

## Public Authority Registry Provider Application

<b>Name:</b>		<b>Prior IHSS/Registry provider?</b>	
<b>Date of Birth:</b>		<b>Social Security Number:</b>	
<b>Citizenship</b>		<b>Alien Card #/Expiration Date:</b>	
<b>Address:</b>		<b>Best number to reach you for work:</b>	
<b>Mailing Address:</b>		<b>Email Address:</b>	
<b>Willing to Drive?</b>	<b>Insurance Company and Policy Expiration Date:</b>	<b>Driver License/ID # and Expiration Date:</b>	<b>Gender:</b>
<b>Do you read/write English?</b>	<b>Any other language?</b>	<b>Special Training/Certificate:</b>	
<b>Consent to criminal background check?</b>			
<b>Criminal History: If yes, please explain:</b>			
<b>Willing to Work For:</b>	<b>Hours per week you are willing to work:</b> <i>(Please select only the days and times you are committed to working. Selecting every time slot does not guarantee work. Refusal to accept work after indicating you are available for that day/time may result in a suspension from the Registry).</i>		
<i>Smoker</i>	<b>Time of Day</b>	<b>Sun</b>	<b>Mon</b>
<i>Person with pets</i>	<b>7am-12pm</b>		
<i>Males only</i>	<b>12pm-5pm</b>		
<i>Females only</i>	<b>5pm-8pm</b>		
		<b>Tues</b>	<b>Wed</b>
		<b>Thur</b>	<b>Fri</b>
		<b>Sat</b>	
<b>What level of work are you willing to perform?</b>			
<b>Domestic Only:</b> Cooking, meal preparation, cleanup; light housekeeping; laundry; help with shopping and errands; accompaniment to medical appointments.	<b>Personal Care:</b> In addition to domestic services, feeding; bathing; dressing and grooming; medication management; assistance with mobility; some bowel/bladder care; skin rubbing.	<b>Medical Care:</b> In addition to domestic and personal care, ability to lift & transfer; complete bowel & bladder care; blood sugar checks & insulin administration; supervision.	<b>Emergency/On-Call:</b> Willing to take short-term jobs; be available during nights, weekend.
<b>Please provide three personal/professional references. List name, telephone number, and relationship (Former employer, family friend, coworker, etc.):</b>			

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**Please list your work experience:**

**Name and Telephone number of Employer:**

**Start/End Dates of Employment:**

**Duties performed:**

**Reason for Leaving:**

**Name and Telephone number of Employer:**

**Start/End Dates of Employment:**

**Duties performed:**

**Reason for Leaving:**

**Name and Telephone number of Employer:**

**Start/End Dates of Employment:**

**Duties performed:**

**Reason for Leaving:**

**Areas Willing to Accept Work (Check all that apply):**

<i>Any area</i>	<i>Aromas</i>	<i>Big Sur</i>	<i>Cachagua</i>	<i>Carmel</i>	<i>Carmel Valley</i>
<i>Chualar</i>	<i>Del Rey Oaks</i>	<i>Elkhorn</i>	<i>Gonzalez</i>	<i>Greenfield</i>	<i>King City</i>
<i>Las Lomas</i>	<i>Marina</i>	<i>Monterey</i>	<i>Moss Landing</i>	<i>Pacific Grove</i>	<i>Pebble Beach</i>
<i>Prunedale</i>	<i>Royal Oaks</i>	<i>Salinas</i>	<i>Seaside</i>	<i>Soledad</i>	<i>Watsonville</i>

**Other Area:**

**By pressing the submit button, you agree that the information you entered is true and correct, and you are electronically signing this document.**