



In-Home Supportive Services Consortium
1453 Mission Street, Suite 520
San Francisco, CA 94103
(T) 415.255.2079
(F) 415.255.0679

ATTENTION ALL HOMECARE PROVIDER APPLICANTS

Thank you for your interest in the Homecare Provider position at the In-Home Supportive Services Consortium (IHSS Consortium).

The selection process will be as follows and you will be required to complete the following items prior to starting work at the IHSS Consortium:

1. Complete Application Reviewed by staff. **Incomplete Applications will not be considered.**
2. Interview – available only to qualified applicants
3. Reference and employment verification

I agree that if IHSS Consortium gives me a provisional offer of employment, I will be required to undergo the following employment screening processes, prior to my employment:

1. Reference Check
2. Criminal Background Check
3. Tuberculosis (TB) Test-clear results less than 1 year old from date of hire.

Other periodic exams may be required as deemed necessary. Additional testing of work related skills may be required prior to employment. I understand that if I fail to take such tests or if the results are unsatisfactory, I will not be hired as an employee of IHSS Consortium.

I understand if I refuse to sign any one of the forms, refuse to take any one of the tests, provide false information, interfere or fail to cooperate with the tests, I will not be considered for employment and any provisional offer of employment will be nullified. I further understand that employment, if offered and accepted by me, is the result of a voluntary decision on my part to seek employment and a voluntary decision by the IHSS Consortium to employ me. I recognize that my employment is not guaranteed or subject to any implied conditions or for any special duration, and that no verbal or written statements may bind the corporation to any specific term or condition of employment.

I also give my permission for the use of any photograph or likeness taken of me during my term of employment to be used in IHSS Consortium publications, including those used for internal communications and those intended to promote this organization to the general community.

I hereby certify that the information given by me in this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be untrue or misleading in any respect, I will be disqualified from consideration for employment or subject to immediate termination if discovered after that I am hired.

Signature of Applicant

Date



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HOME CARE PROVIDER APPLICATION

Note: Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, or the presence of a non- job-related medical condition or handicap.

(Please Print)

Date of Application: ____/____/____ Date you are available to begin work: ____/____/____

Referral Sources: Relative or Friend name _____ Walk-In

Advertisement type _____ Agency _____

Last Name First Name Middle

Street Address City State Zip

(____) _____
Phone Number

(____) _____
Message Number

Best time(s) to reach you: _____

Have you ever filed an application for IHSS Consortium before? Yes No
If yes, when? _____

Have you ever worked for IHSS Consortium before? Yes No
If yes, when? _____

Are you employed now? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live
and work in this country? Yes No

(Proof of Citizenship or Immigration status is required upon employment.)

Do you give IHSS Consortium permission to conduct a criminal background check? Yes No

Have you ever been convicted of a felony within the last seven years? Yes No

(A conviction will not necessarily disqualify an applicant from employment. However, the Consortium may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for. You may answer No if the conviction is specified in Health and Safety Code section 11361.5, which pertains to various marijuana offenses, or the conviction was under Health and Safety Code Section 11557 or its successor 11366 when that conviction was stipulation or designated to be a lesser-included offense of the offense of possession of marijuana.)

If yes, state nature of the crime(s), when and where convicted, and the disposition of the case.

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for however, may be considered.)

Have you had a Tuberculosis (TB) test within the past 12 months? Yes No

If yes, date taken: ____/____/____

(A condition of employment is that you must have a recent Tuberculosis (TB) test.)

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hiring may be subject to skill and agility tests and passing a medical examination.)

Language

Please check any language that you speak:

- English Spanish Cantonese Mandarin Russian Tagalog
 French Vietnamese Korean Japanese Other

Work Schedule and Travel Requirements

Are there any days/hours you are unavailable to work? _____

(This position requires you to work a flexible schedule—including evenings, weekdays, weekends and holidays.)

Are you willing to work in all the neighborhoods of San Francisco? Yes No

Are you willing to travel throughout the city? Yes No

(This position requires travel within San Francisco and may include assignments in any/all neighborhoods.)

Training and Certifications

- LVN (licensed Vocational Nurse) Yes No Exp. Date ____/____/____ Lic.# _____
HHA (Home Health Aid) Yes No Exp. Date ____/____/____ Lic.# _____
CNA (Certified Nursing Assistant) Yes No Exp. Date ____/____/____ Lic.# _____

Home Care Course (Arriba Juntos—56 hours) Yes No Completed ____/____/____

Skills for Home Care Provider (John Adams CCSF—25 hours) Yes No Completed ____/____/____

Other Relevant Training (please list): _____

Why do you want to be a Homecare Provider? _____

Education

Table with 5 columns: School Name and Address, No. of Years Completed, Did you graduate?, Degree or Diploma. Rows include High School, College/University Name, and Health Care.

Employment History

Please list your work history starting with your most recent employer. You must complete this section even if attaching a resume.

_____ Company/Client Name	Dates of Employment: _____ From _____ To _____
_____ Supervisor/Case Manager's Name	() _____ Supervisor/Case Manager's Phone Number
_____ Address & Street	_____ City State Zip
Your Position and Duties:	
Reason for Leaving _____	
May we contact this employer for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No Best Time to Call _____	

_____ Company/Client Name	Dates of Employment: _____ From _____ To _____
_____ Supervisor/Case Manager's Name	() _____ Supervisor/Case Manager's Phone Number
_____ Address & Street	_____ City State Zip
Your Position and Duties:	
Reason for Leaving _____	
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Your Position and Duties:	
Reason for Leaving _____	
May we contact this employer for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No Best Time to Call _____	

Other Professional References to contact if your current or past supervisors are not available.

_____ Supervisor's Name	_____ Supervisor's Title	_____ Company		
_____ Address & Street	_____ City	_____ State	_____ Zip	(____) ____ - ____ Telephone No.
_____ Your Job Position	_____ How long did you work together?			

_____ Supervisor's Name	_____ Supervisor's Title	_____ Company		
_____ Address & Street	_____ City	_____ State	_____ Zip	(____) ____ - ____ Telephone No.
_____ Your Job Position	_____ How long did you work together?			

Please Read Carefully, Initial Each Paragraph, and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize the company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted, during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, there will be a four-month probationary period and during that period, I may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date Applicant's Signature

Homecare Provider (HCP) Applicant Availability Worksheet

Applicant Name _____

1. I am available to work for IHSS Consortium:

Full Time (35+ hours/week) OR Part Time (20-34 hours/week)

I understand that I will be expected to accept all assignments until these hours are reached.

2. I understand that I will be expected to work at least one weekend day and holidays for a minimum of the first 6-months of my employment.

Changes cannot be made during the first 6-months of employment.

I can work for IHSS Consortium on the following days and during the following times.

Circle the DAYS of the week you can work

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time: _____ _____ _____ _____ _____ _____

Full Time: with a 1 hour scheduled break

Are you flexible to work 1 hour before and/or after the above times: YES NO

Part-time: usually 4 hour shifts

Are you flexible to work 1 hour before and/or after the above times: YES NO

Do you have school or child care which requires you to start or end work at a different time than listed above? **YES NO**

If YES, what time do you need to start: _____ or end: _____

Applicants Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____

Once you have worked for 6 continuous months, you may submit a written request to make changes to your schedule based on the Union Contract. Per the Union Contract, Sec. 19G: "Changes to schedule will be approved based upon availability or when extenuating circumstances exist and the Employer is notified in writing."