



All applicants to the Public Authority Registry will be required to undergo a Department of Justice Criminal Background Investigation to determine if the applicant has ever been convicted of certain violations of the Penal Code. Applicants who do not "clear" the DOJ check will not be listed on the Registry. The cost for fingerprinting is the applicant's responsibility (the cost is approximately \$70).

Note: An incomplete application will delay processing

Personal Information

Full Name:						
First Name		Last Name			Middle Initial	
Mailing Address:						
Number		Street		Apt. #	City	State
Home Phone:		Cell Phone:		Soc. Sec #		
Birthdate: <small>mm/dd/yyyy</small>						
Gender:				Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Email Address:						

Desired Work Schedule

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings							
Afternoons						<input type="checkbox"/>	
Evenings						<input type="checkbox"/>	
Overnight						<input type="checkbox"/>	

Can you work?
<input type="checkbox"/> Holidays <input type="checkbox"/> 1-2 Hr. Shifts

Work hours desired per week?

Preferred Geographic Area

Central County
<input type="checkbox"/> Alamo <input type="checkbox"/> Clayton <input type="checkbox"/> Danville <input type="checkbox"/> Lafayette <input type="checkbox"/> Martinez <input type="checkbox"/> Moraga <input type="checkbox"/> Orinda <input type="checkbox"/> Pacheco <input type="checkbox"/> Pleasant Hill <input type="checkbox"/> Walnut Creek <input type="checkbox"/> San Ramon <input type="checkbox"/> Concord

East County
<input type="checkbox"/> Antioch <input type="checkbox"/> Bay Point <input type="checkbox"/> Pittsburg
Far East
<input type="checkbox"/> Bethel Island <input type="checkbox"/> Brentwood <input type="checkbox"/> Byron <input type="checkbox"/> Knightsen <input type="checkbox"/> Oakley <input type="checkbox"/> Discovery Bay

West County
<input type="checkbox"/> Crockett <input type="checkbox"/> El Cerrito <input type="checkbox"/> El Sobrante <input type="checkbox"/> Hercules <input type="checkbox"/> Kensington <input type="checkbox"/> Pinole <input type="checkbox"/> Port Costa <input type="checkbox"/> Richmond <input type="checkbox"/> Rodeo <input type="checkbox"/> San Pablo



Tell us about you

Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you work for a smoker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Form of transportation	<input type="checkbox"/> Car	<input type="checkbox"/> Bus	Live in position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Read/ Write English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Client Preference	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Will you use your car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you drive client car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On call work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you work with pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Cats <input type="checkbox"/>	Birds <input type="checkbox"/>	Dogs <input type="checkbox"/>

IHSS Authorized Tasks (check the tasks you are willing to do and have experience with)

Domestic Services	Ambulation
Meal Preparation	Transfer
Meal Clean Up	Bathing, Oral Hygiene and Grooming
Laundry	Rubbing Skin and Repositioning
Shopping for Food	Care and Assistance with Prosthesis
Other Shopping Errands	Accompaniment to Medical Appointments
Respiration	Accompaniment to Alternative Resources
Bowel & Bladder Care	Heavy Cleaning
Feeding	Protective Supervision
Routine Bed Baths	Teaching and Demonstration
Dressing	Para-Medical Services
Menstrual Care	

Specialized Tasks (Willing to do/ Experience with)

Diapers	Transferring
Hoyer Lift	Lifting (0-50 lbs.)
Injections	Lifting (50-100 lbs.)
Wound Care	Lifting (100+ lbs.)

Preferred Clients (Willing to work/ Experience with)

Women	Dementia
Men	Alzheimer's
Children	Autism
Elderly	Developmental Disabilities
Blind or Visually Impaired	Paraplegia / Quadriplegia
Hearing Impaired	



Language

American Sign
Arabic
Cantonese
English
Other

Farsi
French
German
Italian

Japanese
Korean
Mandarin
Portuguese

Russian
Spanish
Tagalog
Vietnamese

Gujarati
Hindi
Punjabi

Other information

Are you willing to submit to random drug test?

Yes

No

How did you hear about us?

Licenses, Certificates and Trainings

Please do not list any Certificates or Licenses that have expired

- | | | | |
|------------------------------------|----------|-------------------------------|----------|
| <input type="checkbox"/> First Aid | Expires: | <input type="checkbox"/> CNA | Expires: |
| <input type="checkbox"/> CPR | Expires: | <input type="checkbox"/> CNHA | Expires: |
| <input type="checkbox"/> Other(s) | | <input type="checkbox"/> HHA | Expires: |

List any training you have had related to In-Home Care:

Work Experience

How many years of experience providing In-Home care do you have?

Explain your experience providing in-Home care

Are you now or have you ever been employed by (IHSS) In-Home Supportive Services?

Yes

No

Work References

Please **list three work references** that show a continuous and consistent employment history of at least **six months each**. Make sure to provide names and **valid phone numbers** of people we can reach and talk to concerning your work.

Please do not list family members as your references

Work Reference 1 ■

Employer or Client Name:		Phone w/Area code					
Address:		CA					
<small>Number</small>	<small>Street</small>	<small>Apt.</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
Supervisor's Name:		Ok to call:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Job Title:		Employment Dates: From:		To:			
		<small>Month</small>	<small>Year</small>	<small>Month</small>	<small>Year</small>		
Related Duties:							
Reason for leaving, please explain:							

Work Reference 2 ■

Employer or Client Name:		Phone w/Area code					
Address:		CA					
<small>Number</small>	<small>Street</small>	<small>Apt.</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
Supervisor's Name:		Ok to call:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Job Title:		Employment Dates: From:		To:			
		<small>Month</small>	<small>Year</small>	<small>Month</small>	<small>Year</small>		
Related Duties:							
Reason for leaving, please explain:							

Work Reference 3 ■

Employer or Client Name:		Phone w/Area code					
Address:		CA					
<small>Number</small>	<small>Street</small>	<small>Apt.</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
Supervisor's Name:		Ok to call:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Job Title:		Employment Dates: From:		To:			
		<small>Month</small>	<small>Year</small>	<small>Month</small>	<small>Year</small>		
Related Duties:							
Reason for leaving, please explain:							

Personal References

Please list two names of people who know you personally whom we can contact as character references. **Personal References must be different from Work References.**

Please do not list family members.

Personal Reference 1 ■

Name:	Contact Phone
How do you know?	How long?
	Years Months

Personal Reference 2 ■

Name:	Contact Phone
How do you know?	How long?
	Years Months

The following questions are Optional (not required). The information will be kept confidential and used only by staff for statistical purposes and to improve opportunities for care providers.

Do you have health Insurance? Medi-Cal Other None

Ethnicity: African American Asian-Pacific Islands Caucasian
 Native American Latino Other

(Specify)

I certify that the information on this application is true. I understand that any false information may eliminate me from consideration. I understand that being accepted to the Contra Costa IHSS Public Authority Registry means my name may be included on lists given to persons who are seeking assistance in their homes.

I understand that the information on this application may also be shared with prospective employers. I also understand that my employer is not Contra Costa In-Home Services Public Authority (IHSS). The IHSS client is my employer. I understand that I am responsible for paying the fees associated with the Criminal Background Investigation (CBI).

I further understand that passing CBI does not guarantee employment. **I also understand that the Public Authority DOES NOT guarantee employment.** The Public Authority is a referral service for consumers and providers; it is not an employment agency.

Signature

Date