



San Francisco IHSS Public Authority
832 Folsom Street, 9th Floor
San Francisco, CA 94107-1123
P: 415-243-4477 / F: 415-243-4407

Mentor Application

Name: _____
Last First MI

Mailing Address: _____
P.O. Box / Street City State Zip Code

Residence Address: _____
Street City State Zip Code

Telephone: (____) _____ Cell Phone: (____) _____

Email: _____

Languages Spoken: Please circle

- | | | | |
|---------------|---------|-----------|------------|
| American Sign | Arabic | Cantonese | English |
| Farsi | French | German | Italian |
| Japanese | Korean | Mandarin | Portuguese |
| Russian | Spanish | Tagalog | Vietnamese |
| Other _____ | | | |

Schedule and Availability

What is the minimum number of hours per week you would be willing to work? **(please circle one)**

- 8 Hours More than 8 Hours

Please circle all the days you are available. **(The 3rd Monday of each month is mandatory Mentor Meeting, 10am – 2pm)**

- Mornings:** Monday Tuesday Wednesday Thursday Friday
- Afternoons:** Monday Tuesday Wednesday Thursday Friday



San Francisco IHSS Public Authority
 832 Folsom Street, 9th Floor
 San Francisco, CA 94107-1123
 P: 415-243-4477 / F: 415-243-4407

Work History	
<i>Please provide your work history for the past three years (if relevant)</i>	
Employer:	Phone #
Address:	Best time to call:
Job Title and Responsibilities:	Permission to call: Yes / No
	Period of employment: From: _____ to _____ (month/yr.) (month/yr.)
Supervisors Name:	Reason for leaving:
Employer:	Phone #
Address:	Best time to call:
Job Title and Responsibilities:	Permission to call: Yes / No
	Period of employment: From: _____ to _____ (month/yr.) (month/yr.)
Supervisors Name:	Reason for leaving:
Employer:	Phone #
Address:	Best time to call:
Job Title and Responsibilities:	Permission to call: Yes / No
	Period of employment: From: _____ to _____ (month/yr.) (month/yr.)
Supervisors Name:	Reason for leaving:



San Francisco IHSS Public Authority
832 Folsom Street, 9th Floor
San Francisco, CA 94107-1123
P: 415-243-4477 / F: 415-243-4407

Acknowledgement

I hereby certify that all information contained in this application is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of any information contained in this application of any document used will be caused for reject of this application or termination regardless of the time elapsed before discovery.

I hereby authorize all my reference, and current and former employers and their employees, past or present, to give the Public Authority any al all information concerning my employment history, work performance and character.

In addition, I understand and agree that any contract agreement offered may be conditioned upon the successful outcome of a background check through the Department of Justice and this application is not an offer of employment or contract agreement.

Signature

Date

IF YOU ARE MAILING THIS APPLICATION, PLEASE MAIL TO:

**SFIHSS PUBLIC AUTHORITY
ATTENTION: MENTORSHIP PROGRAM
832 FOLSOM STREET, 9TH FL.
SAN FRANCISCO, CA 94107**

You will be contacted once the IHSS Public Authority determines that your experience and qualifications meet current employment needs. The Public Authority is an equal opportunity employer.

For office use only: date received _____ accepted ____ declined ____