

BAY SHORE SERVICES, INC.
1235 Pemberton Drive Salisbury, Maryland 21801
410-341-0307 FAX 410-341-0308

EMPLOYMENT APPLICATION

Bay Shore Services, Inc. is committed to providing equal employment opportunity for all persons regardless of race, color, creed, gender identity or expression, religion, sex (including pregnancy), age, ancestry, marital status, national origin, sexual orientation (perceived or actual), mental or physical disability, genetic information, veteran status, political affiliation, or any other legally protected status. **Criminal background, alcohol and substance abuse screenings are required before hiring and during employment with Bay Shore Services, Inc. (rev. 7/30/2021) Applications are valid for 60 calendar dates from the date signed.**

PERSONAL DATA

FIRST NAME MIDDLE LAST

DAYTIME TELEPHONE EVENING TELEPHONE CELL /TELEPHONE E-MAIL

PRESENT ADDRESS IN FULL CITY STATE ZIP

PERMANENT ADDRESS (IF DIFFERENT) CITY STATE ZIP

POSITION INFORMATION

REASON FOR APPLYING: _____

POSITION DESIRED: _____ FULL-TIME PART-TIME

MOST POSITIONS REQUIRE WORKING OVERNIGHTS AND WEEKENDS. ARE YOU AVAILABLE TO WORK OVERNIGHTS AND WEEKENDS? YES ___ NO ___ IF NO, STATE YOUR AVAILABILITY? _____

ARE YOU AVAILABLE FOR ON CALL WORK? YES ___ NO ___

PREFERRED START DATE IF EMPLOYED _____ MINIMUM SALARY: \$ _____ PER _____

IF PREVIOUSLY EMPLOYMENT WITH THIS COMPANY, STATE POSITION _____ DATES _____

IF CURRENTLY EMPLOYED BY THE STATE OF MARYLAND, POSITION _____ AGENCY _____

DO YOU HAVE RELIABLE TRANSPORTATION? YES NO DO YOU HAVE A VALID DRIVERS LICENSE: YES NO

STATE THE NUMBER OF POINTS AND/OR VIOLATIONS ON YOUR DRIVING RECORD _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO, EXPLAIN _____

CRIMINAL BACKGROUND INVESTIGATION: Maryland law requires criminal background investigations and fingerprinting of employees in certain job classifications. Employment with Bay Shore Services, Inc. depends on the information received from the criminal background investigation. The existence of a criminal record is not an automatic bar to employment.

Have you been convicted, plead guilty or nolo contendere (including a guilty plea for which PBJ was received) to any crimes? You are not required to disclose information concerning criminal charges that have not resulted in conviction, convictions pardoned by the Governor, or conviction which were expunged. NO YES, Explain _____

Have you ever been investigated for alleged child or adult abuse charges? NO YES, Explain: _____

Have you been listed as an excluded individual or entity on the federal list of medical-type providers? NO YES
If Yes, Explain: _____

Have you been listed as a sanctioned provider on the Maryland State list of Medicaid providers? NO YES
If yes, explain: _____

LIST ANY RELATIVES EMPLOYED BY THIS COMPANY OR ANY BOARD MEMBERS THAT ARE RELATIVES

| NAME | RELATIONSHIP | POSITION |
|------|--------------|----------|
|------|--------------|----------|

| NAME | RELATIONSHIP | POSITION |
|------|--------------|----------|
|------|--------------|----------|

EDUCATION (Proof may be required)

| LAST HIGH SCHOOL ATTENDED | ADDRESS | DIPLOMA |
|---------------------------|---------|---------|
|---------------------------|---------|---------|

| COLLEGE/UNIVERSITY | ADDRESS | DEGREE |
|--------------------|---------|--------|
|--------------------|---------|--------|

| COLLEGE/UNIVERSITY | ADDRESS | DEGREE |
|--------------------|---------|--------|
|--------------------|---------|--------|

| GRADUATE SCHOOL | ADDRESS | DEGREE |
|-----------------|---------|--------|
|-----------------|---------|--------|

| TECHNICAL, VOCATIONAL | ADDRESS | CERTIFICATION |
|-----------------------|---------|---------------|
|-----------------------|---------|---------------|

| OTHER | ADDRESS | CERTIFICATION |
|-------|---------|---------------|
|-------|---------|---------------|

LIST ACADEMIC HONORS, AWARDS, OR SPECIAL ACHIEVEMENTS:

LIST SKILLS OR ADDITIONAL INFORMATION THAT COULD INFLUENCE A HIRING DECISION

LICENSES AND CERTIFICATIONS: (Copies are required)

DRIVER'S LICENCE: TYPE _____ STATE _____ EXPIRATION DATE _____

LICENSES: TYPE _____ STATE _____ NUMBER _____ EXPIRATION DATE _____

LICENSES: TYPE _____ STATE _____ NUMBER _____ EXPIRATION DATE _____

CERTIFICATIONS: TYPE _____ STATE _____ NUMBER _____ EXPIRATION DATE _____

CERTIFICATIONS: TYPE _____ STATE _____ NUMBER _____ EXPIRATION DATE _____

Has your license or certification EVER been revoked or suspended? NO YES, Explain _____

REFERENCES

| NAME | ADDRESS | RELATIONSHIP | TELEPHONE |
|------|---------|--------------|-----------|
|------|---------|--------------|-----------|

| NAME | ADDRESS | RELATIONSHIP | TELEPHONE |
|------|---------|--------------|-----------|
|------|---------|--------------|-----------|

EMPLOYMENT HISTORY: (LIST ALL EMPLOYMENT FOR THE PAST TEN YEARS. EXPLAIN ANY GAPS OF EMPLOYMENT)

ALL PRIOR DDA, C.N.A. AND C.M.T. EMPLOYMENT must be listed. _____ (initial)

TITLE _____ DATES: FROM _____ TO _____
EMPLOYER _____ SUPERVISOR _____ TELEPHONE _____
ADDRESS _____
DUTIES _____
REASON FOR LEAVING _____

TITLE _____ DATES: FROM _____ TO _____
EMPLOYER _____ SUPERVISOR _____ TELEPHONE _____
ADDRESS _____
DUTIES _____
REASON FOR LEAVING _____

TITLE _____ DATES: FROM _____ TO _____
EMPLOYER _____ SUPERVISOR _____ TELEPHONE _____
ADDRESS _____
DUTIES _____
REASON FOR LEAVING _____

TITLE _____ DATES: FROM _____ TO _____
EMPLOYER _____ SUPERVISOR _____ TELEPHONE _____
ADDRESS _____
DUTIES _____
REASON FOR LEAVING _____

TITLE _____ DATES: FROM _____ TO _____
EMPLOYER _____ SUPERVISOR _____ TELEPHONE _____
ADDRESS _____
DUTIES _____
REASON FOR LEAVING _____

CONDITIONS AND RELEASES

EQUAL OPPORTUNITY EMPLOYER: Bay Shore Services, Inc. does not unlawfully discriminate in employment and no question on this application is used to limit or excuse any employment applicant from consideration for employment on a basis prohibited by local, Maryland State or federal law. Bay Shore Services, Inc. does not refuse to hire a qualified individual with a disability because that person needs reasonable accommodation as required by the ADA.

EMPLOYMENT AT WILL: If hired, I understand that I am free to resign anytime, with or without cause and without prior notice, and Bay Shore Services, Inc. reserves the same right to terminate my employment at anytime, with or without cause and without prior notice, except as may be required by law. This application does not constitute an employment agreement or contract for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary and such assurances must be in writing and signed by an authorized officer.

IDENTITY: I understand if I am hired, I must provide proof of identity and legal work authorization.

TB SCREENING: As a condition of employment, I understand I must provide proof of a negative TB screening conducted within the last six (6) month.

MEDICAL EXAMINATION: Certain job classifications required employees to have a physical examination and vaccinations. If hired before passing ALL medical requirements of your job classification, I understand that my continued employment will be dependent upon my providing written proof of passing these requirements.

DRUG TESTING: Pre-employment drug testing is required for all employment applicants.

DRIVING RECORD CHECK: Applicants are subject to a check of their driving record. You must have less than 4 points on driving record.

POLYGRAPH TESTING: "UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$ 100."

SIGNATURE _____ DATE _____

PAYROLL DEDUCTION RELEASE: I hereby authorize Bay Shore Services, Inc. to deduct from my pay the following:

Cost of any damaged or unreturned training course materials up to \$50;

A \$25.00 administrative fee if I change my direct-deposit bank more than once in a twelve month period;

Licensing and certification fees;

The monthly rental fee of a personal response monitor;

Cost of all unauthorized personal calls on Agency-issued phones that exceed the current limit;

Cost of keys, cell phones, petty cash funds, advances, and equipment damaged or unreturned.

SIGNATURE _____ DATE _____

REFERENCE RELEASE: Bay Shore Services, Inc. is hereby authorized to request references from all persons and former employers reference in this application. I hereby release all persons and former employers from any liability regarding my seeking or receiving employment with Bay Shore Services, Inc. Bay Shore Services, Inc. is hereby authorized to release copies of this application, the findings of all employment screens, checks, interview information and other employment related information to resource coordinators, other agencies, State officials, individuals receiving services, their representatives and other team members.

SIGNATURE _____ DATE _____

I understand that if I am employed, any misrepresentation or material omission made by me on this application is sufficient cause for cancellation of this application or immediate discharge from Bay Shore Services, Inc. whenever it is discovered. I represent and warrant that I have read and fully understand the foregoing conditions stated in this application and seek employment under these conditions. Applications remain active for one year. However, applicants must contact Bay Shore Services, Inc. to update their application if they wish to be considered for employment.

SIGNATURE _____ DATE _____

**BAY SHORE SERVICES, INC.
EMPLOYMENT CONDITIONS**

Employment with Bay Shore Services, Inc. requires strict compliance with the following conditions. Employees may be subject to additional employment conditions or standards which will be explained to them.

I will treat all individuals and their families with dignity and respect. I will respect their possessions, personal property and privacy. I will provide the required level of care to keep the individual safe and healthy.

When transporting people, I will obey all traffic laws including fastening all passengers and myself in automobile seat belts and properly securing all wheelchairs. I will transport only the person(s) my supervisor assigns to me. I will not use vehicles owned by other agencies for Bay Shore Services, Inc. business or consumers.

I will obtain my supervisor's written pre-authorization before working over my schedule hours, working over forty per week, using my personal car for Agency business, or spending personal funds for Agency business

Unless properly trained, I will not lift or transfer anyone or move someone in a wheelchair. I will properly secure the wheelchair brakes and make sure the person's seat belt is securely fastened. I will not push a wheelchair over curbs, down stairs or over unstable ramps.

I will not administer over-the-counter or prescription medication until I have successfully passed the medication administration training.

I will promptly schedule, attend and/or submit proof of successful completion for all required trainings. I understand introductory employees are paid minimum for classroom, video and in-home trainings.

I will properly account for the use of any agency funds or property and any individual's funds or property. I will promptly provide original receipts and documentation for all expenditures.

I will submit accurate time records, mileage sheets, receipts, and other forms in accordance with stated timelines. I understand payment may be delayed or withheld if forms are not submitted as required.

I will obtain and submit proof for all required vaccinations and health screenings.

I will submit current proof of a valid driver's license and automobile insurance.

I will report IMMEDIATELY anything that affects the mental and/or physical health, welfare, safety and/or financial situation of an individual.

I will report IMMEDIATELY any on-the-job injury, accident, incident, or unsafe condition.

I will use Universal Precautions whenever necessary.

I will accurately document individual information, activities, events and occurrences and submit this information as directed.

I will ensure confidentiality of all information related to an individual, their family, other employees, and Bay Shore Services, Inc. I will only reveal confidential information to appropriate Bay Shore Services, Inc. personnel and to outside parties as directed by management.

I will not leave anyone assigned to my care unattended in a vehicle, public place, residence or unsafe condition. If I observe any individual in an unsafe or unattended situation, I will report the situation to appropriate management staff IMMEDIATELY. I will document the circumstances and submit my documentation to my supervisor or other manager.

I will not take individuals to visit my home or homes of other people without written permission from my supervisor. I will not allow family members or friends to visit my worksite or travel with me during working hours.

Upon terminating my employment with Bay Shore Services, Inc., I agree to return or pay the replacement costs of all materials, keys, manuals, books, supplies and equipment belonging to Bay Shore Services, Inc. and/or the individual/family for which I worked.

I read the job description and understand the Bay Shore Services, Inc. employment expectations for this position. I understand the stated job duties, agree to perform said job duties and adhere to the job requirements. I will seek help, guidance or assistance whenever necessary to successfully accomplish my job duties.

I acknowledge receipt and understanding of these employment conditions. If I accept employment with Bay Shore Services, Inc., I understand my employment will be subject to these conditions and other conditions which will be explained to me. I understand that employment with Bay Shore Services, Inc. is at will and may be terminated by either party with or without notice and with or without cause. By my signature, I agree to adhere to these conditions if hired.

Applicant Signature _____ Date _____

Bay Shore Services, Inc.
1235 Pemberton Drive Salisbury, Maryland 21801

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER
AND/OR INVESTIGATIVE REPORT**

I, the undersigned, do hereby authorize Bay Shore Services, Inc. to procure consumer and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to employment and education verification; personal references; personal interviews; my driving history, including any traffic citations; a social security number verifications; present and former addresses; criminal and civil history records; and other public record; and any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or may have knowledge concerning said information. I understand that I will also receive a written disclosure of my rights under FCRA 15 U.S.C.1681 with the nature and the scope of any investigative consumer report prepared on my behalf upon my written request to BAI that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Bay Shore Services, Inc. by and through BAI, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Bay Shore Services, Inc. and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims or demands on my behalf, for procuring, selling, proving, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Information required for background check:

Last Name, First Name, Middle Initial

Social Security Number

Date of Birth

Signature

Date

BAY SHORE SERVICES, INC. SUBSTANCE ABUSE POLICY

Bay Shore Services, Inc. is committed to providing a safe work environment that fosters the well-being and health of its employees. This commitment is jeopardized when any employee uses drugs or alcoholic beverages on the job, comes to work under their influence, or possesses, distributes or sells drugs or alcohol in the workplace. Therefore, Bay Shore Services, Inc. established the following policy:

- 1) Employees or volunteer violate company policy if they possess, sell, trade, or offer drugs for sale, use, or otherwise engage in the illegal use or distribution of drugs on the job;
2) Employees or volunteers violate company policy if they use or possess alcohol on the job;
3) Anyone reporting to work under the influence of drugs or alcohol violates company policy;
4) Anyone illegally using prescription drugs violates company policy. Nothing in this policy precludes the appropriate use of legally prescribed medications. However, if an employee is taking a prescription medicine that may interfere with safely performing job functions, this policy requires the employee to report this fact to the immediate supervisor.

All job applicants undergo testing for the presence of illegal drugs as a condition of employment. Any applicant with a confirmed positive test result will be denied employment. Applicants who are denied employment on the basis of a positive drug test may reapply after a period of no less than one year and will be retested at their own expense.

All job applicants and employees with confirmed positive test results are provided with a copy of the test results and, may, at their own expense, request independent testing in accordance with the procedures set forth in Section 17-214(d) of the Health General Article of the Annotated Code of Maryland.

The company adopted a testing program to deter and detect employees who use illegal drugs either on or off the job. All employees or volunteers are required to submit to drug and/or alcohol testing under the following circumstances:

- 1) When there is reasonable suspicion to believe that an employee is using illegal drugs or is under the influence of drugs or alcohol on the job;
2) When employees are involved in on-the-job accidents where personal injury or damage to company property occurs;
3) As part of a random testing program.

Additional testing is required of employees who are considered for return to work after a confirmed positive drug or alcohol test. Employees must pass a return-to-duty test then are subject to no less than six follow-up tests in the next 12 months. The follow-up tests are unannounced. The employee pays for the return-to-duty and follow-up testing.

Drug testing procedures and practices are based on accepted governmental guidelines and abide by applicable state laws. Testing laboratories, collection sites and medical review officers are certified. Alcohol testing is conducted using government approved breath alcohol testing devices and procedures. The government sets the cutoff levels for positive drug testing. A positive alcohol test is any level greater than 0.02.

Employees with confirmed positive test results or who otherwise violate this policy are subject to disciplinary action up to and including dismissal. Refusals to test are treated as a violation of this policy. The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and drug-free environment. The intent of this policy is to send a clear message that the illegal use of drugs is incompatible with employment at Bay Shore Services, Inc.

Substance Abuse Policy Acknowledgement

I acknowledge receipt of a copy of Bay Shore Services, Inc. substance abuse policy. I understand my obligation and responsibility to read and comply with the Policy. I understand that I may contact Bay Shore Services, Inc. if I have any questions about the Policy.

I acknowledge and understand that the testing costs for split samples, follow-up, and return-to-duty after a positive test result are my responsibility. I authorize Bay Shore Services, Inc. to deduct the cost of any such tests from any compensation that may be owed to me by Bay Shore Services, Inc.

I acknowledge and understand that this policy does not create an employment contract with Bay Shore Services, Inc. and that my relationship with Bay Shore Services, Inc. is "at will" and may be terminated at any time by Bay Shore Services, Inc. or me.

Print Name _____

Signature _____

Date _____

Bay Shore Services, Inc.
1235 Pemberton Drive

REFERENCE RELEASE

Name: _____ Position Desired: _____
SSN: _____ Date of Birth: _____

Bay Shore Services, Inc. is hereby authorized to request references from all persons and former employers reference in this application. I hereby release all persons and former employers from any liability regarding my seeking or receiving employment with Bay Shore Services, Inc. Bay Shore Services, Inc. is hereby authorized to release copies of this application, the findings of all employment screens, checks, interview information and other employment related information to resource coordinators, other agencies, State officials, individuals receiving services, their representatives and other team members.

SIGNATURE _____ DATE _____

The person named above listed you as a previous employer. Since we are considering hiring this person, please complete and return this reference form. All information will be kept confidential. .

1. Please verify or correct the employment information provided by the applicant:

Dates of Employment: From: _____ To: _____ Job Title: _____ Salary _____

2. Do you recommend applicant to work with individuals who are vulnerable or disabled? Yes ____ No, ____ (Explain in Remarks)

3. Reason for leaving:

- Not applicable, currently employed
- Discharge for unfavorable performance/conduct
- Layoff/cutback in workforce due to business necessity
- Resigned after being informed of discharge
- Left voluntarily-employment favorable

4. Is this person eligible for hiring? Yes ____ No ____

5. Please check the appropriate space to assess this person's work performance:

| | Exceeded Standards | Met Standards | Below Standards | Failed Standards |
|------------------------|--------------------|---------------|-----------------|------------------|
| Work Quality | | | | |
| Attendance/Punctuality | | | | |
| Judgment | | | | |
| Cooperativeness | | | | |
| Honesty | | | | |
| Teamwork | | | | |
| Policy Compliance | | | | |

Remarks: _____

Signature _____
Company: _____

Date _____
Title _____