



WE are hiring...

YOU can make a difference

Exciting Opportunity: Family Support Services is looking for creative and energetic people to provide **Part-Time**, short-term care (respite) in the homes of children with special needs throughout Alameda and Contra Costa Counties.

Minimum Requirements:

- Experience working with children and families
- Be 18 years of age or older, and have a high school diploma or GED
- Have reliable transportation
- Be eligible to work in the U.S.
- Ability to pass a fingerprint clearance

Family Support Services is in particular need of:

- **Bilingual Spanish/English speakers,**
- **Male care providers,**
- **People interested in working with youth ages**

12 and older

\$13.00 - \$14.00* hourly (depending upon the number of children in your care). This is a part-time position. Respite is provided in the child's home and is generally needed after-school, evenings, and weekends.

*Unless minimum wage is higher in the city where providing services

To Apply Contact:

Raelene (510) 834-2443 x3032

LaDonna (510) 834-2443 x3027

Visit us at www.fssba.org



Family Support Services is committed to workforce diversity. Qualified applicants will receive full consideration without regard to age, race, religion, gender, gender identity, sexual orientation, health status or national origin.

Family Support Services



401 Grand Avenue, Suite 500, Oakland, CA 94610



FAMILY SUPPORT SERVICES

KEEPING FAMILIES HEALTHY AND INTACT

401 Grand Avenue, Suite 500 ♦ Oakland, CA 94610 ♦ Phone (510) 834 2443 ♦ www.fssba.org

Dear Respite Applicant:

Thank you so much for your interest in the Respite Provider position at Family Support Services. The Respite Provider position is a wonderfully rewarding position that helps parents get a break from their full-time and demanding care giving responsibilities. The screening of Respite Providers is an important part of the program to ensure the best possible matches for families. Please take a few moments to complete the following questions to assist us in the interview process.

WHO WOULD YOU LIKE TO WORK WITH?

Family Support Services serves a wide range of caregivers and their children. Please note below the populations you would be interested in working with:

- Children/adults with developmental disabilities (e.g. autism, seizure disorder, cerebral palsy, intellectual disability)
- Children in foster care who are prenatal substance exposed or who have been abused or neglected
- Children who are living with their grandparents or other relatives
- Applying to work specifically with the _____ family

HOW WOULD YOU LIKE TO PROVIDE CARE?

Family Support Services provides respite in a variety of ways. Please note below the settings in which you are willing to provide care:

- In the home of the parent/caregiver
- I have a daycare license and am interested in providing respite in my home
- In my home - requires certification similar to a foster parent (e.g. home study, adequate bedroom space, etc.)

CAN YOU MEET THE FOLLOWING REQUIREMENTS?

1. The position requires that Respite Providers must be 18 years or older. Can you meet this requirement?

Yes No

2. Can you make a one-year commitment to the Respite Provider position?

Yes No

3. The position requires that Respite Providers be available a minimum of 24 hours per month. Please complete the attached availability chart so that we may see if your availability matches the needs of the families. Availability must include some afternoons, evenings and several weekend days and/or evenings per month. Can you meet this requirement?

_____Yes _____No

4. The position requires that providers receive a complete criminal record clearance. (Please note that Family Support Services cannot initiate a request for an exemption for past offenses due to the unsupervised nature of work.) Can you meet this requirement?

_____Yes _____No

5. The position requires that people be scent free (from smoke & perfume)* during the respite. Can you meet this requirement?

_____Yes _____No

**In addition, applicants are requested to refrain from wearing scented products to their interview.*

6. This position requires that all applicants have access to a motor vehicle. Can you meet that requirement?

_____Yes _____No

I have read and fully understand the guidelines and can meet the above conditions.

Signature of Applicant: _____ Date: _____

THANK YOU!



FAMILY SUPPORT SERVICES

KEEPING FAMILIES HEALTHY AND INTACT

APPLICATION FOR EMPLOYMENT (Respite Provider)

Family Support Services is an **Equal Opportunity Employer** and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment is available to all persons.

PERSONAL INFORMATION

Please Print

Date: _____

Legal name: First _____ Last _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip code _____

Primary Telephone: _____ E-mail: _____

How did you hear about this job? _____ If hired, when could you start? _____

Have you been previously employed by our Agency? _____ No _____ Yes Date _____

Have you previously applied to work for our Agency? _____ No _____ Yes Date _____

EMPLOYMENT HISTORY (Most recent first)

1. **Job Title:** _____ Dates of Employment (mo./yr.): Began: _____ Ended: _____

Employer: _____ City/State: _____

Work Performed: _____

Starting Salary: _____ Ending Salary: _____ Number of hours worked: _____ per week

Supervisor: _____ Phone: _____ May we contact: Y__N__ If no, explain:

Reason for Leaving: _____

2. **Job Title:** _____ Dates of Employment (mo./yr.): Began: _____ Ended: _____

Employer: _____ City/State: _____

Work Performed: _____

Starting Salary: _____ Ending Salary: _____ Number of hours worked: _____ per week

Supervisor: _____ Phone: _____ May we contact: Y__N__ If no, explain:

Reason for Leaving: _____

3. **Job Title:** _____ Dates of Employment (mo./yr.): Began: _____ Ended: _____

Employer: _____ City/State: _____

Work Performed: _____

Starting Salary: _____ Ending Salary: _____ Number of hours worked: _____ per week

Supervisor: _____ Phone: _____ May we contact: Y__N__ If no, explain:

Reason for Leaving: _____

If you have additional work experience, please attach an additional sheet of paper or resume.

EDUCATION:

High School (Name/City/State): _____
Number of Years Attended: _____ GED or High School Diploma Received? Yes _____ No _____

Certified Program (Name/City/State): _____
Number of Years Attended: _____ Degree Received? Yes _____ No _____
Name of Degree Received: _____

College (Name/City/State): _____
Number of Years Attended: _____ Degree Received? Yes _____ No _____
Name of Degree Received: _____

Graduate Studies (Name/City/State): _____
Number of Years Attended: _____ Degree Received? Yes _____ No _____
Name of Degree Received: _____

Other Education/Skills/Qualifications: _____

State Law requires that persons associated with licensed facilities be fingerprinted and disclose any U.S. conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

Have you ever been convicted of a crime? _____ Yes _____ No

Have you ever been convicted of a crime involving children? _____ Yes _____ No

If yes to any conviction, please explain: _____

DISCLOSURES / AUTHORIZATIONS

I hereby authorize Family Support Services to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I understand that the information obtained is confidential between Family Support Services and my references. I also hereby release from liability Family Support Services and its representatives for seeking, gathering and using such information to make employment decisions, and all other persons or organizations for providing such information. *Initial:* _____

I understand that:

- If I am employed, I will be required to provide satisfactory proof of identity and legal work authorization on my hire date.
- I will provide proof of First Aid/CPR certification and maintain for the entire length of employment.

I understand that failure to submit any of the above stated proof shall result in the termination of my application or employment. *Initial:* _____

I understand that nothing contained in this application, or communicated to me during any interview, is intended to be a contract between Family Support Services and me, either for employment or for the provision of any benefits. I understand that if hired, I will have the right to terminate my employment with or without prior notice and Family Support Services is similarly entitled to terminate my employment at any time without cause or notice. Further, I understand that this "at-will" relationship cannot be changed except in writing signed by the Executive Director of Family Support Services and me. *Initial:* _____

I declare that my answers to the questions in this application are true to the best of my knowledge and belief. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. *Initial:* _____

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant: _____ **Date:** _____

Today's Date: _____

PLEASE COMPLETE THIS FORM & RETURN WITH YOUR APPLICATION

Please Type or Print Your Name: _____ Telephone: _____

List a *minimum* of three references, making sure that 1-2 of them are **job related** from current/ recent supervisors. You may also include **private childcare, professional childcare, relative or personal**, references, although not more than one may be personal or relative. Make sure that *all* information is complete, including zip codes and area codes.

Type
(Job, private childcare, prof.
childcare, relative, personal)

Reference Information

Name/Title: _____

Address/City/Zip: _____

Phone: _____ email _____

Name/Title: _____

Address/City/Zip: _____

Phone: _____ email _____

Name/Title: _____

Address/City/Zip: _____

Phone: _____ email _____

Name/Title: _____

Address/City/Zip: _____

Phone: _____ email _____

Dear Respite Provider Applicant:

Please list below the days and times during which you **can** provide respite care. Please be sure to indicate all hours you are available to work. (Please indicate the exact hours you are available during these timeframes). Availability must include some afternoons, evenings and several weekend days and/or evenings per month.

Day of the Week	DAYTIME HOURS: Please indicate your availability between the hours of 7:00am – 5:00 pm. Note the exact times you are available each day.	EVENING: Please indicate your availability after 5 pm noting exact times you are available each evening.
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Thank you for helping us understand your availability!

Applicant Name: _____
(please print)

If your availability changes from the above stated availability during the course of the interview/training process, you must notify Family Support Services of the changes as this may affect your ability to work within the program.

Please return this form, chart of your availability and completed application by fax (bring original to interview) or mail to:

Family Support Services
401 Grand Avenue, 5th floor
Oakland, CA 94610
(510) 834-1548 fax