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Respite Care Provider Employment Application Employer of Record Program (Self-Service Respite)

Client serving: _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital or veteran status, the presence of a non-related medical condition or disability, or any other legally protected status.

PLEASE PRINT OR TYPE

Last Name		First Name		Middle Name	
Permanent Street Address			Apt. #	Social Security Number	
City	State	Zip		Birth Date	
Mailing Street Address (if different from above)			Apt. #	Home Phone	Cell Phone
City	State	Zip		Email Address	

County of current residence: _____

Yes No 1. Have you lived in your current county of residence for more than five years?
If no, in which county did you previously reside? (county and state)

Yes No 2. I possess current state/federal issued identification, like a Driver's License or passport.

Yes No 3. I have a social security card or other proof of eligibility to work in the USA.

Yes No 4. I am at least 18 years old.

Yes No 5. Have you ever filed an application with us before? If yes, Date: _____

Yes No 6. Have you ever been employed with us before? If yes, Date: _____

Yes No 7. Are you prevented from lawfully becoming employed in the US because of Visa or Immigration Status?

Yes No 8. Have you ever been convicted of a felony?

Yes No 10. Are you physically and mentally able to perform the duties of the job for which you are applying?

Yes No 11. I can speak, read, and/or write in a language besides English:
If yes, which language? _____

PLEASE TURN OVER AND SIGN REVERSE SIDE

APPLICANT'S CERTIFICATION, STATEMENT, AND RELEASE OF INFORMATION

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that Bay Respite Care will conduct a criminal background check using my name, birth date, and social security number.

I hereby acknowledge that any employment relationship with this Bay Respite Care 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 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 Bay Respite Care. I understand that I am required to abide by all rules and regulations of Bay Respite Care.

I hereby authorize all my employers and/or schools (unless otherwise noted) to release any and all information concerning me, including information of a confidential or privileged nature. I hereby release any and all employers from any liability or damage that may result from furnishing the information requested.

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from employment with Bay Respite Care.

Printed Name of Applicant

Applicant's Signature

Date