

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 Bulletin 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>Salary \$ /mo.</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 Length of employment yrs. Mos.</i>			
<i>Official job title</i>			
<i>Description of primary duties</i>			

<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>Salary \$ /mo.</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>Position</i>		<i>Social Security #</i>	
<i>Dates of employment: From / / to / / Hrs/Wk Length of employment yrs. Mos.</i>			
<i>Official job title</i>			
<i>Description of primary duties</i>			

<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>Salary \$ /mo.</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 Length of employment yrs. Mos.</i>			
<i>Official job title</i>			
<i>Description of primary duties</i>			

Name of employer		Type of business	
Mailing address		Supervisor's name	
		Supervisor's Job title	
Salary \$	/mo.	No. of employees you supervised	Reason for leaving
Name, if employed under another name		Are we authorized to contact this employer regarding your employment record?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No supervisor's phone number (_____) _____	
Position		Social Security #	
Dates of employment: From / / to / / Hrs/Wk Length of employment yrs. Mos.			
Official job title			
Description of primary duties			

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 _____ Registry Specialist _____

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: _____