

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_