

APPENDIX C

REQUIRED FORMS

TEMPORARY PERSONNEL SERVICES

**APPENDIX C
REQUIRED FORMS
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REQUIRED FORMS - EXHIBIT 1
VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form and place it as the **first page** of your SOQ. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in an Agreement. (Additional instructions may be found on page 3 of this Affidavit.)

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

_____	_____	_____
Name	State	Year Inc.

2. If your firm is a partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ If yes,

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

Vendor acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Qualifications listed in Sub-section 1.4 - Minimum Mandatory Qualifications, of this Request for Statement of Qualifications, as listed below.

Check the appropriate boxes:

1.4.1 Vendor must have a minimum of five (5) years of experience providing temporary placement of personnel for government agencies, where one (1) of the five (5) years of experience must have been with a Law Enforcement Agency, for which the same or similar work to that described in Appendix B, Statement of Work, was provided. Vendor must provide references from government agencies to verify five (5) years of experience. One (1) reference must be from a Law Enforcement Agency to verify one (1) year of experience providing temporary placement of personnel for which the same or similar work to that described in Appendix B, Statement of Work, was provided. Please refer to Appendix C, Required Forms, Exhibit 2, Prospective Contractor References.

Yes No

1.4.2 Vendor must have an office within Los Angeles County or adjoining counties.

Yes No

1.4.3. Vendor must have a Project Manager with at least three (3) years of experience in providing temporary placement of personnel to government agencies and similar work to that described in Appendix B, Statement of Work. Vendor must provide a resume for the Project Manager in Section A.1 of the SOQ.

Yes No

1.4.4 Vendor must have an Assistant Project Manager with at least three (3) years of experience in providing temporary placement of personnel to government agencies and similar work to that described in Appendix B, Statement of Work. Vendor must provide a resume for the Assistant Project Manager in Section A.1 of the SOQ.

Yes No

1.4.5 Vendor must provide a copy of its current business license as a provider of Temporary Personnel Services in Section A of the SOQ.

Yes No

Vendor further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Sheriff's sole judgment and his/her judgment shall be final.

Vendor's Name: _____

Address: _____

E-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Vendor's name), I _____
(Name of Vendor's authorized representative), certify that the information contained in this Vendor's
Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date County WebVen Number

Additional Instructions:

Taking into account the structure of the Vendor's organization, Vendor shall determine which of the below referenced supporting documents the County requires. If the Vendor's organization does not fit into one of these categories, upon receipt of the Vendor or at some later time, the County may, in its discretion, request additional documentation regarding the Vendor's business organization and authority of individuals to sign Agreements.

If the below referenced documents are not available at the time of proposal submission, Vendor must request the appropriate documents from the California Secretary of State and provide a statement on the status of the request.

Required Support Documents:

Corporations or Limited Liability Company (LLC):

The Vendor must submit the following documentation with the SOQ:

1. A copy of a "Certificate of Good Standing" with the state of incorporation/organization
2. A conformed copy of the most recent "Statement of Information" as filed with the California Secretary of State listing corporate officers or members and managers.

Limited Partnership:

The Vendor must submit a conformed copy of the Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership as filed with the California Secretary of State and any amendments.

REQUIRED FORMS - EXHIBIT 2
PROSPECTIVE CONTRACTOR REFERENCES

Contractor's Name: _____

Vendor must provide references from government agencies to verify five (5) years of experience. One (1) reference must be from a Law Enforcement Agency to verify one (1) year of experience providing temporary placement of personnel for which the same or similar work to that described in Appendix B, Statement of Work, was provided. The Department will only contact as many references as needed to verify Vendor meets the minimum mandatory qualifications in Section 1.4. **(Contact person must be able to answer questions related to service provided)**

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

REQUIRED FORMS - EXHIBIT 3
PROSPECTIVE CONTRACTOR LIST OF CONTRACTS

Contractor's Name: _____

List of all public entities and County contracts for which the Contractor has provided service within the last three (3) years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.
5. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.	# of Years / Term of Contract		Type of Service	Dollar Amt.

REQUIRED FORMS - EXHIBIT 4
PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS

Contractor's Name: _____

List of all contracts that have been terminated within the past three (3) years.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
Name or Contract No.		Reason for Termination:		

REQUIRED FORMS - EXHIBIT 5
CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any SOQs submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in Number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of Number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in Number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Vendor Name

Vendor Official Title

Official's Signature

REQUIRED FORMS - EXHIBIT 6

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Vendor certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Vendor's organization have and will comply with it during the bid process; and
- 3) it is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature: _____

Date: _____

LOBBYIST CERTIFICATION

REQUIRED FORMS – EXHIBIT 7

County of Los Angeles – Community Business Enterprise Program (CBE)

**Request for Local SBE Preference Program Consideration and
CBE Firm/Organization Information Form**

INSTRUCTIONS: All vendors responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:

FIRM NAME: _____

I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.

I AM _____

As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

My County (WebVen) Vendor Number : _____

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify) _____						
Total Number of Employees (including owners):						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Print Authorized Name	Authorized Signature	Title	Date

REQUIRED FORMS - EXHIBIT 8

VENDOR'S EEO CERTIFICATION

Company Name

Address

Internal Revenue Service Employer Identification Number

GENERAL

In accordance with provisions of the County Code of the County of Los Angeles, the Vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION	YES	NO
1. Vendor has written policy statement prohibiting discrimination in all phases of employment.	()	()
2. Vendor periodically conducts a self-analysis or utilization analysis of its work force.	()	()
3. Vendor has a system for determining if its employment practices are discriminatory against protected groups.	()	()
4. When problem areas are identified in employment practices, Vendor has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	()	()

Signature

Date

Name and Title of Signer (please print)

EEO CERTIFICATION

REQUIRED FORMS - EXHIBIT 9
ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Vendor shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Vendor shall attest to a willingness to provide employed GAIN/GROW participants access to the Vendor's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

Vendors unable to meet this requirement shall not be considered for contract award.

Vendor shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Vendor has a proven record of hiring GAIN/GROW participants.

_____YES (subject to verification by County) _____NO

B. Vendor is willing to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Vendor is willing to interview qualified GAIN/GROW participants.

_____YES _____NO

C. Vendor is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

_____YES _____NO _____N/A (Program not available)

Vendor Organization: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Tel.#: _____ Fax #: _____

REQUIRED FORMS - EXHIBIT 10

**COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

The County’s solicitation for this Request for Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. **Refer to Exhibit A, Additional terms and Conditions, Section 33.0, Compliance with Jury Service Program. All Vendors, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements.** Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Vendor is excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- My business does not meet the definition of “contractor,” as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

“Dominant in its field of operation” means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

“Affiliate or subsidiary of a business dominant in its field of operation” means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS – EXHIBIT 11

TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION

COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP CODE:

I hereby certify that I meet all the requirements for this program:

My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for 3 years (*attach IRS Determination Letter*);

I have submitted my three most recent annual tax returns with my application;

I have been in operation for at least one year providing transitional job and related supportive services to program participants; and

I have submitted a profile of our program; including a description of its components designed to help the program participants, number of past program participants and any other information requested by the contracting department.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REVIEWED BY COUNTY:

SIGNATURE OF REVIEWER	APPROVED	DISAPPROVED	DATE

REQUIRED FORMS - EXHIBIT 12

CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For _____ Services:		

The Proposer/Bidder/Contractor certifies that:

- It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

Date: _____

REQUIRED FORMS – EXHIBIT 13
MASTER AGREEMENT
BY AND BETWEEN
COUNTY OF LOS ANGELES
AND
[_____]

IN WITNESS WHEREOF, the County of Los Angeles, by order of its Board of Supervisors, has caused this Master Agreement to be executed on its behalf by the Sheriff of the County of Los Angeles, and Contractor has caused this Agreement to be duly executed on its behalf by its authorized officer, on the dates written below.

COUNTY OF LOS ANGELES

By _____
Leroy D. Baca, Sheriff

Date _____

CONTRACTOR

Signature: _____

Title: _____

Date: _____

APPROVED AS TO FORM:
ANDREA SHERIDAN ORDIN
County Counsel

By _____
Deputy County Counsel

REQUIRED FORMS – EXHIBIT 14

TEMPORARY PERSONNEL SERVICES

JOB CLASSIFICATIONS AND BILLABLE HOURLY RATES

SAMPLE FORMAT

JOB CLASSIFICATIONS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Intermediate Clerk	<p>Duties - Performs specialized clerical work. Checks documents for completeness, accuracy, and compliance with legal and other requirements. Acts as special receptionist or counter clerk.</p> <p>Minimum Qualifications - Six months office clerical experience</p>			

JOB CLASSIFICATIONS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Intermediate Typist Clerk	<p>Duties - Performs skilled typing and specialized clerical work. Typewrites complex charts, forms, statistical and similar documents from rough draft requiring skill in arranging tabular material, setting up forms and extreme accuracy in typing. Acts as special receptionist or counter clerk.</p> <p>Minimum Qualifications - Six months clerical experience and ability to type at the rate of 40 net words per minute.</p>			

JOB CLASSIFICATIONS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Secretary	<p>Duties – Replies to correspondence with or without dictation. Screens office telephone calls, and personally takes care of calls which do not require the attention of the supervisor. Schedule appointments and arranges conferences and meetings for supervisor. Prepare inter-office notices, bulletins and memoranda, with or without dictation.</p> <p>Minimum Qualifications – One year of highly specialized office clerical experience key boarding using a computer or typewriter. Ability to type 40 net words per minute and dictation rate of 80 words per minute.</p>			

JOB CLASSIFICATIONS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm HOURS MAY VARY	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Executive Secretary	<p>Duties - Replies to personal and other correspondence, composing letters with or without dictation. Screen office and telephone callers, meets the public, makes appointments and arranges conferences and speaking engagements. Takes care of day-to-day inquires or problems wherever possible. Maintain office files and records, including those of a confidential nature.</p> <p>Minimum Qualifications - Ability to type 40 net words per minute and dictation rate of 80 words per minute.</p>			

JOB CLASSIFICATIONS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm HOURS MAY VARY	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Data Control Clerk (Formerly Data Entry Clerk)	<p>Duties - Performs a full range of specialized clerical control duties in totaling and submitting input source documents to a computer and receiving and balancing computer output reports in accordance with control procedures. May operate a computer terminal to input source document information and batch totals, and to receive and verify computer-developed batch totals.</p> <p>Minimum Qualifications - One year office clerical experience involving data control, bookkeeping, financial or statistical work.</p>			

JOB CLASSIFICATIONS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm HOURS MAY VARY	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Senior Auditor	<p>Duties – Performs work under minimal supervision, conducts audits of various departments and locations to verify the accuracy of records, compliance with prescribed plans, policies and procedures, and accurate accountability for physical and financial assets. Possess and applies a broad knowledge of auditing principles, practices and procedures. Prepares audit reports and possess latitude to make un-reviewed decisions or actions.</p> <p>Minimum Qualifications: A bachelor’s degree in accounting or related field and a minimum of three to five years audit experience.</p>			

JOB CLASSIFICATIONS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm HOURS MAY VARY	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Medical Record Technician	<p>Duties - Code and audit patient medical records in accordance with established numerical coding systems and special hospital codes. Checks patient medical files for completeness, consistency, and compliance with hospital regulations, assuring that all relevant medical records are included in each patient's file. Reviews narrative records of patient treatments and surgical procedures to determine what information is appropriate for coding purposes and prepares case-abstracts.</p> <p>Minimum Requirements - Certification as an Accredited Medical Records Technician by the American Medical Record Association.</p>			

JOB CLASSIFICATIONS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm HOURS MAY VARY	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Dietitian	<p>Duties - Plans and provides nutritional care to patients by interpreting and adapting physician prescribed diets to individual needs and preferences and counsels patients about their food requirements, eating habits and the essentials of nutrition and motivates patients to maintain their diets. Calculates quantity of each food serving necessary to provide a nutritionally balanced diet compatible with physician's diagnosis.</p> <p>Minimum Qualifications - Certified as a Registered Dietitian by the American Dietetic Association</p>			

JOB CLASSIFICATIONS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm HOURS MAY VARY	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Diet Technician	<p>Duties: Assist Dietitian in screening patients within 72 hours of admission. Complete nutrition screening. Ensure prescribed diets are correctly implemented by monitoring tray line for therapeutic diets. Interview patients for their diet history and food changes.</p> <p>Minimum Qualifications – Completion of an Associate Degree from an approved American Dietetic Association. Certified as a Registered Dietetic Technician by the American Dietetic Association or Bachelor of Science Degree in Nutrition and Dietetics.</p>			

JOB CLASSIFICATIONS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm HOURS MAY VARY	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Pharmacist	<p>Duties – Provide expert information to physicians, patients, and others regarding drugs and other pharmaceuticals. Replenishment of drugs, with support and maintenance of pharmacy automation to ensure proper functioning and operation. Screens prescription and medication orders for completeness, proper authorization, dosage and quantity, therapeutic compatibility, drug interactions, and allergies. Clarifies possible problems with appropriate medical staff. Supervises the operation of drug distribution systems including the maintenance of appropriate controls.</p> <p>(Continue on next page)</p>			

JOB CLASSIFICATIONS VOCATIONAL INSTRUCTORS	DUTIES AND MINIMUM QUALIFICATIONS	DAY SHIFT BILLABLE HOURLY RATE 8:30am - 5:00pm HOURS MAY VARY	2nd SHIFT BILLABLE HOURLY RATE 3:00pm -11:30pm	3rd SHIFT BILLABLE HOURLY RATE 11:00pm - 6:30am
Pharmacist (Cont.)	<p>Duties: Notes and reports quality deficiencies of drug products; ensures that pharmaceuticals are properly ordered, stored, and protected from deterioration. Provides technical supervision to nonprofessional and support personnel in the performance of a variety of pharmacy duties.</p> <p>Minimum Qualifications – A license to practice as a Registered Pharmacist issued by the California State Board of Pharmacy.</p>			