



FOR OFFICE USE ONLY

Date Received: _____

Interview Date: _____

Position Control # _____

Position If Hired: _____

A Chance To Grow, Inc.

1800 2nd St NE

Minneapolis, MN. 55418

PCA

APPLICATION FOR EMPLOYMENT

Thank you for your interest in A Chance To Grow, Inc. (ACTG). As part of our employment process, we require all applicants to complete this Employment Application, regardless of whether a resume is submitted. This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability. Please print your answers in ink and answer each question completely. If a question is not applicable to you, please place "N/A" in the space provided. If additional space is necessary, feel free to use the back page or additional paper.

ACTG is an Equal Opportunity Employer. Applicants are considered for positions without regard to race, religion, color, sex, national origin, age, disability or handicap, marital status, sexual orientation, citizenship status, or status as a disabled veteran or veteran of the Vietnam era.

Federal law requires that all employers verify the identity and employment eligibility of all persons hired to work in the United States. ACTG. uses E-Verify to provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. If the Government cannot confirm an employee hired by ACTG is authorized to work, this employer will provide the employee with written instructions and an opportunity to contact the SSA and/or DHS before taking adverse action, including termination.

ACTG will not use E-Verify to pre-screen job applicants and will not limit or influence the choice of documents that may be presented for use on the Form I-9.

PERSONAL

Name _____ Social Security No. _____

Present Address: _____
Street City State Zip

How long have you lived at this present address? _____ Tel. No. () _____

Email: _____ Cell No. () _____

Previous Address: _____
Street City State Zip

How long did you live at this address? _____

Have you ever been employed or attended school using another name? _____ Yes _____ No

If yes, list the name(s): _____

Have you ever applied to, or worked for, A Chance To Grow, Inc.? _____ Yes _____ No

If yes, explain:

POSITION

This application will be considered active for 60 days and will be retained for 1 year. If you have not been employed during this period and are still interested in employment with A Chance To Grow, Inc., please contact where you applied and request your application reactivated.

Position applied for: _____

Availability: Full Time _____ Part Time _____

If Part time, what are the hours/days you are available?

If hired, what date would you be available to begin work? _____

Salary expectations \$ _____

How did you hear about A Chance To Grow:

- Current Employee Newspaper Ad ACTG Website Online Advertisement
 Other – Please Explain:

PHYSICAL DATA

After reviewing the job description for the position that you are applying for, do you have any physical limitations that preclude you from performing any work are you are being considered for?
 Yes _____ No _____
 If yes, please describe _____

EDUCATION

Circle Highest Year Completed	Course Completion	Major	School Name	City, State	Grade Average
High School 9 10 11 12	Did you Graduate? Yes No				
College 1 2 3 4	Degree & Date Received				_____ Out of a possible
Other					

Explain any additional schooling or specialized training not covered above

 Professional Certificates or Licenses (e.g. CPA, Nursing, Teaching etc.)

ADMINISTRATIVE SKILLS

Typing/Keyboarding _____wpm

List software packages where applicable:

Word Processing _____

Spreadsheet _____

Graphics _____

Accounting Packages _____

TECHNICAL SKILLS

Hardware _____

Applications

Certifications

STRENGTHS AND ACHIEVEMENTS

Describe your strengths or special skills

List any activities, honors, awards and/or achievements you wish to provide

EMPLOYMENT HISTORY

List your work history beginning with the present. Feel free to use the back page or additional paper. Include 1) all full-time jobs, 2) all part-time jobs, 3) all periods of self-employment and 4) all periods of U.S. military service.

Employer:	Telephone #	Mo/Yr to Mo/Yr
Address (street, city, state, zip):		Supervisor (name/title):
Title/Responsibilities		Starting base salary:
		Final (or current) base salary:
Why did you (or do you want to) leave?		

Employer:	Telephone #	Mo/Yr to Mo/Yr
Address (street, city, state, zip):		Supervisor (name/title):
Title/Responsibilities		Starting base salary:
		Final (or current) base salary:
Why did you (or do you want to) leave?		

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Address (street, city, state, zip):		Supervisor (name/title):
Title/Responsibilities		Starting base salary:
		Final (or current) base salary:
Why did you (or do you want to) leave?		

GENERAL

Have you ever been convicted of, or are you awaiting trial for a felony? (A conviction or pending trial will not necessarily disqualify you from employment consideration)

_____ Yes _____ No If yes, explain: _____

Are you under any obligation (e.g. confidentiality or non-compete agreement) to a current employer which may restrict your ability to accept employment at A Chance To Grow, Inc.?

_____ Yes _____ No If yes, explain: _____

Have you had any disciplinary action has been taken against you or your against your licensure (if applicable) for sexual misconduct or attempted misconduct in Minnesota or any other state?

_____ Yes _____ No If yes, explain: _____

If hired, can you furnish proof that you are legally entitled to work in the U.S. ____ Yes ____ No

Are you 18 years of age or older? ____ Yes ____ No

Do you own a car? _____

BUSINESS REFERENCES

If you chose to provide this information at this time, list the requested data on three persons (not related to you) in business or a profession who you have known you for more than one year and to whom we may refer.

Name	Title	Daytime Phone	Business Address



Applicant – Please read and sign

I am applying for employment with A Chance To Grow. I certify that the information provided on this application and any accompanying materials is true and complete to the best of my knowledge. I understand that any falsification or omission of information will be sufficient grounds for denial of employment or for dismissal if discovered at a later date. I understand that employment is conditioned upon verification of the information contained herein.

I authorize a thorough investigation of my past employment activities, and agree to cooperate in such an investigation. I authorize the listed employers, schools, and business references to give A Chance To Grow (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, personal or otherwise. I release from all liability or responsibility, and agree not to sue, all persons and companies requesting or supplying such information.

I authorize schools, credit bureaus, law enforcement agencies and any other agencies that might contain information pertinent for consideration of my employment by A Chance To Grow to supply information concerning my background. I understand that intentionally submitting false or incomplete information is grounds for immediate dismissal.

I understand that under federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, for aliens, their legal authorization to work in the U.S. As a result, I understand that employment with A Chance To Grow would be conditioned upon my ability to produce the required documentation within the time period required by law.

If I am employed by A Chance To Grow I agree to learn and conform to A Chance To Grow rules, regulations and code of conduct. I understand that the State of Minnesota is an employment-at-will State, which gives me the right to terminate my employment without notice at any time for any reason, and that A Chance To Grow also retains this right. I understand that the Executive Director is the only A Chance To Grow employee that has the authority to enter into an agreement for employment for any specified period of time or to make any agreements contrary to the above.

Signature of Applicant

Date

Affirmative Action Program Applicant Information Form

A Chance To Grow is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date
	____/____/____
Position applied for	

Section 2: Please check all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> Black/African American		**Other
<input type="checkbox"/> White		<input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> I do not wish to Self-Identify Signature _____		

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino (All Races)- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian or Other Pacific Islander - All persons having origins in any of the original people 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 and all persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American (Not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

White - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Special Disabled Veteran

Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era

Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran

Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

**MINNESOTA DEPARTMENT OF HUMAN SERVICES LICENSED FACILITIES
EDUCATIONAL PROGRAMS, TEMPORARY EMPLOYMENT AGENCIES,
PROFESSIONAL SERVICES AGENCIES**

BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. **Purpose and intended use of the information:** Minnesota Statutes, chapter 245C, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals providing direct contact services to people receiving services from facilities and agencies licensed by DHS. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.
2. **Whether you may refuse or are legally required to provide the information:** Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.
3. **Known consequences that may arise from supplying the information:** Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.
4. **Known consequences that will arise from refusing to supply the requested information:** Only items identified as ‘optional’ may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.
5. **Identification of other agencies or entities authorized to receive this information:** The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.



1800 2ND ST NE
MINNEAPOLIS MN 55418
(612) 789- 1236
(612) 706-5555 **Fax**

BACKGROUND / MOTOR VEHICLE RELEASE FORM

First Name _____ Middle Name _____ Last Name _____

Aliases/Maiden name _____

Social Security # _____ Date of Birth _____

Address: _____

City, State & Zip _____

County _____

Driver's License #:State ID # _____ State: _____ Exp. Date _____

PCA _____ PCC (Choice) _____

I hereby state that I have read the Background Study Privacy Notice(first page) and have never been convicted of any crime other than a minor traffic violation.

Employee Signature _____

Date _____

CBC info entered by : _____

Date: _____

Date OIG Report Run _____

Status Check: _____

A Chance To Grow Home Based Service

Job Description

Job Title: Personal Care Assistant
Reports to: Case Manager

Exempt: No
Date Revised: July 2011

Job Summary

This position provides 1:1 supervision for safety and assistance to the client in activities of daily living to maintain the client in their home.

Essential Duties and Responsibilities

A. Administrative

1. Timely and accurate completion of:
 - a. Dial-n-Documents Telephony
 - b. Verification of Services forms
2. Adhere to the Health Insurance Portability and Accountability Act (HIPPA) privacy policies and procedures. Maintain confidentiality of all information pertaining to clients, families and employees.
3. Maintain positive working relationships with clients, client families, ACTG staff, community providers and referral sources.
4. Maintain a professional appearance at all times.

B. Services and Procedures

1. Assist with Toileting
2. Skin care to maintain the health of the skin
3. Range of motion (ROM) and muscle strengthening exercises to maintain an optimal level of functioning
4. Respiratory assistance
5. Transfers and ambulation
6. Bathing, grooming and hair washing necessary for personal hygiene
7. Turning and position of the client(s)
8. Assistance with medication per parent direction.
9. Application and maintenance of prosthetics and orthotics
10. Dressing or undressing of the client(s)
11. Assistance with eating, meal preparation and grocery shopping
12. Accompanying to medical appointments
13. Assisting, monitoring or prompting the client to complete the above items
14. Redirection, monitoring and observation that are integral part of a personal care plan in the above items
15. Redirection and intervention for behavior, including observation and monitoring
16. Interventions for seizure disorders if the client has had a seizure in the past three (3) months
17. Incidental household services that are an integral part of a personal care plan in the above items
18. Appropriate reporting of changes in client status.

Note: This job description reflects management's assignment of duties and does not restrict nor limit the duties that may be assigned.

Qualifications/Requirements

A. Education and Experience

1. Eighteen (18) years of age
2. Be able to provide covered PCA services according to the person's PCA Care Plan.

B. Certificates, Licensure and Registration

1. United States Citizenship or evidence of a valid Alien Work Permit.
2. Valid driver's license and proof of auto insurance.
3. Position is subject to a Minnesota Department of Human Services background check.
4. Certificate of Training for PCA from The Department of Human Services.

C. Language Skills

1. Excellent customer service and listening skills
2. Excellent oral and written communication skills; able to effectively communicate with the client& PCA Provider Agency
3. Ability to read and write clear English.

D. Mathematical Skills

1. Ability to compute basic mathematics.

E. Reasoning Ability

1. Demonstrate the ability to make appropriate professional judgments.
2. Ability to handle multiple tasks.
3. Able to and provide covered PCA services according to the client's care plan, respond appropriately to client's needs and reports changes in the client's condition to the licensed supervising Case Manager.
4. Strong organizational and problem solving skills.
5. Access to a working telephone for regular communication with Case Manager client /responsible party and Staffing Coordinator.

F. Physical and Environmental Demands

The physical demands described here are representative of these that must be met by employees to successfully perform the essential job functions of this position. In compliance with the Americans with Disabilities Act, reasonable accommodations will be considered.

1. Occasional use of hands, wrists and fingers and lifting or moving up to 75 lbs may be required.
2. Movements such as stooping, crouching, bending, kneeling, climbing and reaching are occasionally required.
3. This position requires spending a majority of the workday standing and walking, with occasional sitting.
4. Noise and/or level of distractions in the work environment is moderate.
5. Specific vision abilities required by this position include close vision, distance vision and peripheral vision.
6. Ability to operate a motorized vehicle and have reliable transportation for work in the community.

I have read and understand the Personal Care Assistant Job Description

Signature

Date



Important Information

The Minnesota Department of Human Services is requiring that all PCAs complete an on-line standardized training in order to work as a PCA.

PCAs will need the certificate of completion in order to be hired at A Chance To Grow.

PCAs can go on line and go through the study guide as many times as they would like in order to prepare them for the test. The test consists of 25 questions and you must succeed in answering at least 20 of them correctly. You can take the test as many times as needed to pass.

To register for the test and review the materials you need to go to:

<http://registrations.dhs.state.mn.us/videoConf/Default.aspx?BusinessUnitID=16>

To just view the study guide you can go to:

http://registrations.dhs.state.mn.us/PCACourse/index_en.htm

You can use any internet computer to study the materials or take the test. You can use a computer at a public library if you don't have one available for use.

If you do not have an email address when it asks for one, you can use:

PCATraining@actg.org Edith will receive the email and be able to print off your certificate for you. Otherwise you can use your own email address and forward the certificate to us. If you print your certificate you can mail or fax a copy into the office.

The study guide is very informative and done in a way that is easy to follow and understand. It also gives practice questions to prepare you for the test.

When you complete the test, you will be sent the certificate of completion by email. Therefore you must use a valid email address or use our email address set up for this purpose.

Please feel free to contact Edith 612-706-5511 with any questions.

