



*Ventura County
In-Home Supportive Services (IHSS)*

Public Authority

IHSS Public Authority Registry Application

Thank you for your interest in joining the Ventura County IHSS Public Authority Registry.

Please fill out the attached application completely and return it. Incomplete applications will be eliminated. The best qualified caregivers will be selected.

We review all applications the first week of each month. Please bring your application to 4245 Market Street, Suite 213, Ventura, CA 93003. You will be notified by the hiring coordinator whether or not you are invited to continue with the interview process. If you are invited to an interview, please bring two (2) letters of reference, a valid California ID, and your Social Security card to your interview appointment.

The complete Registry application process involves the following steps:

- Selection of the best qualified applications
- Attendance at a hiring interview including work reference and Department of Motor Vehicles (DMV) check
- Completion of an online enrollment and orientation video process and attendance at a 2-day caregiver training
- Department of Justice (DOJ) background check, including fingerprinting. The cost of the DOJ background process is about \$50.00. This is paid by the applicant. If you are a current IHSS caregiver you do not need to be fingerprinted again.
- State verification of your Social Security number.

Thank you again for your interest.

Enrolled

Pending Enrollment

Not Enrolled

Date verified: _____

Background sent: _____

Background received: _____

OFFICE USE ONLY



Ventura County
In-Home Supportive Services (IHSS)
Public Authority

**VENTURA COUNTY
IN-HOME SUPPORTIVE SERVICES**

Public Authority

4245 Market Street, Suite #213, Ventura, Ca. 93003
Phone: (805) 654-3416 Fax: (805) 654-3499

REGISTRY CAREGIVER APPLICATION

Name must be written as it is typed on Social Security Card.

Last Name		First Name		Middle Initial
Phone	Cell	Message		
Mailing Address		City	Zip	
Email Address				
Social Security #		Driver's License or CA ID#	Expiration Date	
Date of Birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

DAYS AND HOURS AVAILABLE- PLEASE PLACE "X" IN SQUARES WHERE YOU CURRENTLY HAVE AVAILABILITY

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Mornings (8am-12pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons (12-5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings (5-7pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you willing to work alternative schedules? If so which ones? Holidays _____ On-Call _____ 1-2 Hours _____

Number of hours you want to work each week? _____

CAREGIVER PREFERENCES

Do you smoke? <input type="checkbox"/> Y <input type="checkbox"/> N	Will you work for people who smoke? <input type="checkbox"/> Y <input type="checkbox"/> N
Form of transportation you use? _____	
Are you willing to provide 24-hour, on call Emergency services? <input type="checkbox"/> Y <input type="checkbox"/> N	
Do you read/write English? <input type="checkbox"/> Y <input type="checkbox"/> N	
Will you use your car to run Recipient's errands? <input type="checkbox"/> Y <input type="checkbox"/> N	Recipient preference <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either
Are you willing to be scent free while working with the Recipients? <input type="checkbox"/> Y <input type="checkbox"/> N	
Will you drive a Recipient car? <input type="checkbox"/> Y <input type="checkbox"/> N	
Will you work with Recipient's with infectious diseases? <input type="checkbox"/> Y <input type="checkbox"/> N	Will you work with Recipient's with pets? <input type="checkbox"/> Y <input type="checkbox"/> N

GEOGRAPHIC AREAS – Please check the areas where you are willing to work

WEST COUNTY

- Ventura
- Ojai
- Camarillo
- Santa Paula
- Piru
- Port Hueneme
- Fillmore
- Oxnard

EAST COUNTY

- Simi Valley
- Oak Park
- Thousand Oaks
- Newbury Park
- Moorpark
- Westlake
- Oak View
- Somis

TYPE OF WORK DESIRED:

- Transportation to/from Alternative Resources (i.e., Medi-Cal Office)
- Transportation to/from Medical Services (i.e., Doctor's Office)
- Ambulating (walking)
- Bathing-Oral Hygiene-Grooming
 - Males Only Females Only Either Gender
- Bowel and Bladder Care
 - Males Only Females Only Either Gender
- General Care
- Care and Assistance with Prosthesis
- Recipient Uses Oxygen
- Dressing
- Domestic Services
- Feeding
- Heavy Cleaning
- Hoyer Lift
- Moving In/Out of Bed
- Other Shopping and Errands
- Pivot Transfers
- Paramedical Services
- Preparation of Meals
- Protective Supervision
- Respiration
- Routine Bed Baths
- Routine Laundry
- Rubbing Skin
- Repositioning
- Shopping for Food
- Slide Board
- Teaching and Demonstrating
- Transport Recipient in my care

WILLING TO WORK WITH:

- Children
- Elderly
- Developmental Disabilities
- Memory Problems
- Infectious Diseases
- Terminal Illness
- Men
- Women

LANGUAGES YOU SPEAK:

<input type="checkbox"/> American Sign	<input type="checkbox"/> Eritrean /Tigrinya	<input type="checkbox"/> Japanese	<input type="checkbox"/> Spanish
<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Korean	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Cantonese	<input type="checkbox"/> French	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Other _____
<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Other _____
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Italian	<input type="checkbox"/> Russian	<input type="checkbox"/> Other _____

Have you ever been convicted of or pled “no contest” to a felony or misdemeanor charge, or been on parole or probation? Yes No

If “Yes”, please list all convictions since your 18th birthday. On an attached page, list: offense date and place of conviction, sentence and date of release from custody and/or from probation/parole, and other facts you want considered. A “Yes” answer to this question is not an automatic bar to being on the Registry. Each case is considered individually.

Please be informed that all applicants will be processed through a criminal background check. Criminal background information may be shared with IHSS and prospective and/or present employers.

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

List and certificates or licenses you have:

First Aid Expires: _____ CNA Expires: _____
 CPR Expires: _____ CNHHA Expires: _____

How many years of experience providing in-home care, do you have? _____

How did you hear about the Public Authority? _____

WORK REFERENCES: (PLEASE – DO NOT LEAVE THE FOLLOWING SECTION BLANK)

Please list your work experience, beginning with your most recent employment. Do not use family members as references. If you do not have work references we can contact, please provide other references such as volunteer experience, babysitting, house cleaning, etc. **We will contact the people you list below.**

1	Employer Name: _____ Related Duties: _____ Supervisor Name: _____ Supervisor Phone: _____ Reason for Leaving: _____ Employment Dates: _____
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2	Employer Name: _____ Related Duties: _____ Supervisor Name: _____ Supervisor Phone: _____ Reason for Leaving: _____ Employment Dates: _____
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3	Employer Name: _____ Related Duties: _____ Supervisor Name: _____ Supervisor Phone: _____ Reason for Leaving: _____ Employment Dates: _____
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Please list two people you know personally whom we can contact as references. Please do not list family members.

1. **Name:** _____ **Home Phone:** _____
 How do you know this person? _____ **Work Phone:** _____
 How long known? _____

2. **Name:** _____ **Home Phone:** _____
 How do you know this person? _____ **Work Phone:** _____
 How long known? _____

I certify that the above is true. I understand that any false information may eliminate me from enrollment on the IHSS Registry. I understand that misrepresentation or omission of facts called for is cause for removal from the IHSS Registry. I understand that my name and phone number may be placed on a list to be given to Recipients.

I understand that the information on this application, including the results of a criminal background check, may also be shared with IHSS and prospective and present recipients. I also understand that my employer is not Ventura County In-Home Supportive Services Public Authority and that the IHSS recipient is my employer.

Applicant Signature: _____ Date: _____