

San Joaquin IHSS Public Authority
An Equal Opportunity Employer
C/O San Joaquin County IHSS Public Authority, 24 South Hunter Street, STE 5
Stockton, CA 95202
(800) 491-1996 openjobs@sanjoaquincares.org Hours: 8:30 a.m. – 5:00 p.m., M-F

Job Title _____

Applicant Name _____
Last *First* *Middle*

Mailing Address _____
Number and Street *City and State* *Zip*

Home Phone Number () _____ **Okay to leave message?** Yes No

Work/Message Number () _____ **Ext.** _____ **Okay to leave message?** Yes No

(Provide work phone number only if we may contact you there.)

Driver's License: (Circle Class) A B C **License No.** _____ **State Issued by:** _____
(You may be required to provide your own vehicle for the conduct of official business.)

Answer the following questions for all jobs:

Yes No **Are you currently employed by the IHSS Public Authority? If yes, indicate type of employment:**

Regular Temporary

Yes No **Can you, after employment, submit proof of your legal right to work in the United States?**

Yes No **Are you 18 of age or over?**

Yes No **Are you related to anyone who works for San Joaquin County IHSS Public Authority by blood, marriage, or adoption? If yes, list:**

Name(s)

Relationship(s)

Department(s)

Professional Licenses, Certifications, or Registrations:

Type:

Number:

Issuing Agency:

Date Issued:

Date Expires

Answer the following questions if the job posting states this information is required or desired for this recruitment:

You may also choose to voluntarily complete any of these questions if you wish to be eligible for future vacancies (CSR 808, Special Certifications)

Language(s) other than English: Spanish Hmong Other **Fluently** Speak Read Write

Office Skills: Typing _____ net wpm Computer Program Certificates _____

Original Certificate Verified by: _____

FOR PUBLIC AUTHORITY USE ONLY								
Date Received	Review	<input type="checkbox"/> Accept	<input type="checkbox"/> Accept	Educ	Exp	Lic	Other	
		<input type="checkbox"/> Reject	<input type="checkbox"/> Reject					
Vets Pts	5	10	Additional Information					

Position _____

Name: _____

Answer the following questions for all jobs:

Did you graduate from High School? Yes No If no, do you possess a GED? Yes N/A

COLLEGE, GRADUATE, PROFESSIONAL, BUSINESS, AND/OR TRADE SCHOOL(S) ATTENDED:

<u>Name of School</u>	<u>City & State</u>	<u>Major</u>	<u>Units Completed</u>		<u>Degree Pursued</u>	<u>Completed? (Yes/No)</u>
			<u>Sem</u>	<u>Qtr</u>		

EMPLOYMENT EXPERIENCE

List all paid and related voluntary experience, starting with your most recent job. List different jobs/positions with the same employer separately. If you need additional space, attach a photocopy of page 3 or an additional sheet of paper and include answers to all of the questions asked on this application about each job experience. Refer to the **Employment Standards** on the **Job Bulletin** for this recruitment to help you decide whether a job you have held fulfills all or part of the Employment Standards. A resume will not be accepted in place of this section. While volunteer experience is not considered in determining if you meet the minimum qualifications, it may enhance your overall competitiveness for the position.

<i>Name of employer</i>	<i>Type of business</i>
<i>Mailing address</i>	<i>Supervisor's name</i>
	<i>Supervisor's job title</i>
<i>No. of employees you supervised</i>	<i>Reason for leaving</i>
<i>Name, if employed under another name</i>	<i>Are we authorized to contact this employer regarding your employment record?</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor's phone number (_____) _____

<i>Dates of Employment: From / / to / / Hrs/Wk</i>	<i>Length of employment</i>	<i>yrs.</i>	<i>Mos.</i>
<i>Official job title</i>			
<i>Description of primary duties</i>			

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<i>Official job title</i>			
<i>Description of primary duties</i>			

Please list computer applications or programs that you are familiar with:

1.	5.
2.	6.
3.	7.
4.	8.

APPLICANT RELEASE OF EMPLOYMENT INFORMATION

Please read before signing: I declare under penalty of perjury that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to deny County employment, or for disciplinary action including dismissal after employment.

Unless otherwise indicated on this application, I hereby authorize designated representatives of my current and former employers to respond to verbal or written inquiries and to release information about my employment with their respective organizations, including information based on the materials in my personnel file, to authorized representatives of the San Joaquin County IHSS Public Authority.

I do hereby agree to release, save, defend, and hold harmless my current and former employers and/or their officers, employees, and agents from any claims arising from the release of such employment information.

Print name _____ **Signature** _____
Date _____ **Classification** _____ Office Assistant

AUTHORIZATION FOR RELEASE OF INFORMATION

TO _____

(List all current and former employers)

FROM: _____

RE: CONSENT TO RELEASE EMPLOYMENT INFORMATION

I, _____ do hereby consent to your release of information
Relating to my employment with your organization, including information, documents and materials contained in
my personnel file to Desirea Patten, San Joaquin County IHSS Public Authority.
(Name of IHSS PA's designee)

I further consent to you or your designated representative, employees, officers or agents to respond to
verbal or written inquires from Desirea Patten, San Joaquin County IHSS Public Authority
(Name of IHSS PA'S designee)
and the County of San Joaquin regarding my employment.

I do hereby release, discharge, exonerate and hold harmless all my former and current employers listed,
their representatives, employees, officers or agents and any person furnishing information from any and all liability
of every nature and kind arising out of the furnishing and inspection of such documents and records and release of
any verbal or written employment information. This release shall be binding on my legal representative, heirs and
assigns.

This waiver shall remain valid for 18 months from the date of signature.

Full name: _____ Date: _____