



## Job Description: Respite Care Provider

4173 MacArthur Blvd. Suite C  
Oakland, CA 94619  
510-336-2900  
FAX 510-336-2903

Relief to Parents	Providing relief for parents of children with disabilities through caring for their children. The most common disabilities you will encounter are: Autism, Cerebral Palsy, Down Syndrome and developmental delays.
Personal Care	Bathing, assisting in toileting, turning and other activities of daily living.
Tasks	You will be required to accommodate the families' needs, which may include household chores and meal preparation.
<b>Basic Abilities Needed to Perform the Job</b>	
Childcare Experience	Have ability to set limits, supervise and maintain a safe and positive environment. Be able to engage a child in a manner appropriate to her or his skill level.
A Telephone	Have a telephone at your residence, which we may use to contact you or leave you messages. A cellular phone or pager, which you wear at all times, is an acceptable substitute.
Proficiency in Reading English	Read English well enough to fill out time sheets, use city maps and follow personnel policies and other basic instructions.
Ability to Transfer Clients	In some cases, the worker will need to lift and transfer the client from a wheelchair to a toilet, bed, etc.
Compatibility	Be able to provide service to the child in a friendly, patient and caring way.
Effective Communication	Be able to initiate and receive verbal communications between managers, clients and parents regarding how to deliver service and resolve issues.
Reliability	Keep the office information of your current phone number, address, etc. and maintain good attendance.
Ability to Track Hours	Be able to track your hours based on assignments given to you by the office. Do not work for more respite hours than have been approved.
References	Provide names and phone numbers of those persons who can verify positive employment and/or volunteer experience

# Manos Home Care Employment Application

Today's Date \_\_\_/\_\_\_/\_\_\_

## Position: Respite Care Provider

I have attached my resumé  Yes  No

### Personal Information

Name \_\_\_\_\_ Previous names used \_\_\_\_\_  
First Middle Last

Telephone number \_\_\_\_\_  
Home Cellular Other (Specify) Email

Address \_\_\_\_\_  
: Number/Street/Apartment City/State/Zip Code

Have you applied at Manos before?  Yes  No How did you hear about Manos? \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Can you show us a social security card?  Yes  No

Have you ever been convicted of a felony?  Yes  No Specify \_\_\_\_\_

Have you ever been fired or been asked to leave a job?  Yes  No

Is there any reason that you cannot perform the essential tasks of this position?  Yes  No

(As listed on the job description accompanying this application.)

### Skills and Education

Highest level of education \_\_\_\_\_ Degree(s) \_\_\_\_\_

Name of school \_\_\_\_\_ Location \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Do you have a reliable car?  Yes  No

Do you have a CNA?  Yes  No

Do you have a driver's license without restrictions?  Yes  No

Do you have current CPR and

Do you have insurance?  Yes  No

First Aid cards?  Yes  No

What skills do you have that are relevant to working with children with disabilities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Manos Home Care to investigate all statements contained in this application. I understand and agree to the following:

1. Misrepresentation or omission in responding to these questions may be cause for dismissal;
2. Neither an invitation to, nor attendance at, an orientation or training constitutes an offer of employment;
3. If I am offered employment with Manos Home Care it will be on an at-will basis, that is, Manos Home Care and I each have the right to terminate the employment at any time, with or without cause;
4. If I am offered employment with Manos Home Care it may be contingent upon my passing a job-related physical examination, being bonded and proving ability to drive a car safely and legally;
5. If I am hired, Manos Home Care may require that I be photographed and fingerprinted and may investigate any job-related prior criminal convictions.
6. No one is authorized to promise me anything that differs from this agreement

### Emergency Contact

In case of emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_  
Phone Number(S) Address City/State Zip Code

**I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice. I have also received Manos Home Care's wage and benefit policy for this position.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Employment History

- List all employment for the last 3 years, starting with the present or most recent.
- Explain any periods of unemployment over three months by listing it in a separate row.
- If you do not have three work references, use the rows to list personal references and describe the capacity in which you know them.

Time (Month/ Year)	Company/ Individual Name	Contact Person	Telephone Number	Address, City, State, and Zip Code	Position and Salary	Reason for Leaving
Start: ____/____ End: ____/____		_____ <i>First Name</i> _____ <i>Last Name</i>	_____ <i>Area Code</i> _____ <i>Number</i>	_____ <i>Address</i> _____ <i>City State Zip</i>	_____ <i>Position</i> _____ <i>Wage</i>	<input type="checkbox"/> Present <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off
Start: ____/____ End: ____/____		_____ <i>First Name</i> _____ <i>Last Name</i>	_____ <i>Area Code</i> _____ <i>Number</i>	_____ <i>Address</i> _____ <i>City State Zip</i>	_____ <i>Position</i> _____ <i>Wage</i>	<input type="checkbox"/> Present <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off
Start: ____/____ End: ____/____		_____ <i>First Name</i> _____ <i>Last Name</i>	_____ <i>Area Code</i> _____ <i>Number</i>	_____ <i>Address</i> _____ <i>City State Zip</i>	_____ <i>Position</i> _____ <i>Wage</i>	<input type="checkbox"/> Present <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off
Start: ____/____ End: ____/____		_____ <i>First Name</i> _____ <i>Last Name</i>	_____ <i>Area Code</i> _____ <i>Number</i>	_____ <i>Address</i> _____ <i>City State Zip</i>	_____ <i>Position</i> _____ <i>Wage</i>	<input type="checkbox"/> Present <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off

Dates	Explanation of employment gaps of over three months:
Start: ____/____ End: ____/____	
Start: ____/____ End: ____/____	
Start: ____/____ End: ____/____	

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Personal References

Name \_\_\_\_\_

Please list personal references. These are people who can attest to your character and your ability to perform this job. It is preferred that you use people you know in a professional manner, but these should be different from contacts listed in your employment history.

Here are some examples of people you can put down:

- landlord
- people you know from being involved in (preferably the leader):
  - churches
  - neighborhood associations
  - charities
  - community volunteer organizations
  - schools
- friends and relatives (although it is helpful to have references who are *not* friends or family)

**Please put work references on the Employment History page of the application—not here.**

Person/ Phone Number	Title/ Organization	Years Acquainted	Describe in What Capacity You Know This Person
1.			
2.			
3.			
4.			

For those persons listed above, please choose two who can best describe you and request letters of reference from them. Ask that they provide their letter within one week of your interview date. They can mail, email or fax their letter to our office.

# Employee Availability Chart

## Hourly Work

In the boxes below, write in the hours you are available. You may not have to work every week on the days you list. For example, stating that you are available on Fridays from 2:00 p.m. to 6:00 p.m. may mean you can only work one or two Fridays a month during that time, which is fine. List the earliest start time you can begin a shift and the latest time you can end a shift. Cross out days that you cannot work.

	MON	TUE	WED	THU	FRI	SAT	SUN
Earliest Start Time							
Latest End Time							

## Area

(Check the cities in which you are willing to work.)

Northern East Bay Cities		Central East Bay Cities	
Antioch	<input type="checkbox"/> yes <input type="checkbox"/> no	Alameda	<input type="checkbox"/> yes <input type="checkbox"/> no
Hercules	<input type="checkbox"/> yes <input type="checkbox"/> no	Berkeley	<input type="checkbox"/> yes <input type="checkbox"/> no
El Sobrante	<input type="checkbox"/> yes <input type="checkbox"/> no	Emeryville	<input type="checkbox"/> yes <input type="checkbox"/> no
El Cerrito	<input type="checkbox"/> yes <input type="checkbox"/> no	Oakland	<input type="checkbox"/> yes <input type="checkbox"/> no
Kensington	<input type="checkbox"/> yes <input type="checkbox"/> no	Piedmont	<input type="checkbox"/> yes <input type="checkbox"/> no
Pinole	<input type="checkbox"/> yes <input type="checkbox"/> no	San Leandro	<input type="checkbox"/> yes <input type="checkbox"/> no
Pittsburg	<input type="checkbox"/> yes <input type="checkbox"/> no	San Lorenzo	<input type="checkbox"/> yes <input type="checkbox"/> no
Richmond	<input type="checkbox"/> yes <input type="checkbox"/> no		
Rodeo	<input type="checkbox"/> yes <input type="checkbox"/> no		
San Pablo	<input type="checkbox"/> yes <input type="checkbox"/> no		
Southern East Bay Cities		Eastern East Bay Cities	
Hayward	<input type="checkbox"/> yes <input type="checkbox"/> no	Orinda	<input type="checkbox"/> yes <input type="checkbox"/> no
Fremont	<input type="checkbox"/> yes <input type="checkbox"/> no	Concord	<input type="checkbox"/> yes <input type="checkbox"/> no
Union City	<input type="checkbox"/> yes <input type="checkbox"/> no	Walnut Creek	<input type="checkbox"/> yes <input type="checkbox"/> no
		Lafayette	<input type="checkbox"/> yes <input type="checkbox"/> no
		Alamo	<input type="checkbox"/> yes <input type="checkbox"/> no
		Livermore	<input type="checkbox"/> yes <input type="checkbox"/> no
		Pleasanton	<input type="checkbox"/> yes <input type="checkbox"/> no
		Moraga	<input type="checkbox"/> yes <input type="checkbox"/> no

**Note: Adding any restrictions after you are hired by Manos Home Care may make you ineligible for work and could signify that you have voluntarily quit your job at Manos Home Care.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MANOS HOME CARE**  
**LETTER OF AGREEMENT REGARDING EMPLOYMENT**

This is an agreement between the signatory and Manos Home Care (MHC). I understand and acknowledge:

**I authorize MHC to investigate my statements in my application**

The Facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. You are hereby authorized to make any investigation of my personal history through any investigative agencies or bureaus of your choice.

**I waive all claims and rights from damages and liability regarding investigations**

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives, and release them, and their agents, employees, and representatives, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against this company as a result of any information, which it obtains in this investigation. A copy of this document is the same as an original.

**I understand my employment is at will**

I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.

**I authorize character and employment checks**

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.

**Training is not an offer of employment**

That neither an invitation to nor attendance at an orientation or training constitutes an offer of employment by (MHC) and that no one is authorized to make any contrary promises.

**MHC retains the right to remove me from a case for any reason**

That if I am assigned to a case, MHC has the right to remove me from that case at any time, with or without cause and that such removal does not, by itself, constitute termination and that if I am removed from a case, MHC is under no duty to reassign me to another case.

**MHC can terminate my employment at any time**

That if I am hired, there is no agreement between MHC and me for any definite period of employment and that MHC and I each have the right to terminate my employment at any time, with or without cause.

**Changes must be in writing**

That this agreement may not be altered, amended, modified or otherwise changed except in writing which has been approved and signed by someone authorized by MHC to do so.

**Agree to take Trainings**

I agree to take up to 8 hours of respite care training offered by Manos Home Care in order to work at the Respite Care Division. I understand that I may have to take these sessions after I begin work at Manos Home Care. If I do not have a valid CPR/First Aid card, I agree to take the training until I pass. The first CPR/First Aid training is free. I understand that if I fail the training, or fail to attend and still wish to be employed by Manos Home Care, I will pay \$50 to attend the next class until I pass.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_