

BAY AREA CARE TEAM

Caregiver Employment Application

Questions or help completing this form? Call 407-487-3144

Complete electronically or print clearly. Use an additional sheet if needed.

1 APPLICANT INFORMATION

Full legal name

Application date

Street address / apartment

City

State

ZIP code

Phone

Email

2 EDUCATION & AVAILABILITY

Highest education level completed (e.g., high school, GED, college degree)

School / institution

Available start date

Days / shifts available

3 CRIMINAL HISTORY & SCREENING

Have you been convicted of, or pleaded guilty or no contest to, a criminal offense (other than minor traffic violations)? Include cases where adjudication was withheld.

☐ Yes ☐ No

Do not list sealed or expunged records unless disclosure is required by applicable law for this position. Any additional disclosures required for APD screening will be handled separately.

If yes: offense, date, jurisdiction, outcome, and any explanation / rehabilitation

A record does not automatically disqualify you. Review is subject to applicable screening laws, job duties, and any available exemption. This form does not replace required screening or APD attestations.

4 SECURE IDENTIFICATION & APPLICANT CERTIFICATION

Social Security number (SSN)

Please enter your full SSN and return the completed application through the secure email provided by Bay Area Care Team.

I certify that the information provided is accurate to the best of my knowledge. I understand this application is not an offer of employment and that required screening and qualifications must be verified before client contact.

Applicant signature (sign by hand or use your PDF signing tool)

Date signed