

SEMCIL, INC. – PCA CHOICE
EMPLOYMENT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: () - CELL #: () -

E-MAIL: _____

GENDER: F M BIRTH DATE: ____/____/____ MARITAL STATUS: SINGLE MARRIED

SOCIAL SECURITY #: ____/____/____

DOES EMPLOYEE HAVE A DRIVERS LICENSE: YES NO

(If yes, please include drivers license number) DL#: _____

CURRENT SEMCIL EMPLOYEE: YES NO

(If Yes, please indicate dual or choice only): DUAL EMPLOYEE CHOICE ONLY

CONSUMER'S NAME: _____

NEW STATE LEGISLATION LIMITS THE NUMBER OF HOURS WORKED BY PERSONAL CARE ASSISTANTS (PCAS) AND SEMCIL HOMEMAKERS TO 275 HOURS PER MONTH, REGARDLESS OF THE NUMBER OF PCA AGENCIES THE EMPLOYEE MAY WORK FOR. We must now require that all SEMCIL PCAs notify us if they work for another PCA agency.

I do not currently work for another PCA Provider Agency.

TO BE COMPLETED BY EMPLOYEE	
AGENCY NAME(S) (use opposite side of paper for additional agencies)	SCHEDULED HOURS PER MONTH

****Note****

PCA Choice employees will not be allowed to work until SEMCIL, Inc. has been notified of a successful Minnesota DHS background study. Your consumer will be notified by SEMCIL, Inc. when you have been approved to begin working.

Employee Signature: _____

Date: ____/____/____

TO BE COMPLETED BY SEMCIL MANAGER ONLY

WAGE PER HOUR: \$ 11.25 PCA Choice – **NO BENEFITS** EMPLOYEE START DATE: ____/____/____
 \$ 11.25 Homemaker Choice – **NO BENEFITS**

MANAGER: _____

DATE: ____/____/____