



## JOB DESCRIPTION Independent Living Skills (ILS) Instructor

4173 MacArthur Blvd., #15  
Oakland, CA 94619

510-336-2900  
FAX 510-336-2903

- Objective** An ILS Instructor provides aid and instruction to adult clients with developmental disabilities who want to and need assistance to live more independently. Common disabilities Manos clients may have include, but are not limited to Autism, Cerebral Palsy, Down Syndrome, Seizure Disorder and Developmental Delay.
- Description of Service Types** ILS services help adults with developmental disabilities work on skills they struggle with to become more independent. These skills can range from cooking and cleaning, to renting their own apartment and paying utilities. All goals are set by the client and dictated by their individual needs and goals.
- Expectations** A Manos ILS instructor is expected to follow the goal plan, which lays out step by step instructions on how to reach the goals, help the client plan and develop resources, provide instruction in areas the client is struggling with, and keep track of the goals and the clients progress through them. An ILS instructor is also expected to provide basic supportive assistance to clients who need help with specific tasks while ILS services are being conducted.
- Tasks** A Manos ILS Instructor must follow a client's goal plan, and also provide support and instruction on any goal listed in the plan. This may require the Instructor to go to the store, ride public transportation, attend social events with the client, among other activities during scheduled services times.
- Personal Care** The Instructor must help with any necessary assistive services noted and required in the client's goal plan. This can include toileting, transferring, feeding or other services based on the client's needs during the instruction time.

### **Basic Abilities Needed to Perform the Job as a Manos DSP:**

- ❖ Must have the ability to set limits, supervise and maintain a safe and positive environment.
- ❖ Must have the ability to engage the client in a manner appropriate to his or her skill level.
- ❖ Must have the ability to provide instruction to the client in a friendly, patient and caring manner.
- ❖ Must have the ability to follow a written plan
- ❖ Must have the ability to track goals and what was worked on during an instructional period
- ❖ Must be able to learn new skills and help the client acquire them
- ❖ Must have the physical ability to transfer and/or lift a client from a wheelchair to a toilet, to a bed, et cetera, and possibly chase if the client runs toward any dangerous situation.
- ❖ Must have the ability to initiate and receive verbal communications between managers, clients, and parents regarding how to deliver service and resolve issues.
- ❖ Must be able to provide references who can verify successful employment and/or volunteering experience.
- ❖ Must be able to arrive at work on time as scheduled, be able to complete your timesheets appropriately, track your hours based on assignments given to you by Manos office staff, and not work more than approved.
- ❖ Must be able to keep Manos informed at all times of current of phone numbers, email address, and residential/ mailing address.
- ❖ If hired by Manos, you must recognize Manos as your employer. All communication must be made promptly with Manos regarding questions or concerns involving assignments, absences, sick leave, time off, et cetera.

*I acknowledge that I have read and understand the job description:*

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Applicant Printed Name

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Applicant Signature

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Date



## Independent Living Services California Code of Regulations Title 17

Independent Living Skills Instruction by Manos Home Care is a vendored service through state regional centers and overseen by the Department of Developmental Services, under CCR Title 17, Sections 56710 – 56756

### Service Definition -

“Independent Living Program” means a community-based day program that provides to adult consumers the functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills. Independent living programs focus on functional skills training for adult consumers who generally have acquired basic self-help skills and who, because of their physical disabilities, do not possess basic self-help skills, but who employ and supervise aides to assist them in meeting their personal needs

Each ILS Instructor shall be responsible for the follow functions:

- a) Implementing program curricula
- b) Directly delivering individual and group learning experiences to assist each consumer served in obtaining his/her IPP objective(s) for which the vendor is responsible for
- c) Maintaining data regarding consumer progress
- d) Participating in consumer assessment, planning and evaluation processes

The ILS Instructor shall possess the following minimum qualifications:

- a) Has received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross;
- b) Education and experience required in the job description; and
- c) The ability to perform the functions required in the service design.

ILS Instructors must also:

- Be at least 18 years of age at the time of application
- Be able to clear appropriate background checks
- Be legally able to work in the United States
- Not live in the consumer’s place of residence



# Employment Application

## ILS Instructor

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Oakland, CA 94619

510-336-2900  
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I only wish to work for one client, which I will discuss with a Manos representative

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Previous Name(s) Used \_\_\_\_\_

Residence: Number Street \_\_\_\_\_ Unit/Apt # \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home/ Message Phone E-Mail Address

How did you hear about Manos? \_\_\_\_\_

	Yes	No
Have you applied for or worked for Manos before?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to work legally in the US?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been fired or asked to leave a job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you review the Manos Direct Service Provider (DSP) Job Description?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any reason that you are unable to perform the tasks of the DSP position you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify reason: \_\_\_\_\_

Highest Level of Education Completed:  High School  Some College  AA  BS/BA  other: \_\_\_\_\_

Name of School \_\_\_\_\_ City, State \_\_\_\_\_

What language(s) other than English do you speak? \_\_\_\_\_

	Yes	No		Yes	No
Do you have a driver's license without restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a current CPR/First Aid card?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a reliable car?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a current CPI card?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have valid and current car insurance?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a registered HCA, CNA or MA?	<input type="checkbox"/>	<input type="checkbox"/>

What skills do you have that are relevant to working with individuals with disabilities?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact:  
In case of emergency, notify: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Phone #: \_\_\_\_\_ email: \_\_\_\_\_  
Address, City \_\_\_\_\_

I authorize Manos 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 denial or dismissal
2. Neither an invitation nor attendance at orientation or training constitutes an offer of employment
3. If I am offered employment with Manos, it will be on an at-will basis, that is, Manos 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, it may be contingent upon my passing a job-related physical examination, being bonded and proving my ability to drive a car safely and legally
5. If I am hired, Manos may require that I be photographed and fingerprinted and may investigate my job-related criminal convictions.
6. No one is authorized to promise me anything that differs from this agreement

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' wage and benefits policy for this position.

Applicant Printed Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## Employment History

- Please 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 on a separate row
- If you do not have 3 work reference, use the rows to list personal reference and describe the capacity in which you know them

Month/Year	Company/ Individual Name	Contact Person Name	Telephone &/or email address	Address, City, State & Zip Code	Position/Job Title	Reason for Leaving
Start: ____ / ____ End: ____ / ____						<input type="checkbox"/> Presently Employed <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off
Start: ____ / ____ End: ____ / ____						<input type="checkbox"/> Presently Employed <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off
Start: ____ / ____ End: ____ / ____						<input type="checkbox"/> Presently Employed <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off

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

## Personal References

- 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 should be different from contacts listed in your employment history
- Some examples of people you may list are landlord, people involved with organizations you are involved in, i.e., churches, neighborhood associations, charities, community volunteers, schools, et cetera.
- Family friends and long-time acquaintances may also be considered (please no family members)

Name / Phone Number	Email address if one is available	Title / Organization	Years Acquainted	Describe in What Capacity You Know This Person?
Name / Phone Number	Email address if one is available	Title / Organization	Years Acquainted	Describe in What Capacity You Know This Person?
Name / Phone Number	Email address if one is available	Title / Organization	Years Acquainted	Describe in What Capacity You Know This Person?

Applicant Printed Name

Applicant Signature

Date



# Availability Chart

I am NOT interested in additional clients. I do NOT wish to be contacted regarding more assignments. (NOTE TO APPLICANT: The Availability Chart is NOT Required)

I am interested in taking on more than one client  
(APPLICANT: Please complete the Schedule Availability Chart & Area Chart Below):

## Schedule Availability

In the box below, please write in the hours you are available. You may not have to work every week on the days you list. F

For example, stating that you are available on Fridays from 2:00 pm to 6:00 pm may mean you can only work one or two Fridays a month during that time, which is fine.

Please list the earliest start time you can begin a shift, and the latest time you can end a shift. Cross out days you CANNOT work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Earliest Start Time							
Latest End Time							

## Area Availability (Check the cities in which you are willing to work)

Central East Bay Cities	South East Bay Cities	North-West East Bay Cities	Central-Eastern East Bay Cities	North-Eastern East Bay Cities	South-East Central East Bay Cities
Alameda <input type="checkbox"/>	Fremont <input type="checkbox"/>	Kensington <input type="checkbox"/>	Orinda <input type="checkbox"/>	Martinez <input type="checkbox"/>	Dublin <input type="checkbox"/>
Albany <input type="checkbox"/>	Newark <input type="checkbox"/>	El Cerrito <input type="checkbox"/>	Lafayette <input type="checkbox"/>	Pacheco <input type="checkbox"/>	Pleasanton <input type="checkbox"/>
Berkeley <input type="checkbox"/>	Union City <input type="checkbox"/>	Richmond <input type="checkbox"/>	Walnut Creek <input type="checkbox"/>	Concord <input type="checkbox"/>	Livermore <input type="checkbox"/>
Emeryville <input type="checkbox"/>	Hayward <input type="checkbox"/>	San Pablo <input type="checkbox"/>	Alamo <input type="checkbox"/>	Bay Point <input type="checkbox"/>	San Ramon <input type="checkbox"/>
Oakland <input type="checkbox"/>	San Lorenzo <input type="checkbox"/>	El Sobrante <input type="checkbox"/>	Moraga <input type="checkbox"/>	Pittsburg <input type="checkbox"/>	Danville <input type="checkbox"/>
Piedmont <input type="checkbox"/>	Castro Valley <input type="checkbox"/>	Pinole <input type="checkbox"/>	Pleasant Hill <input type="checkbox"/>	Antioch <input type="checkbox"/>	
San Leandro <input type="checkbox"/>		Hercules <input type="checkbox"/>		Brentwood <input type="checkbox"/>	
		Rodeo <input type="checkbox"/>		Discovery Bay <input type="checkbox"/>	
		Tormey <input type="checkbox"/>		Byron <input type="checkbox"/>	
		Selby <input type="checkbox"/>			

Applicant Printed Name

Applicant Signature

Date



## Employment Application

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**Please Read Carefully, Initial Each Paragraph and Sign and Date 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 Manos Home Care to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I 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 or 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, my employment is for no definite or determinable period and 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.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire.

**The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## LETTER OF AGREEMENT REGARDING EMPLOYMENT

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

**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. Manos is 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 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 Manos in any way if Manos decides to employ me.

**I authorize character and employment checks**

In submitting this application for employment, I authorize Manos to complete 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 an such investigative report that is made.

**I understand training is not an employment offer**

That neither an invitation to nor attendance at an orientation or training constitutes an offer of employment by Manos 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, Manos 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, Manos 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 Manos and me for any definite period of employment and that Manos 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 Manos to do so.

**Agree to training and in-services required and/or requested by MHC**

That I will take any mandatory training offered by MHC in order to work for the Full Service Division. I understand that I may have to take these sessions after I begin work for MHC and that I must pass in order to maintain my employment. If I do not have a valid CPR/First Aid card, I agree to take certification training. I understand that the first CPR/First Aid training is free. If I fail to pass or appear form training, I agree to pay the cost of each additional course required until I pass to maintain employment with MHC.

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Applicant Printed Name

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Applicant Signature

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Date



## Questionnaire

1. Describe one or two events where you trained someone to perform a task:

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2. Describe one event where a problem was presented to you and you solved it:

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3. Provide a detailed description of how you assisted a person with a disability in one activity of daily living:

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4. List the activities you have performed using MS word, email, and spread sheet programs:

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