it will be considered a voluntary quit. If PCA is a CNA or HHA and they are currently on the registry, they will not have to complete all of the initial company training.
- **All PCAs must continue to meet these qualifications as a condition of employment. Failure to meet these qualifications is grounds for termination.**

### Hours of Work

- Monday through Sunday-varies as needed throughout the week
- PCA hours will vary depending on client needs. When assigned to new clients, PCAs hours and days worked may change.

### Client Assignments

- All PCAs will be on a Probationary Period for their first 90 days of employment with A Caring Company, Inc once they are assigned to a client. This may be extended subject to supervisory discretion. PCAs can be terminated at any time during this period with or without cause.
- A Caring Company, Inc.'s service area covers the state of Minnesota. Most positions are available within the greater Twin Cities metropolitan area. When a PCA is hired, he/she is assigned to a particular client or clients. If these clients leave our agency or no longer require the PCA's services, the agency will assign the PCA to another client if a new assignment is available. The new assignment may require that the PCA work different days or hours. The PCA may be required to perform different job duties. The new assignment can be up to 50 miles away from the PCA's home. The PCA may also be required to have a valid driver's license for the new assignment even though the previous client had waived this requirement. The agency will attempt to accommodate the PCA's needs when making client assignments but this cannot be guaranteed. **Failure to accept a new assignment will be considered a voluntary quit.**

**NOTE: This job description is not all-inclusive. PCAs may perform other related duties and have additional responsibilities based on client needs.**

1. All PCAs should be at least 18 years old. Applicants 16 or 17 years of age may be a PCA after completing a specified training program, demonstrating their ability to meet the specific needs of a specific client, and must be monitored every 60 days by the supervising RN.
2. **All PCAs must pass a background check required by the Minnesota Department of Human Services to be an employee of A Caring Company, Inc. If the PCA does not work for a client of A Caring Company, Inc within a 3 month period of time, he/she will be required to pass another background study to remain an employee.**
3. All PCAs must be willing and able to perform all job duties and job responsibilities and meet all qualification outlined in A Caring Company, Inc.'s PCA job description. This includes the ability to lift a minimum of 50 lbs(or more if required for a specific client assignment) throughout their employment.
4. All PCAs must be able to work as a PCA and cannot be listed on the Inspector General's list or DHS Exclusion files. If a PCA appears on these list/files after orientation, they will be terminated immediately.
5. All PCAs must provide the required information for the I-9 form proving their identity and ability to work in the U.S. The PCA's legal name listed on the I-9, background study, social security card and picture ID must be the same.
6. All new PCAs must complete an orientation program under the supervision of a Qualified Professional within 7 days of providing cares for a client. PCAs must also pass an In-Service and Mandated Reporter tests with a score of 75% or higher annually.
7. **All PCAs must have reliable transportation and a valid driver's license. A client may waive the driver's license requirement for a PCA but that PCA must have a valid driver's license to be assigned to a different client for continued employment with A Caring Company, Inc. Failure to provide a copy of a valid driver's license will be considered a voluntary quit from A Caring Company, Inc.**
8. A PCA cannot work more than 275 hours per calendar month regardless of the number of clients or agencies he/she works for. If a PCA works for another PCA agency, he/she must notify A Caring Company of this within 5 days.
9. PCA(s) cannot transport clients in the PCA's car while working for A Caring Company, Inc.
10. PCAs must maintain adequate auto insurance on their car if they will use their own car to run errands while on A Caring Company, Inc's time. It is recommended that you have automobile liability coverage (\$300,000) minimum on your vehicle on the date of hire and coverage must be maintained throughout the length of employment with A Caring Company, Inc. **(You are reminded that it is unlawful to operate a motor vehicle in MN without automobile insurance.) You must provide proof of insurance to A Caring Company, Inc.**

**I will not use my car while working for A Caring Company, Inc.**

**I will use my car while working for A Caring Company, Inc. My insurance information is shown below**

<b>Automobile Insurance Company</b>		<b>Policy Number</b>
<b>Liability Coverage Amount</b>	<b>Insurance Agency/Agent</b>	<b>Agent's Phone Number</b>
		- -

\* Note: Your travel to and from work is done on your own time.

I acknowledge that I have been informed of the law regarding the 275 limit for maximum number of hours that a PCA can work per month regardless of the number of clients or agencies I work for. I am aware that this 275 limit on number of hours worked is per calendar month and applies regardless of the number of days in the month. Exceeding the limit is grounds for termination and I may be personally responsible for repaying A Caring Company for any financial loss resulting from me exceeding this 275 hour limit. I acknowledge that I must notify A Caring Company, Inc. of other PCA agencies that I work for. This must be done at the time of application or within 5 business days if I start working for another agency after the date on my application. Failure to meet these requirements are grounds for termination.

I have read and understand the job duties, responsibilities and qualifications outlined in A Caring Company, Inc's PCA job description. I verify that I am willing and able to perform the job duties and responsibilities and that I meet all of the qualifications required for a PCA. I understand that client assignments may change and can be up to 50 miles away from my home and I must be willing to work different hours and days for a different assignment as described in the PCA job description. Failure to accept a different assignment will be considered a voluntary quit.

I understand all the conditions of being an employee of A Caring Company, Inc. and take full responsibility for all legal action that may result from not conforming with those conditions. I understand that A Caring Company, Inc. will contact my insurance company to verify coverage and I give my approval for release of such information.

**You have the option to print out this form and manually sign your signature to this form.**

**If you choose to sign your name electronically, please type "/s/" before entering your name on the signature line and check the box below.**

Name (PRINT)	Date
Signature	

By checking this box and entering your name on the signature line above, I am electronically signing this document. I understand that my electronic signature has the same legal effect and can be enforced in the same manner as a handwritten signature. See Minn. Stat. Sec. 325L.07.



# EMPLOYMENT APPLICATION

PERSONAL INFORMATION (Please Print)						
First Name		Complete Middle Name			Cell Phone - -	
Last Name			Drivers License/MN ID		Home Phone - -	
Address 1			Address 2		Social Security Number - -	
City		State	Zip	County of Residence		Are you legally authorized to work in the U.S.? Yes No
Referred by Client? Yes No	List client(s) you will work for(if known)				Are you 16 years of age or older? Yes No	
EDUCATION						
Name of Educational Institution		Received Diploma/Degree? Yes No		List # years completed, degree / major, or any other certificate received.		
		Yes No				
		Yes No				
EMPLOYMENT HISTORY (List most recent first-use additional paper if more space is needed)						
Employer		Position/Job Title			Employer Phone - -	
Supervisor Name		Dates worked (Month/Yr to Month/Yr) / to /		Last Wages		Full Time Part Time
List Job Duties			Reason for leaving			
FOR OFFICE USE ONLY- EMPLOYMENT VERIFICATION						
Employer		Position/Job Title			Employer Phone - -	
Supervisor Name		Dates worked(Month/Yr to Month/Yr) / to /		Last Wages		Full Time Part Time
List Job Duties			Reason for leaving			
FOR OFFICE USE ONLY- EMPLOYMENT VERIFICATION						

If employed by A Caring Company, Inc., it is understood that employment is conditional upon complying with the provisions of the Homeland Security Act. Accordingly, I will furnish proof of both my identity and my legal right to live and work in the United States. I understand that I must have a background study completed through the Minnesota Department of Human Services as a condition of employment and before I am allowed to provide services for clients.

I understand that in processing my application with A Caring Company, Inc., an investigation may be made in which information is obtained through personal interviews and a review of information held by law enforcement or other government agencies. This investigation may include, but is not necessarily limited to, a public or private search of my criminal records through the Minnesota Bureau of Criminal Apprehension, the Minnesota Trial Court Public Access Remote View and any other private entities which we may engage to perform criminal background checks or other information of a personal nature.

I authorize you to verify my past employment and education, criminal records, and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions, or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless A Caring Company, Inc. from any liability. I have the right under the "Fair Credit Reporting Act" to obtain a copy of the information obtained in processing my application by directing a written request to A Caring Company, Inc. at the address shown on this application.

I agree that any decision to hire me and stay continually employed is contingent upon the information provided in this application and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment, as well as potential disqualification of my rights to collect unemployment benefits. During your employment with A Caring Company, Inc., if we receive new disqualifying information about your background, we may run another background study at our discretion and your employment may be terminated.

I understand that A Caring Company, Inc. is an at-will employer as allowed by applicable state law. This means regardless of any provision in the application, if hired, A Caring Company, Inc. or applicant may terminate the employment relationship at any time, for any reason, with or without cause or notice. I also understand that I am on probation during the first 90 days of employment and should I be terminated during this time, I am not eligible for unemployment. I also understand that my supervisor may extend my probation period if my performance is substandard.

**You have the option to print out this form and manually sign your signature to this form.**

**If you choose to sign your name electronically, please type "/s/" before entering your name on the signature line and check the box below.**

Name (PRINT)	Date
Signature	

By checking this box and entering your name on the signature line above, I am electronically signing this document. I understand that my electronic signature has the same legal effect and can be enforced in the same manner as a handwritten signature. See Minn. Stat. Sec. 325L.07.

A Caring Company, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made part of our Affirmative Action Program.

Applicants for employment are invited to report their status as handicapped, veteran, gender, or ethnicity. Health care facilities require periodic reporting of this information. Please be advised that (1) you are under no obligation to respond, but may do so in the future if you choose, (2) all information will remain confidential and be kept in a separate file from the application and will not be used in hiring decisions, and (3) information provided will only be used for required reporting. We are a company that values diversity.

APPLICANT INFORMATION (PLEASE PRINT)				
First Name		Middle Name		Last Name
Home Phone - -		Cell Phone - -		POSITION APPLIED FOR
Address			City	State      Zip
PLEASE CHECK ALL THAT APPLY				
RACE OR ETHNIC IDENTITY	VETERAN STATUS	GENDER	OTHER	
CAUCASION AFRICAN AMERICAN HISPANIC NATIVE AMERICAN ASIAN/PACIFIC ISLANDER	VIETNAM ERA VETERAN SPECIAL DISABLED VETERAN OTHER ELIGIBLE VETERAN	Male Female	INDIVIDUAL WITH DISABILITIES	
OFFICE USE ONLY				
APPLICANT WAS HIRED		APPLICANT WAS NOT HIRED		

As a PCA for A Caring Company, Inc. you are required to have a valid driver's license. You must provide a copy of your driver's license when we process your background study.

I have a valid driver's license and will provide a copy for my background study.

I do not have a valid driver's license but the client listed below who I will be working for (pending approval of my application and passing my background study) is waiving this requirement. I understand if my assignment with this client ends, I am required to have a valid driver's license in order to continue working for A Caring Company, Inc. Failure to provide a copy of a valid driver's license is considered a voluntary quit.

Client's Name (PRINT) \_\_\_\_\_

**You have the option to print out this form and manually sign your signature to this form.**

**If you choose to sign your name electronically, please type "/s/" before entering your name on the signature line and check the box below.**

*I understand that a valid driver's license is a PCA job requirement at A Caring Company, Inc. and if I do not provide it at the time of this application, I must provide it to be reassigned to another client and continue working for A Caring Company, Inc.*

Name (PRINT)	Date
Signature	

By checking this box and entering your name on the signature line above, I am electronically signing this document. I understand that my electronic signature has the same legal effect and can be enforced in the same manner as a handwritten signature. See Minn. Stat. Sec. 325L.07.

**I am waiving the driver's license requirement for the person listed above:**

Client/Responsible Party Name(PRINT)	Date
Client/Responsible Party Signature	