



Sincere Home Care Hiring Process & Employment Application Packet

Please Note

Sincere Home Care (SHC) is on a bi-weekly (2 week) pay schedule. Pay checks will be issued at the following times: Alternate Fridays after an initial lag of up to two weeks in pay periods. Pay checks will be issued at the Sincere Home Care office, direct deposited or mailed out as arranged with Sincere Home Care.

What is lag pay? Lag pay is payment to employees for work already performed, after the end of the ‘pay period’ during which an employee worked. There will be a two-week lag in pay under the new payroll schedule. The two-week lag means that an employee receives their paycheck two weeks after the end of the pay period the paycheck accounts for.

Thank you for your interest in working with Sincere Home Care. Please complete this packet in its entirety and submit with the needed supporting documents for further consideration (see below). Once all documents have been received, we will contact you to schedule a phone or in-person interview. Please return all the following items as soon as possible.

Needed Application Forms & Documents

Your application can not be processed without All the items listed below

Form Name	Description
Employment Packet Complete, Sign, Return	<p>All of the forms below are contained in this packet</p> <p>Caregiver Hiring Process: Please Read</p> <p>Sincere Home Care (SHC) Employment Application: Complete and Submit with Current Resume</p> <p>Home Care Questionnaire: Read, Complete and Return</p> <p>PCA, Homemaker, Emergency Float Caregivers Job Descriptions (read, sign, and return): Make sure you are willing and able to perform all job duties and responsibilities and you meet all job qualifications before completing the application packet.</p> <p>Background Study Authorization: Complete all required areas.</p> <p>Individual PCA Enrollment Application: form DHS-4469-ENG (please sign and date only highlighted areas)</p> <p>Provider Agreement: form DHS-4611-ENG (please initial, sign and date only highlighted areas)</p>
Documents Needed Submit	<p>Provide a Colored Copy of a valid picture ID (Driver’s License, Permit, State ID, etc.)</p> <p>Social Security Card, Birth Certificate, etc.</p> <p>Copy of your PCA certificate</p> <p>Current Resume</p>
DHS’ Online PCA Training Complete & Email	<p>Complete: Once you pass the test, you will need to send your Certificate of Completion, along with your application packet back to us.</p> <ul style="list-style-type: none"> - Go to www.sincerehomecaremn.com - Click on the Training Tab - Click on Personal Care Assistant (PCA) Training - Register to take the training - After successfully completion, download and email the PCA Certificate to hr@sincerehomecaremn.com

This application will be kept on an active status for a period of 6 months. All applicants will be required to complete this employment application to be considered for an open position with Sincere Home Care.

Applicant Information	
Complete Name	Today's Date
Present Address	Apartment #
City	State
Telephone Number	Zip Code
Referral Name (if applicable)	Referral Number (If applicable)

Employment Desired							
Position	Salary Desired			Date you can start work			
Hours available for each day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Are you PCA Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please register for the certificate at www.sincerehomecaremn.com							
Are you willing to work with more than one client? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you pet friendly? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you willing to work with minors/disabled community? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you applying to work with a specific client? <input type="checkbox"/> Yes <input type="checkbox"/> No			Client Name:			Client Number:	
Are you presently working with another home care agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				Company Name:			

Please Circle The Skills That You Have Experience With			
Ventilators	Hoyer's	Suctioning	Bowel Program
Yrs./Months Exp: _____	Yrs./Months Exp: _____	Yrs./Months Exp: _____	Yrs./Months Exp: _____
G-Tube	Catheters	Wound Care	Colostomy
Yrs./Months Exp: _____	Yrs./Months Exp: _____	Yrs./Months Exp: _____	Yrs./Months Exp: _____
Other, please explain:			

Education

School	Name and Address of School	Years Completed	Did you graduate	Degree or Diploma
High School				
College				
Post College				
Trade, Business School				
List Skills/Bilingual				

Former Employers

From:	Name & Address of Employer	Salary or Hourly	Position	Reason for leaving
To:				
Duties Performed				
Supervisor's Name		Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From:	Name & Address of Employer	Salary or Hourly	Position	Reason for leaving
To:				
Duties Performed				
Supervisor's Name		Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From:	Name & Address of Employer	Salary or Hourly	Position	Reason for leaving
To:				
Duties Performed				
Supervisor's Name		Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Our clients depend on us to hire dependable, compassionate, and sincere caregivers. Please assist us by completing the needed information below.

Professional References

Employee Name (Print)

Social Security #

Previous Employer

Supervisor Name

Supervisors Email

Supervisors Phone

Your Position/Title Held

Dates of Employment

Reason for leaving

Hourly Wage/Rate

I authorize the release of employment information to Sincere Home Care, LLC., concerning my qualifications and past employment history. I hereby release you from any and all liability in supplying information or answering questions concerning my employment.

Signature of Employee: _____

Date: _____

Do Not Write Below This Line

1. Does the information provided above correspond with your records? _____ Yes _____ No

2. What was the candidate's responsibilities while working with your company? _____

3. Was the candidate dependable? _____ Yes _____ No

4. How would you describe the candidates work ethic? _____

5. If you had the opportunity, would you re-hire this job candidate? _____ Yes _____ No

Why or why not? _____

Employer Name:

Date Completed:

PCA Job Description

Title: Personal Care Assistant (PCA)

Supervisor: Qualified Professional (QP)

Job Responsibilities: Providing personal cares as per the care plan in place in accordance with all Department of Human Services (DHS) and agency standards.

Qualifications:

- Must be at least age 18 (applicants ages 16-17 meeting DHS criteria)
- Have the ability to commute to the client home.
- Pass a criminal background check required by the Department of Human Services.
- Complete required initial and ongoing training.
- 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.
- May not be a consumer of Personal Care Assistant services.
- May not be the client's spouse, parent or stepparent (if under age 18), paid legal guardian of adult, legal guardian (if under age 18), or licensed foster provider.
- Successfully complete the following: "Individualized Personal Care Assistant Training"

The PCA MAY do the following:

- Bowel and bladder care
- Bathing, grooming, hair washing, dressing, skin care
- Transfers, positioning, turning, mobility, ambulation
- Range of motion and strengthening exercises to maintain the optimal level of functioning.
- Respiratory assistance, tracheotomy suctioning using a clean procedure (determined by RN) and only after training by an RN. Application and maintenance of prosthetics and orthotics.
- Assistance with food, nutrition, and diet activities, as deemed necessary by Assessment.
- Assistance with medication (NOT DISPENSING FROM THE BOTTLE).
- Cleaning medical equipment, cleaning in relationship to cares provided, assisting with instrumental activities of daily living as listed on the Assessment/Service Plan.
- Redirection, monitoring, assisting, and observing/prompting that are integral to the cares listed above for client completion and PCA insuring completed.
- Redirection and intervention for behaviors, including observation and monitoring.
- Interventions for seizure disorders as instructed by the Qualified Professional and Responsible Party, where applicable.

NOTE: A PCA MAY ACCOMPANY A CLIENT OUTSIDE OF THEIR HOME TO PERFORM THE ABOVE SERVICES IF THE CLIENT'S HEALTH OR SAFETY WOULD BE JEOPARDIZED WITHOUT THE SERVICES. SHC CAN NOT TRANSPORT CLIENTS IN EMPLOYEES VEHICLES.

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 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 bring their children and/or pets to work.
- May not care for anyone other than the client while claiming time for working with the client. A PCA may NOT be responsible for or baby-sit for ANYONE while working as a PCA for the client.
- May not submit a fraudulent time card. I have received a copy of this job description, understand its contents, and will adhere to them.

This job description is not intended to be all-inclusive. The PCA will also perform other reasonable related duties as assigned by supervisor. Sincere Home Care reserves the right to change job responsibilities, duties and hours as needed. This document is not intended to imply a written or implied contract of employment.

I have read and understand this job description. I agree to accept the responsibilities and duties as outlined. I can perform both activities involved in this job in a reasonable and sincere manner.

PCA Signature

Date

Direct Care Staff (Homemaker) Job Description

Title: Direct Care Staff (Homemaker)

Supervisor: Designated Coordinator/Designated Manager (DC/DM)

Job Objective: Provide direct care and supports to designated individual(s) to assist them in achieving their desired outcomes. Supports are provided as directed by the managing employer (individual, family or legal representative) in accordance with current federal, state and local standards, guidelines and regulations governing the agency.

Qualifications:

- Must have the ability to commute to the client home.
- Must pass a background check.
- Must be able to lift 50lbs and be able to sustain long periods of bending stooping, squatting, kneeling, or standing.
- Must be able to complete initial and ongoing training.
- Successful completion of the Department of Human Services Background Study.
- Other qualifications as required in the individual's Coordinated Service & Support Plan.

Job Responsibilities and Duties:

Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work, is similar, related, or is an essential function of the position. Scheduled hours of support workers are subject to change and cannot be guaranteed.

- Carry out verbal and written directions.
- Consistently implement behavioral interventions as required.
- Provide supports as needed for the individual to participate in activities within their community.
- Provide support and training for the individual as delineated in their Coordinated Service & Support Plan Addendum and Individual Abuse Prevention Plan (if applicable).
- Complete written documentation of supports provided, progress on formal goals and other documentation as required.
- Comply with Sincere Home Care (SHC) policies, procedures and training requirements for this position.
- Complete training as required by Sincere Home Care (SHC) and the Coordinated Service & Support Plan Addendum.
- Carry out responsibilities as a mandate reporter for vulnerable adults and/or minors.
- Other duties as required by your supervisor.

Homemakers may monitor the person's well-being while in the home, including home safety. Homemaker services are listed in the community support plan and include:

- Cleaning
- Companionship
- Laundry
- Meal preparation
- Routine household care
- Shopping for food, clothing and supplies
- Simple household repairs
- Social stimulation
- Transportation arrangement

This job description is not intended to be all-inclusive. The Homemaker will also perform other reasonable related duties as assigned by supervisor. Sincere Home Care reserves the right to change job responsibilities, duties and hours as needed. This document is not intended to imply a written or implied contract of employment.

I have read and understand this job description. I agree to accept the responsibilities and duties as outlined. I can perform both activities involved in this job in a reasonable and sincere manner.

Homemaker Signature

Date

Emergency Float Caregiver (EFCs) Job Description

PLEASE READ

Title: Emergency Float Caregiver (EFCs)

Supervisor: Qualified Professional (QP), Designated Coordinator/Designated Manager (DC/DM)

Job Objective: Providing personal cares as per the care plan in place in accordance with all Department of Human Services (DHS) and agency standards. This staff may be on-call as either a PCA, Homemaker or both, dependent on the client's needs. Emergency float caregivers are our most flexible staff. They may receive 24hours notice of a scheduled shift and may work with a client for a prescribed length of time. Staff is paid at a high rate when working as a Emergency Float Caregiver.

Qualifications:

- Must be at least age 18 (applicants ages 16-17 meeting DHS criteria)
- Have the ability to commute to the client home.
- Pass a criminal background check required by the Department of Human Services.
- Complete required initial and ongoing training.
- 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.
- May not be a consumer of Personal Care Assistant services.
- May not be the client's spouse, parent or stepparent (if under age 18), paid legal guardian of adult, legal guardian (if under age 18), or licensed foster provider.
- Successfully complete the following: "Individualized Personal Care Assistant Training"

The PCA MAY do the following:

- Bowel and bladder care
- Bathing, grooming, hair washing, dressing, skin care
- Transfers, positioning, turning, mobility, ambulation
- Range of motion and strengthening exercises to maintain the optimal level of functioning.
- Respiratory assistance, tracheotomy suctioning using a clean procedure (determined by RN) and only after training by an RN. Application and maintenance of prosthetics and orthotics.
- Assistance with food, nutrition, and diet activities, as deemed necessary by Assessment.
- Assistance with medication (NOT DISPENSING FROM THE BOTTLE).
- Cleaning medical equipment, cleaning in relationship to cares provided, assisting with instrumental activities of daily living as listed on the Assessment/Service Plan.
- Redirection, monitoring, assisting, and observing/prompting that are integral to the cares listed above for client completion and PCA insuring completed.
- Redirection and intervention for behaviors, including observation and monitoring.
- Interventions for seizure disorders as instructed by the Qualified Professional and Responsible Party, where applicable.

NOTE: A PCA MAY ACCOMPANY A CLIENT OUTSIDE OF THEIR HOME TO PERFORM THE ABOVE SERVICES IF THE CLIENT'S HEALTH OR SAFETY WOULD BE JEOPARDIZED WITHOUT THE SERVICES.

If you are interested in working as an Emergency Float Caregiver (on-call), please sign and date below. Upon a clear background check and your signature below, you will be contacted for these opportunities. Keep in mind that these openings can be for a prescribed length of time at a higher pay wage per hour. If you wish to continue working with the client, you will be paid your regular rate of pay going forward. In some cases, a successful meet and greet may be a requirement for an Emergency Float Opportunity.

Weekday PCA AM shift: \$14.00
Weekday PCA PM shift: \$14.50
Weekend PCA AM shift: \$15.00
Weekend PCA PM shift: \$15.50

Weekday HMK AM shift: \$13.00
Weekday HMK PM shift: \$13.50
Weekend HMK AM shift: \$14.00
Weekend HMK PM shift: \$14.50

I have read and understand this job description. I agree to accept the responsibilities and duties as outlined. I can perform both activities (rather PCA or Homemaking) involved in this job in a reasonable and sincere manner.

Emergency Float Signature

Date

Background Study Authorization

Background study result must be complete, cleared and in accordance with Minnesota Statue 245C.14 before an employee candidate receives a hire date and allowed to begin working for Sincere Home Care. Sincere Home Care Human Resource department will notify the potential staff, client (if applicable) and/or the responsible party of an employee's employment eligibility upon receipt of the background study results.

- ONLY COMPLETE BACKGROUND STUDY AUTHORIZATION FORMS CAN BE SUBMITTED.
- TWO FORMS OF IDENTIFICATION, INCLUDING A VALID PICTURE ID WILL BE NEEDED FOR THE SUBMISSION OF THIS BACKGROUND STUDY.
 - Please fax a colored copy of your ID to Fax # 763-208-6089, or
 - Scan & Email to hr@sincerehomecaremn.com

*Employee's Name: _____
First Name Middle Name Last Name

*Birthdate: ____/____/____ *Gender: Male Female

*Place of Birth (State) _____ *Eye Color: _____ *Hair Color: _____

*Race: _____ *Weight (on picture ID): _____ * Height (on picture ID): _____

*US Citizen: Yes No *MN Driver's License/State ID #: _____

*Permanent Address: _____
Street Address City State ZIP

*Mailing Address: _____
Street Address City State ZIP

* Have you lived outside of Minnesota anytime since 2015. If so, please list other cities/states and month/years lived outside of Minnesota.

*City/State: _____ *Month/Year to Month/Year: _____

*City/State: _____ *Month/Year to Month/Year: _____

*City/State: _____ *Month/Year to Month/Year: _____

*Please list all former first and last names: _____

*Social Security Number: _____ - _____ - _____ *Phone Number: (____) _____ - _____

I hereby authorize Sincere Home Care (SHC) to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer, (if applicable) previous employers and organizations contacted by SHC to provide any relevant information regarding my current and/or previous employment. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that nothing contained in this application, conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate SHC to hire me. I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or SHC at any time without prior notice. If for any reason, I terminate my employment willingly, I understand that I am required to submit a two-week notice prior to termination.

Employee Signature: _____ Date: _____