



Minnesota Senior Care, Inc.

1001 Johnson Parkway Suite A6, Saint Paul, MN 55106

Bus. 651-340-7771 Fax. 651-414-9930 Email. minnesotaseniorcare@gmail.com

EMPLOYEE INFORMATION SHEET

PLEASE PRINT

Name _____ Male _____ Female _____
Last First Middle

Date Of Birth _____ Position: _____ Start Date: _____

Address _____

City _____ State _____ Zip code _____

HomePhone _____ Cellphone _____ Email _____

MAILING ADDRESS (if any)

Address _____

City _____ State _____ Zip code _____

EMERGENCY CONTACT PERSON CONTACT

Contact Name _____ Relationship _____
Last First Middle

HomePhone _____ Cellphone _____ Email _____

Contact Name _____ Relationship _____
Last First Middle

HomePhone _____ Cellphone _____ Email _____



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Employment Application

Demographic:

Date: _____ Phone Number: _____

Name: _____ DOB: _____ Gender: F / M
 Last, First Name MI

Address: _____
 Address, City, State, Zip Code

SSN#: _____ Email: _____

Have you legally changed your name in the last 10 years? Yes No

If Yes; please provide previous name: _____

Are you 18 years or Older? Yes No

Are you a U.S citizen? Yes No

If NO; current age: _____

If NO, provide Alien Card#: _____

Desired Employment:

Position Applying for: _____ Salary Desired: \$ _____ / per hour

Status: Temp _____ Fulltime _____ Part-time _____

Availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Have you ever worked for Minnesota Senior Care, Inc. before? Yes; When: _____ / No

How did you hear about us? _____

If referred by an Employee, who: _____

Education

	Name of School	Major	Graduated?
High School			
College/University			
Vocational/Technical Training			



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Employment Record

1. Employer Name: _____ Supervisor: _____
 Address: _____ Dates of Employment: _____
 May we Contact? Yes / No Phone: _____
 Job Title: _____ Fulltime _____ Part-time _____
 Salary: Start \$ _____ / End \$ _____
 Job Duties: _____

2. Employer Name: _____ Supervisor: _____
 Address: _____ Dates of Employment: _____
 May we Contact? Yes / No Phone: _____
 Job Title: _____ Fulltime _____ Part-time _____
 Salary: Start \$ _____ / End \$ _____
 Job Duties: _____

I understand that the information on this application has been requested for the purpose of the evaluation of my qualifications for employment. This application and any other documents presented to me in the course of applying for a position with Minnesota Senior Care, Inc. are not contracts or promises of employment. I also understand that if I am hired, I will be an employee at will, which means that I may leave my employment voluntarily for any reason at any time and may likewise be terminated by Minnesota Senior Care, Inc. at any time for any reason. I understand that any oral or written statements to the contrary are not binding on Minnesota Senior Care, Inc.

I authorize Minnesota Senior Care, Inc. to investigate all statements on this application including work references. I authorize my previous employers and work and/or education related references to provide Minnesota Senior Care, Inc. with all documents and information which it request in conjunction with my application for employment within Minnesota Senior Care, Inc.

I understand that any false statements, omission of facts or misrepresentations connection with my application form may be sufficient cause, in and of itself, to disqualify me for employment for cause my dismissal from employment whenever discovered. I further understand that my employment is conditioned upon providing proof of my eligibility to work in the United States.

By signing this employment application, I understand and agree to a background check.

Signature of Applicant _____ Date: _____

For Office Use Only:

Interview by: _____ Date: _____

Approved by: _____ Date: _____

Begin Date _____ Starting Wage \$ _____



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Criminal Background Check Policy

In accordance with Minnesota Law, Minnesota Senior Care, Inc. (MSC) require criminal background checks for all individuals who have direct contact with clients in their home or in the community, including managerial officials, supervisors, direct caregivers and volunteers. Having and maintaining a clear background is an essential requirement for employment by MSC and if you fail now or later to meet that requirement, your employment with MSC shall terminate immediately.

Additionally:

- Employee must receive a copy of Background Study Privacy Notice.
- A criminal background check is required before an individual may begin work.
- No employee or volunteer may work prior to receiving a completed background study notice stating the individuals PCA or Qualified Professional “is not disqualified” or has had a “disqualification set aside”
- No employee or volunteer may work if the if their name appears on the Office of Inspector General (OIG) exclusion List regardless of their background study disqualification status
- Your criminal background check results will be kept on file during the period you work for MSC. and may be updated
- If you are later terminated from DHS, later disqualified or appear on the OIG Exclusion List your employment with MSC shall terminate the date the disqualification is effective or the date of your appearance on the OIG list.

By following these policies, we can be sure that our home care services are provided in a manner that protects the health, safety and well-being of the clients we serve.

By signing below, I have read and understood MSC’s Criminal Background Check Policy. I acknowledge that I have received a copy of the Background Study Privacy Notice and authorize MSC to conduct a background study. I will abide by all requirements as listed above.

Employee name (Print)

Employee signature

Date



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BACKGROUND CHECK FORM

The following information is required to process your background study:

Legal Name (First):			
Full Middle:			
Last Name:			
Date of Birth: mm/dd/yyyy		Social Security No.: (optional)	
Country of Birth			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
(As shown on ID) Height:	(As shown on ID) Weight:	(As shown on ID) Eye Color:	(As shown on ID) Hair Color:
Driver License # / State ID #:			Expiration Date:
Race (optional):	<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Unknown/other <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Two or more races		
Phone:			
Address:			
City/State/Zip code:			
Mailing Address: (if different from above)			
Address:			
City/State/Zip code:			

Other names by which subject has been known, if any. (LAST, FIRST NAME MI)

1.	3.
2.	4.

Prior out-of-state addresses within the last 5 years, if any

Address:	
City/State/Zip/Country	
Address:	
City/State/Zip/Country	

I acknowledged and approve that all information above is correct.

Employee Signature:		Date:	
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DIRECT DEPOSIT AUTHORIZATION FORM

Last Name

First Name

Phone Number

BANK / NAME OF FINANCIAL INSTITUTE

Account Number

Checking Savings

Routing Number

I authorized that the information above is correct and give permission for Minnesota Senior Care to use for Direct Deposit.

Signature _____

Date: _____



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Minnesota Department of Human Services Disability Services Division Individualized PCA Training User Guide

Welcome to the individualized personal care assistance training online.

Find the course

1. Open Minnesota Department of Human Services Online Registration to access the course or register for the test.

Website: <http://registrations.dhs.state.mn.us/>

2. Click the Individualized Personal Care Assistance Training link located under the Continuing Care – Disability Services heading. This takes you to the Individualized Personal Care Assistance Training Home page. Make a choice: **Take the course or register to take the test**

To **register** to take the test, click:

1. The drop down arrow to the right of the Event box.
2. On the Personal Care Assistant (PCA) option.
3. The Next-Register button. This opens the Registration page.
 - Complete the registration information (Fields and questions with an asterisk* are required and you must complete them)
 - Enter and confirm a valid email address (your confirmation number and certificate link are sent to that e-mail address)
 - Read the agreement information (use the scroll bar to the right of the field to move up and down in the box)
 - Check the box beneath the agreement if you understand the terms of the agreement (you cannot continue if you do not check the box)
4. The Submit button to complete your registration.

After you submit your registration, the next page will give you a confirmation number. You will also receive an email with this number and the link to the test. You may use the confirmation number to cancel a test registration, or you can click the link provided to take the test immediately. Using the email link allows you to take the test as many times as needed without registering again. You may register more than once to take the test, but using the confirmation email link is easier.

To **take the course**, click:

1. Take the Course (this opens a new browser window)
2. The middle blank square in the upper right hand corner of the modules to make the content fill the browser window.
3. On a module link to begin reviewing course content.
4. The X in the upper right hand corner of the modules window to close the course content module when you are done. This allows you to view the Individualized Personal Care Assistance Training home page.

Take the test

You must answer 20 of 25 questions correctly to pass the test. You may take the test as many times as needed.



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There is no required wait time between tests. Again, there is a link provided to proceed to the test immediately after you register or you can use the link in the confirmation email sent.

As you answer each question, the system will tell you if the answer is correct or incorrect. The system will not tell you the correct answer. After you answer the last question, you will go the Results page where you will receive your score and whether or not you have passed the test.

Test result page

The Test Results page follows the last question on the test. This page shows:

- The number of questions you answered correctly
- Your test score
- If you passed or failed
- Where the email certification link will be sent
- A link to the certificate
- What modules you should review if you do not receive a passing score

Certificate of completion

When you pass the test, you may print a certificate of completion right away. You will also receive an e-mail with a link to the same certificate.

1. Print one or more copies of the Certificate of Completion for your records.
2. Give a copy to any agency that hires you to work as a personal care assistant.

The certificate provides information required by employing agencies before hire such as:

- Your name
- Date you passed the test
- Certificate number

E-mail notices

After you register for the test, you receive two types of e-mails from Dhs.DSD.Learn@state.mn.us:

1. Registration confirmation e-mail includes:
 - Confirmation number used to cancel the registration
 - Direct link to the certification test
2. Certification confirmation e-mail includes:
 - Certificate Number required by PCA agencies before hire for PCA Provider Enrollment
 - Link to certificates



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PCA Employment Agreement

Agreement between _____ (hereinafter "PCA") and Minnesota Senior Care, Inc., an enrolled PCA provider with the State of Minnesota

"At Will" Employment

As a Personal Care Attendant paid by Minnesota Senior Care, Inc., you are an at-will employee. Minnesota Senior Care, Inc. does not offer tenured or guaranteed employment. Unless Minnesota Senior Care, Inc. has otherwise expressly agreed in writing, all employment with Minnesota Senior Care, Inc. and the consumer is "at-will" and can be ended by any of the parties, at any time, with or without reason.

Your Responsibilities

As a Personal Care Assistant, you may provide any of the following services if they are part of the recipient's plan:

1. bowel and bladder care;
2. skin care to maintain the health of the skin;
3. repetitive maintenance range of motion, muscle strengthening exercises, and other tasks specific to maintaining a recipient's optimal level of function;
4. respiratory assistance;
5. transfers and ambulation;
6. bathing, grooming, and hair-washing necessary for personal hygiene;
7. turning and positioning;
8. assistance with furnishing medication that is self-administered;
9. application and maintenance of prosthetics and orthotics;
10. cleaning medical equipment;
11. (dressing or undressing;
12. assistance with eating and meal preparation and
13. necessary grocery shopping;
14. accompanying a recipient to obtain medical diagnosis or treatment;
15. assisting, monitoring, or prompting the recipient to complete the services above;
16. redirection, monitoring, and observation that are medically necessary and an integral part of completing the personal care assistant services;
17. redirection and intervention for behavior, including observation and monitoring;
18. interventions for seizure disorders, including monitoring and observation

Services You May NOT Provide

You may not provide any of the following services:

1. services not ordered by the physician;
2. services that are not in listed Care Plan, prepared by the Qualified Professional;
3. sterile procedures;
4. injections of fluids into veins, muscles, or skin;
5. homemaker services that are not an integral part of a personal care assistant services (for example housekeeping, cooking, laundry or other services for a household where other parties reside are not allowed, unless they are for the recipient only, not another household member and are needed in order to provide other personal care services to the recipient); You must be providing a service to the recipient.
6. home maintenance, or chore services;
7. services not authorized by the public health nurse
8. you may not be paid for time spent sleeping because you cannot be providing services if you are not awake.



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Your Responsibility to Report Abuse or Neglect

As a personal care provider, you are required by law to report possible maltreatment (abuse or neglect) of any adult or child to whom you provide services, regardless of who has allegedly perpetrated the abuse. You may report abuse to the Minnesota Senior Care, Inc. Administrator or contact the county CEP.

Reporting Hours of Service

You must report all hours worked accurately using the forms provided by Minnesota Senior Care, Inc. All services reported must be approved as signed by the consumer or responsible party with a signature. The time sheet is considered a legal document and must represent hours of service to the consumer only. If time cards do not represent time spent engaged in PCA services directly to the consumer it is considered fraud and can be investigated by the Department of Human Services and prosecuted.

Payroll Schedule and Procedures

Billing and payroll cycles are every two weeks. You will receive a payroll schedule when you begin employment. All time sheets must be signed by the consumer or responsible party and the PCA. These signed time sheets represent a legal document attesting that services were delivered as described. All time sheets should be returned on time. If Minnesota Senior Care, Inc. does not receive the time sheets in a timely manner, the PCA may not receive a check until the next scheduled payday. If you have a payroll question or any problem with the paycheck, please contact Minnesota Senior Care, Inc. at 651-493-8837 and we will try to resolve the problem as quickly as possible.

Regulatory Compliance

Both parties are responsible for complying with all rules and regulations related to PCA. This includes, but is not limited to state Vulnerable Adults Act, Data Privacy, PCA regulations and the Nurse Practices Act, including assistance with medication administration, and Department of Labor laws governing overtime.

Grievance Procedures

Minnesota Senior Care, Inc. believes it is in the best interest of employees and management to have an environment where concerns are openly discussed. For this reason, PCAs are encouraged to bring all work-related issues to their manager, the consumer. Consumers are encouraged to address issues directly with their PCA. If the PCA and consumer are unable to resolve the issue, they may bring the issue to Minnesota Senior Care, Inc. Minnesota Senior Care, Inc. is committed to providing a timely response to concerns brought forward.

Termination of Employment or Services

Employees may resign their employment with the consumer and Minnesota Senior Care, Inc. at any time for any reason or no reason, and the consumer and Minnesota Senior Care, Inc. reserve the same right regarding the discontinuation of an individual's employment. Either the consumer or Minnesota Senior Care, Inc. may terminate services at any time and for any reason or no reason. Minnesota Senior Care, Inc. shall provide reasonable advance notice of termination of service in accordance with the Minnesota Home Care Bill of Rights and Minnesota Statute.

Acknowledgement

I acknowledge that I reviewed the Employee Policies and Procedures Manual and have been oriented on the policies and procedures of Minnesota Senior Care, Inc. Minnesota Senior Care, Inc. Policies and Procedures are intended for the, employee and to be abided by at all times. If the employee does not wish to abide by any changes to this document, they may terminate their services by notifying Minnesota Senior Care, Inc.

Signature of Personal Care Assistant

Date



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EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS

_____ Orientation _____ Annual Review

I acknowledge that I have received and/or reviewed the following materials, and agree to be bound by the policies and procedures enclosed herein:

- **Administrative Policies**
 - Contact Information
 - Daily Operations
 - Standard of Conduct
 - Compliance
 - Company Marketing Practices
 - Health Information Security
 - Job Descriptions
- **Consumer Policies and Procedures**
 - PCA program
 - Assessment and Service Plan
 - Service Authorization
 - PCA Responsible Party
 - Care Plan
 - Covered and Non-Covered Services
 - Services for Children Under 18
 - Using PCA Services
 - Personal Care Assistants
 - Qualified Professional Supervision
 - Payment for Services
 - Consumer Safeguards
 - Employee Safeguards
 - Grievance Reporting
 - Fraud
 - Discharging a PCA or Homemaker
- **Confidentiality**
- **PCA Service Verification Call**
- **Employee Policies and Procedures**
 - Service Orientation
 - Hiring
 - Employee Conduct and Disciplinary Action
 - Employee Termination and Resignation
 - Wages and Benefits
 - Training
 - Provider/Consumer Boundaries
 - Data Privacy and HIPPA Compliance
 - PCA Timesheets
 - Payroll
 - Grievance Reporting
 - Transporting Consumers
 - Non-Work Related Injuries
 - Work-Related Injuries
 - Supervision
 - Reporting Consumer Abuse and Neglect
- **Notice of Privacy Policy**
- **Advance Health Care Directive**
- **MN Home Care Bill of Rights**
- **Service Recipient Rights**
- **Your Health Information Rights**

I further acknowledge and understand that review of these materials by me shall be available on the company office during regular business hours. I acknowledge and understand that my continued work shall be considered as my acknowledgement of having reviewed the materials annually and my acceptance of their terms.

Print Employee Name

Employee Signature

Date

NOTE: IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON BILLINGS FOR MEDICAL ASSISTANCE PAYMENT. PROVIDING FALSE INFORMATION ON PCA OR QUALIFIED PROFESSIONAL BILLINGS MAY ALSO RESULT IN YOUR TERMINATION



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EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS

I acknowledge that I have received and/or reviewed the following materials, and agree to be bound by the policies and procedures enclosed herein:

- Employee Manual Book
- Service orientation
- Hiring
- Conduct and Disciplinary Action
- Termination and resignation
- Wages and Benefits
- Training
- Boundaries
- Harassment
- Data Privacy and HIPPA
- Timesheets
- Payroll
- Grievance reporting
- Transportation of consumers
- Non-work related injuries
- Work injuries and accidents
- Reporting abuse and neglect
- Supervision

I further acknowledge and understand that review of these materials by me shall be available on the company office during regular business hours. I acknowledge and understand that my continued work shall be considered as my acknowledgement of having reviewed the materials annually and my acceptance of their terms.

Print Employee Name

Employee Signature

Date

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EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS

I acknowledge that I have received and/or reviewed the following materials, and agree to be bound by the policies and procedures enclosed herein:

- **Minnesota Senior Care, Inc. Payroll Policies**
- **PCA Time and Documentation Requirements. Effective date: 05/21/2017**

Initial:

_____ I understand that I am responsible to meet all timesheets requirements. Any missing requirements will be considered as incomplete, return for a re-completion and considered as late.

_____ I understand that it is my responsibilities to submit my timesheets on time as schedule. For any late timesheets; all missing times will be process in the next Payroll schedule.

_____ I understand that the only times recorded acceptable for being paid and billed are times spent in the presence of the Recipient, accomplishing tasks that are or on the Recipient's care plan and Office hours.

_____ I understand for any time recorded during Client hospital stay or traveling out of town without PCA is fraudulent, non-billable and not payable.

I further acknowledge and understand that review of these materials by me shall be available at the company office during regular business hours. I acknowledge and understand that my continued work shall be considered as my acknowledgement of having reviewed the materials annually and my acceptance of their terms.

Print Employee Name

Employee Signature

Date

NOTE: IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON BILLINGS FOR MEDICAL ASSISTANCE PAYMENT. PROVIDING FALSE INFORMATION ON PCA OR QUALIFIED PROFESSIONAL BILLINGS MAY ALSO RESULT IN YOUR TERMINATION.



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Retribution of Funds

Minnesota Senior Care, Inc. employees are not permitted to provide services when the client is hospitalized. Employees are prohibited from providing services until the client has returned home. Services provided on the day of hospitalization and before client is impatient, will be compensated to employee. Services provided after the client has returned home, including date of release from hospital will also be compensated.

Although, Minnesota Senior Care, Inc. tries to communicate as much as possible with client and family members, sometimes we may not be contacted when the client has been hospitalized. Thus we rely on the employee to inform us of any situations in which they are not permitted to provide services.

Employee who knowingly provides services will be disciplined. Employees who fail to indicate this on their timesheets will be disciplined as well.

Employee who fail to indicate this on their timesheets and are paid by Minnesota Senior Care, Inc. for those dates are required to return the funds due to fraud. **Services provided when a client is in the hospital is not approved of, therefore, if any employee turns in a false timesheet it is considered fraud.**

Upon signing this form, I acknowledge that I was informed of this policy and understand it fully. I will not provide services when a client is impatient at the hospital. I understand that upon doing so it is a form of fraud against Minnesota Senior Care, Inc. and The Department of Human Services (DHS). If found fraud; by signing below, I understand I am fully and legally responsible for returning ALL FUNDS on those specific dates. I understand that I may be prosecuted by the State of Minnesota fraud.

Employee Full Name: _____
(Print Name)

Employee Signature: _____ Date: _____



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Training/Orientation Checklist

Employee Name: _____ Date: _____

Time In: _____ Time Out: _____

	Length		Staff Initials
Personal Care Video	36 minutes	.6	
Infection Control Video	26 minutes	.43	
How to Manage Medications Video	27 minutes	.45	
Safety in and Around the Home Video	19 minutes	.32	
HIPPA in Home Care Video	23 minutes	.38	
Elder Abuse and Neglect Video	29 minutes	.48	
Fire Safety Video	30 minutes	.5	
Overview of Policy and Procedures		0	
• Timesheet Conduct		.16	
• Vulnerable Adults Act/Mandated Reporter		.16	
• Drugs/Alcohol Policy		.16	
• Work Injuries		.16	
• Sexual Harassment		.16	
• Confidentiality		.16	
• Fraud Prevention		.16	
• MNDHS Individualized PCA Training		.16	
• TB Testing		.16	
• Attendance/Request Days Off		.16	
		4.76	

By signing below, I attest that I have completed the above sub-categories for the purposes of training and orientation as required for employment with Minnesota Senior Care, Inc. I attest that I was trained and oriented by the signing staff member below.

Employee Print Name

Employee Sign Name

Staff Signature

Date _____

Date _____