

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

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

* 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.