



Twin Cities Assisted Living Inc.
 2814 Colfax Avenue North
 Minneapolis Minnesota, 55411
 Visit our Web site at: www.TwinCitiesAssistedLivingInc.com
 Email: TwinCitiesAssistedLiving@Gmail.Com

Office: (612) 440-8001
Fax: (952) 933-4398

Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regard to public assistance or veterans' employment. We are an equal opportunity employer.

PERSONAL INFORMATION

Date _____

Name _____ Social Security # _____
Last First Middle

Other surnames that I have used: _____

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Home Phone #: _____ Alternate Phone #: _____

How did you hear about this position? _____ Referred by: _____

Are you legally entitled to work in the United States? YES NO Are you at least 18 years of age? YES NO

In Case of Emergency Notify: _____
Name Phone # Relationship to you

U.S. Military or Naval Service _____ Rank _____ Present Membership in National Guard or Reserves? YES NO

EMPLOYMENT DESIRED

Position: RN LPN/LVN Homemaker Home Health Aide Staffing Clerical
 Personal Care Attendant Other _____

Have you passed Competency Testing? YES NO Do you have a Certificate? YES NO

Do you have a current Driver's License? YES NO Do you currently have a car? YES NO

Have you ever applied to this Company before? YES NO Where? _____ When? _____

PROFESSIONAL LICENSES, CERTIFICATION, AND REGISTRATIONS

Do you have any professional licenses, certifications and/or registrations? YES NO

| License/Certificate/ Registration #: | Type | State Issued | Date Expires | Status (List Active, Inactive, Restricted, Conditional or Pending) |
|---|------|--------------|--------------|---|
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| | | | | |
| | | | | |

REFERENCES

Give below the names of three **work related** references.

| NAME | ADDRESS | COMPANY/POSITION | PHONE |
|------|---------|------------------|-------|
| | | | |
| | | | |
| | | | |

EDUCATION

| NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | GRADUATED | DEGREE/CERTIFICATION |
|-----------------------------|----------------|------------------------------|----------------------|
| HIGH SCHOOL | | <input type="checkbox"/> Yes | |
| | | <input type="checkbox"/> No | |
| COLLEGE | | <input type="checkbox"/> Yes | |
| | | <input type="checkbox"/> No | |
| COLLEGE | | <input type="checkbox"/> Yes | |
| | | <input type="checkbox"/> No | |
| ADDITIONAL TRAINING | | | |
| | | | |

FORMER EMPLOYERS

List below your complete employment history for the last five years, starting with the most recent position first. Attach additional pages if necessary.

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER SUPERVISOR'S NAME | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|--|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, with or without cause, and with or without any prior notice.

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

Date _____ Signature _____

TWIN CITIES ASSISTED LIVING INC.

VOLUNTARY SELF-IDENTIFICATION INFORMATION

Twin Cities Assisted Living Inc. is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation or political beliefs.

As an employer, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this Voluntary Self-Identification Information form. This data is for analysis and affirmative action only and submission of this information is voluntary. This data will be kept in a confidential file separate from your Application for Employment.

Date _____

Position Applied for _____

Gender:

- Male
- Female
- Choose not to respond

Race/Ethnic Background:

- American Indian / Alaskan Native
- Asian
- Native Hawaiian/ Other Pacific Islander
- Black / African or African American
- Hispanic / Latino
- White / Caucasian
- Two or More Races
- Choose not to respond

Veteran Status:

- Vietnam era veteran
- Disabled veteran
- Other veteran
- Non-veteran
- Choose not to respond

Disability Status*:

- Disabled
- Not disabled
- Choose not to respond

* According to the American with Disabilities Act, the term "disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of that individual, a record of such an impairment, or being regarded as having such an impairment.



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Background Study Information Form

Full Name:

Form line for full name with labels Last, First, Middle

Other First Name (s):

Other Last Name (s):

Form lines for other first name

Form lines for other last name

Address:

Form line for address with labels Street Address, Apartment/Unit #

Form line for address with labels City, State, ZIP Code

Home Phone:

Form line for home phone and social security number

Date of Birth:

Form line for date of birth and MN DL# /MN State ID#

Position Applied for:

Form line for position applied for

Voluntary Information

This information is being requested in accordance with federal regulations. The information is required when submitting a background study through the Department of Human Services and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- Native American, Asian, African American, Hispanic/Latino, White/Caucasian, Pacific Islander, Unknown/Other, 2 Or More races

Gender

- Female, Male

Signature

Date

The Minnesota Department of Human Services
Individual Personal Care Assistant Training

Welcome to the Minnesota Department of Human Services Individual Personal Care Assistant (PCA) Training! Minnesota statute requires all PCAs to take pass a certification test. You may take the training and test as often as needed. However, you must pass:

- Before enrolling with the Minnesota Department of Human Services (DHS)
- Within one year after training is available if already enrolled with DHS and affiliated with a PCA provider agency

This online course and test is free. **You must register with DHS before taking the certification test.**

Registering

Every question shown with an asterisk, “*” is a mandatory question. There are questions on computers and language choices. Disability Services Division (DSD) will use your response to decide:

- What types of training to offer
- How to offer the training
- What language translations might be needed to meet your needs

Certificate

When you pass the test, you will receive a certificate. Print a copy of this certificate for your records. You will also receive a copy in your email. You will need to show all employers a copy of this certificate before you can begin working as a PCA.

To register, go to <http://registrations.dhs.state.mn.us/videoConf/Default.aspx?BusinessUnitID=16>



**MINNESOTA DEPARTMENT OF HEALTH LICENSED FACILITIES
SUPPLEMENTAL NURSING SERVICES AGENCIES, 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, section 144.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes, board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of a supplemental nursing services agency; and all other employees in nursing homes. 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 (and, where applicable, access to) 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 with (and, where applicable, access 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.

6a. If CURRENT background study results in a disqualification that is set aside upon reconsideration: If you are disqualified as a result your background study, and you request reconsideration and your disqualification is set aside for the program/agency that initiated the current background study, subsequent background studies initiated by other programs/agencies may result in the disqualification being set aside for other programs/agencies when the following criteria are met:

1. While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2;
2. the program that initiates the subsequent background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside;
3. the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and
4. the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiates the subsequent background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§245C.22, subd. 5)

6b. If a PREVIOUS background study resulted in disqualification that was set aside: If you were the subject of a previous background study which resulted in your disqualification, and your disqualification was set aside upon reconsideration, DHS will review the information in your record in connection with your current background study and determine whether the following criteria are met:

1. While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2;
2. the program that initiated the current background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside;
3. the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and
4. the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiated the current background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§245C.22, subd. 5)