



2430 West Bay Dr., Largo FL 33770 (727) 586-0044  
 1019 U.S. Hwy 19, Holiday FL 34691 (727) 939-0044  
 5959 Central Ave. #104 St. Pete FL 33710 (727) 322-2366  
 5005 W. Laurel St. #112, Tampa FL 33607 (813) 207-0044  
 9270 Bay Plaza Blvd. #604, Tampa FL 33619 (813) 740-8884

**APPLICATION FOR EMPLOYMENT**

**PERSONAL:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ M/I \_\_\_\_\_ Social Security \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 How did you learn of Bayshore? \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors? \_\_\_\_\_ If yes, please use the back of this form to describe in full.  
 On what date are you be available to start work? \_\_\_\_\_ How many hours would you like to work each week? \_\_\_\_\_  
 Are you willing to work an assignment shorter than 8 hours? \_\_\_\_\_ Are you available to work every other weekend ? \_\_\_\_\_  
 Do you have a valid Drivers License? \_\_\_\_\_ Do you have a reliable means of transportation? \_\_\_\_\_ Do you currently have car insurance? \_\_\_\_\_  
 Do you have reliable child care for 25+ hours per week? \_\_\_\_\_ Are you available for short-notice cases (less than 8 hours notice)? \_\_\_\_\_

**Because our clients request coverage to fit their personal needs, there is a lot of variety. Please list the earliest start times and the latest ending times for each day you are able to work. Our greatest need is all times during the weekends.**

Saturday		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday	
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End

**Please indicate the boundaries of the area to which you are willing to travel. Bayshore covers Hillsborough, Pinellas and Pasco Counties.**

Please check the care items you are comfortable and confident providing.

<input type="checkbox"/> Alzheimer's Care	<input type="checkbox"/> Foot Care	<input type="checkbox"/> Shopping	<input type="checkbox"/> Clients with pets
<input type="checkbox"/> Bathing	<input type="checkbox"/> Hair Care/Shampoo	<input type="checkbox"/> Special skin care	<input type="checkbox"/> Smokers
<input type="checkbox"/> Bedmaking	<input type="checkbox"/> Household Cleaning	<input type="checkbox"/> TED hose	Do you smoke? <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Bedrest Only Care	<input type="checkbox"/> Intake & Output	<input type="checkbox"/> Transfer - Light	<b>Office Use</b>
<input type="checkbox"/> Bowel & Bladder training	<input type="checkbox"/> Medications	<input type="checkbox"/> Transfer - Strong	<input type="checkbox"/> Spec1
<input type="checkbox"/> Communication	<input type="checkbox"/> Mouth Care/Dentures	<input type="checkbox"/> Transfer - Complete	<input type="checkbox"/> Spec2
<input type="checkbox"/> Cooking	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Transfer W Equipment	<input type="checkbox"/> Spec3
<input type="checkbox"/> Diet - Special	<input type="checkbox"/> Positioning in Bed	<input type="checkbox"/> Tubes & Catheters	<input type="checkbox"/> Spec4
<input type="checkbox"/> Dressing/Undressing	<input type="checkbox"/> Range of Motion	<b>Will you provide care for:</b>	
<input type="checkbox"/> Drive - transport	<input type="checkbox"/> Secretarial	<input type="checkbox"/> Males	
<input type="checkbox"/> Elimination w equipment	<input type="checkbox"/> Shave	<input type="checkbox"/> Females	

**EDUCATIONAL BACKGROUND:**

	Name & Address	Years Attended	Year Graduated	Major (Field of Study)
High School				
Vocational				
College				
Training				

Additional qualifications, education or training

**BUSINESS REFERENCES:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**PRIOR WORK HISTORY:**

Please list your prior employment, listing current or most recent employer first.

**\*\* Employer 1** \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ \*Start Date \_\_\_\_\_ \*Ending Date \_\_\_\_\_

Nature of Work \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**\*\* Employer 2** \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ \*Start Date \_\_\_\_\_ \*Ending Date \_\_\_\_\_

Nature of Work \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**\*\* Employer 3** \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ \*Start Date \_\_\_\_\_ \*Ending Date \_\_\_\_\_

Nature of Work \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please list any additional work history on the back of this sheet.

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.*

*In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer. I realize that I am expected to become oriented to the company's policies and procedures. I give permission to use my photograph for my employee identification and to maintain the photo image in the computer database. I agree that \$29.00 will be deducted from my paycheck for processing and compliance with Criminal History Investigation. I understand also, that I am responsible to inform my employer of changes of address, telephone number or other means of contact.*

*I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Further, I authorize former employers, references, and any other individual or organization to provide information solicited by the company, and I hereby release and discharge each of the above, including the company, from any liability of any kind or nature.*

Signature \_\_\_\_\_ Date \_\_\_\_\_