



J.H. Floyd
Sunshine Manor, Inc.

1755 18th Street, Sarasota, Florida 34234

Phone#: 941-955-4915

Fax#: 941-366-9455

J.H. FLOYD
SUNSHINE MANOR, INC.
EMPLOYMENT APPLICATION

“We take pride in caring”

Application For Employment

(Please Print Carefully)

Applicants will be considered without discrimination because of race, religion, color, sex, age, national origin, marital status, disability or veteran status.

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

Position applied for: _____ Date: _____

Name: _____

Telephone Number: _____ Social Security Number: _____

Present Address: _____
Street City State Zip

Are you legally eligible for employment in the USA? _____

Are you 18 years of age or older? _____ If under 18, please state your age: _____

Are you seeking full or part-time work? _____ Pay expected? _____

For which shift are you seeking work? _____

Were you previously employed by us? _____ If yes, when? _____

When will you be available to begin work? _____

Are you on lay-off subject to recall elsewhere? _____

A copy of the job description is attached. Are you able and willing to perform job related functions? _____

(This company will make reasonable accommodations for individuals with disabilities.)

How many days were you absent from work during the past year: _____

Have you ever been convicted of a crime? Yes No

If so, state the nature of the offense and the date the offense took place: _____

(Conviction of a crime will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account).

List your specific job skills or work experience which you feel qualifies you for the job for which you are applying: _____

If a license is required for the position applied for, state license type and number: _____

Education	Name & Location of School	Course of Study	No of years Completed	Did you graduate?	Degree or Diploma
Elementary					
High School					
Business/Trade, Technical					
College					
Other					

List Below All Present And Past Employment Beginning With Your Most Recent

Present and former employers	Dates Employed	Salary Range	Position & Duties	Reason for Leaving
Name _____ Address _____ Supervisor's Name _____ Phone _____	From To	Starting Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From To	Starting Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From To	Starting Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From To	Starting Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From To	Starting Ending		

Special Disability Trust Fund Questionnaire
(Duplication of form is permissible)

Statement of Purpose: The purpose of this questionnaire is to provide the employer with knowledge about the employee – specifically about a preexisting condition or disability which may entitle the employer to reimbursement from Florida’s Special Disability Fund (Florida Statue 440.40). The information provided shall not be used to discriminate against a qualified

Name of Employer: _____

Name of Employee: _____

Employee’s Social Security #: _____ Height: _____ Weight: _____

1. Do you now have or have you had any of the following?

Yes	No		Yes	No	
		Epilepsy (Convulsions, Seizures)			Chronic osteomyelitis (infection I
		Diabetes (Medication? <u> </u> Yes <u> </u> No			Ankylosis of a major weight-bearing joint
		Cardiac (Heart) disease			Hyperinsulinism
		Marie-Strumpell disease (inflammation of vertebrae)			Muscular dystrophy
		Amputation of foot, leg, arm or hand			Thrombophlebitis
		Total loss of sight of one or both eyes, or a partial loss of corrected vision of more than 75% bilaterally			Herniated Disk
		Polio (Poliomyelitis)			Surgical removal of a disk or a spinal xxx
		Cerebral Palsy			Total deafness
		Multiple Sclerosis			Other
		Parkinson’s disease			
		Vascular (Blood vessel) disorder			
		Psychoneurotic disability (Emotional or nervous disability)			
		Hemophilia			

Have you ever received a disability rating or had one assigned to you by an insurance company or state/federal agency? Yes No Percentage: %

Have you ever injured or sprained your back? Yes no If yes, did you have surgery? Yes No If yes, please give detail:

Have you ever injured or sprained your neck? Yes no If yes, did you have surgery? Yes No If yes, please give detail:

Have you ever injured or sprained a knee? Yes no If yes, did you have surgery? Yes No If yes, please give detail:

Have you ever had any other type of surgery not mentioned above? Yes No If yes, please give detail:

Do you have arthritis? Yes No If yes, what parts of the body are affected? Are you on medication for arthritis? Yes No

Do you have high blood pressure? Yes No If yes, are you on medication? Yes No

Employee’s Signature: _____ Date: _____

Employer’s Signature: _____ Date: _____

Position: _____

Authorization To Release Information

I, _____, have applied for the position of _____ at _____ and grant J.H. Floyd Sunshine Manor, Inc. permission to verify the information below and obtain other information which may be required to determine my availability for employment. I further authorize the below mentioned employer to release to J.H. Floyd Sunshine Manor such information that may be required for the purpose of evaluating me for possible employment. I do hereby release the reference and all individuals connected therewith, including J.H. Floyd Sunshine Manor, from all liability for any damage incurred in furnishing such information. A copy of my authorization bearing my correct signature has the same force and effect as the original.

Date Applicant Signature

Former Employer _____ Address _____
Phone/Fax _____ City/State/Zip _____

EMPLOYER: If you have employment records on this applicant, please check below that you agree or disagree with the data provided by the applicant. If you disagree, please give a reason.

APPLICATION INFORMATION (To be completed by the applicant) (to be completed by previous employer)

- 1. I was employed with _____
as a _____
from _____ to _____
Agree Disagree Comment: _____
- 2. I (am) (am not) eligible for rehire with this employer. If not,
explain below: _____
Agree Disagree Comment: _____
- 3. My reason for leaving the above-named place of employment was
for _____
Agree Disagree Comment: _____
- 4. My attendance record while employed with this employer was

Agree Disagree Comment: _____
- 5. My job performance while employed with this employer was
generally rated _____
Agree Disagree Comment: _____
- 6. My attitude and capacity for work was _____
Agree Disagree Comment: _____
- 7. I (was) (was not) comfortable working as a team member.
Agree Disagree Comment: _____



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Statement By Applicant

I have applied to JH. Floyd Sunshine manor, Inc., Sarasota, Florida for employment and do hereby authorize the company to request such information as necessary to verify my qualifications for the position for which I have applied. I also authorize you to release the same.

Applicants Name, Printed

Applicants Signature

Date

The facts set forth in my application are true and complete. I authorize the Company to investigate all statements contained in this application and hereby authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employers from all liability on account of furnishing such information to this Company. I understand that if employed, false statements, omissions or misleading statements on this application shall be considered sufficient cause for dismissal and I agree that the company shall not be held liable in any respect if my employment is terminated because of such missions or false or misleading statements. The Company is including the contacting of the employers listed above. (If there is a particular employer you do not wish us to contact, please indicate which one and why:

I understand and agree that if employed I will be subject to a 90 day probationary period. I also understand that if employed my employment will be for no defined period and may be terminated by either any written or oral statement by any managerial or supervisory official of this Company shall be construed to establish and contractual relationship between the Company (including any related company, nay parent or successor company) and myself.

Signature of Applicant

Date



1755 18th Street, Sarasota, Florida 34234
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Date: _____

Reply to J.H. Floyd Sunshine Manor, Inc.

Applicants Name: _____

Applicants Social Security#: _____

Dear Sir or Madam:

The above named person has applied for employment with our company and has authorized contacting you as a reference.

We would greatly appreciate your furnishing the information requested on the reverse side of this letter. For your convenience in replying, an addressed/stamped envelope is enclosed. Thank you for your assistance.

Sincerely,

Connie Tolley
Administrator

Telephone Reference Inquiry

Date: _____

To: _____

_____ has applied with J.H. Floyd Sunshine Manor, Inc. for a position in the capacity of _____

Name _____

Address _____

Worked for you in the year(s) _____

Since the applicant referred to you as a former employee, we would consider it a favor both to the applicant and to our organization if you will give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist us in accomplishing this objective. We will greatly appreciate your answers to the following questions in the same way you would request us to complete a similar questionnaire from you.

Please be further assured that all information will be held in strict confidence.

The applicant was employed by us as a _____.
From _____ To _____

The Applicant's

- Integrity is High Average Fair
- Neatness is Very Neat Neat Average Fair
- Conscientiousness is High Average Fair Poor
- Intelligence is High Good Average Slow
- Skill in position was Excellent Good Average Poor
- Cooperation was Excellent Good Average Poor
- Absenteeism was High Average Low

Reason for separation _____

Would you re-employ? Yes No

Would you recommend the applicant for the position applied for? Yes No

Other remarks: _____



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To; Sarasota Police Department
P.O. Box 3528
Sarasota, FL 34230

Date: _____

I consent to a background and criminal investigation search by the Sarasota Police Department.

Employee Signature

Name: _____

Social Security Number: _____

Date of Birth _____ Sec _____ Race _____

Street Address _____

City _____ State _____ Zip _____

ATTESTATION OF RESIDENCY

The following information is provided to identify the individual attesting to the residency requirement for background screening pursuant to s. 400.215, F.S.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Date of Birth: _____ Sex: _____ Race _____

I, _____, do hereby attest under penalty of perjury that I have physically resided in the state of Florida for the previous 5 years and do hereby meet the residency requirement set forth as a condition of background screening pursuant to s. 400.215, F.S.

Signature of Affiant

Date

- OR -

I, _____, do hereby attest under penalty of perjury that I have not physically resided in the state of Florida for the previous 5 years and do therefore, do not meet the residency requirement set forth as a condition of background screening and may be subject to Level two screening requirements.

Signature of Affiant

Date

**ATTESTATION OF GOOD MORAL CHARACTER
FOR PURPOSES RELEVANT TO CHAPTER 400.215, FLORIDA STATUTES**

As an applicant for employment with _____,
I, _____, hereby attest to meeting the requirements for employment, that I am of good moral character,
that I have not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense
prohibited under any of the following provisions of the Florida Statutes or under any similar statute or ordinance of another
jurisdiction or state:

- a) Section 415.11, relating to abuse, neglect, or exploitation of a vulnerable adult.
- b) Section 782.04, relating to murder.
- c) Section 782.07, relating to manslaughter
- d) Section 782.071, relating to vehicular homicide.
- e) Section 782.09, relating to killing of an unborn child by injury to the mother.
- f) Section 784.011, relating to assault, if the victim of the offense was a minor.
- g) Section 784.021, relating to aggravated assault.
- h) Section 784.03, relating to battery, if the victim of the offense was a minor.
- i) Section 784.045, relating to aggravated battery
- j) Section 787.01, relating to kidnapping.
- k) Section 787.02, relating to false imprisonment.
- l) Section 794.011, relating to sexual battery.
- m) Section 794.041, relating to prohibited acts of persons in familial or custodial authority.
- n) Section 796, relating to prostitution.
- o) Section 798.02, relating to lewd and lascivious behavior.
- p) Chapter 800, relating to lewdness and indecent exposure.
- q) Section 806.01, relating to arson.
- r) Chapter 812, relating to theft, robbery, and related crimes, if the offense was a felony.
- s) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.
- t) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- u) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- v) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- w) Section 826.04, relating to incest.
- x) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- y) Section 827.04, relating to contributing to the delinquency or dependency of a child.
- z) Section. 827.05, relating to negligent treatment of children.
- aa) Section 827.071, relating to sexual performance by a child.
- bb) Chapter 847, relating to obscene literature.
- cc) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.

I further attest that I have not been judicially determined to have committed abuse or neglect against a child as defined in s. 39.01(2) and (37), Florida Statutes; nor do I have a confirmed report of adult abuse, neglect, or exploitation as defined in s. 415.102(5), or abuse or neglect as defined in s. 415.503(6), which has been uncontested or upheld under s. 415.1075 or s. 415.504, Florida Statutes; nor do I have a proposed confirmed report that remains unserved and is maintained in the central abuse registry and tracking system pursuant to s. 415.1065(2)©; nor have I committed an act which constitutes domestic violence as defined in Chapter 741.30.

Under the penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

AFFIANT

- OR -

To the best of my knowledge and belief, my record may contain one of the foregoing disqualifying acts of offenses.

AFFIANT

AFFIDAVIT OF GOOD MORAL CHARACTER
FOR PURPOSES RELEVANT TO CHAPTER 400.512, F.S., STATE OF FLORIDA

(To be signed by the administrator & submitted with the licensure application or when the administrator or the alternate administrator changes. A copy must be also kept in the facility's personnel file.)

STATE OF FLORIDA

COUNTY OF _____

Before me this day personally appeared _____
who, being duly sworn, deposes and says:

As an applicant for employment with _____,
I hereby attest to meeting the requirements for employment, that I am of good moral character, that I have not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

- (a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (c) Section 415.111 relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (d) Section 782.04 relating to murder.
- (e) Section 782.07 relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- (f) Section 782.071 relating to vehicular homicide.
- (g) Section 782.09 relating to killing an unborn child by injury to the mother.
- (h) Section 784.011 relating to assault if the victim of the offense was a minor.
- (i) Section 784.021 related to aggravated assault.
- (j) Section 784.03 relating to battery if victim of the offense was a minor.
- (k) Section 784.045 relating to aggravated battery.
- (l) Section 784.075, relating to battery on a detention or commitment facility staff.
- (m) Section 787.01 relating to kidnapping.
- (n) Section 787.02 relating to false imprisonment.
- (o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- (p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- (q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- (r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- (s) Section 794.011 relating to sexual battery.
- (t) Section 794.041 relating to prohibited acts of persons in familial or custodial authority.
- (u) Chapter 796 relating to prostitution.
- (v) Section 798.02 relating to lewd and lascivious behavior.
- (w) Chapter 800 relating to lewdness and indecent exposure.
- (x) Section 806.01 relating to arson.
- (y) Chapter 812 relating to theft, robbery, and related crimes, if the offense is a felony.
- (z) Section 817.563 relating to fraudulent sale of controlled substances, only if the offense was a felony.
- (aa) Section 825.102 relating abuse, aggravated abuse, or neglect of an elderly person or a disabled adult.
- (bb) Section 825.1025 relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

- (cc) Section 825.103, relating to exploitation of an elderly person or a disabled adult, if the offense was a felony.
- (dd) Section 826.04 relating to incest.
- (ee) Section 827.03 relating to child abuse, aggravated child abuse, or neglect of a child.
- (ff) Section 827.04 relating to contributing to the delinquency or dependency of a child.
- (gg) Section 827.05 relating to negligent treatment of children.
- (hh) Section 827.071 relating to sexual performance by a child.
- (ii) Section 843.01, relating to resisting arrest with violence.
- (jj) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- (kk) Section 843.12, relating to aiding in an escape.
- (ll) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- (mm) Chapter 847 relating to obscene literature.
- (nn) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.
- (oo) Chapter 893 relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- (pp) Section 916.0175, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- (qq) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- (rr) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- (ss) Section 944.47, relating to introduction of contraband into a correctional facility.
- (tt) Section 985.4045, relating to sexual misconduct in juvenile justice programs.
- (uu) Section 985.4046, relating to contraband introduced into detention facilities.

I further attest that I have not committed an act which constitutes domestic violence as defined in s. 741.30, F.S.

SIGN EITHER (1) OR (2) BELOW:

(1) Under the penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

AFFIANT

(2) To the best of my knowledge and belief, my record may contain one of the foregoing disqualifying acts of offenses.

AFFIANT

This person is personally known to me or produced the following identification _____.

Sworn to and subscribed before me this _____ day of _____ .
Month/Year

Notary Public (Type or Print Name)

Notary Public (Signature)

My Commission Expires
Notary State Seal:



Level 1 Criminal History Request

Any individual required by law to undergo background screening in accordance with Chapter 435, Florida Statutes, that is employed, seeking employment or otherwise associated with a provider currently licensed or seeking licensure through the Agency for Health Care Administration (Agency), may complete this form for the purpose of requesting such screening through the Agency.

Health Care Provider (Required Information):

Name: _____ AHCA License #: _____

Mailing Address: _____

 City State Zip Phone Number

Type of Provider:

- | | | |
|---|---|---|
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Nursing Home Facility | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Homemaker, Companion Sitter Agency | <input type="checkbox"/> Adult Day Care Center | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Adult Family Care Home | <input type="checkbox"/> Nurse Registry |
| <input type="checkbox"/> Health Care Services Pool | <input type="checkbox"/> Home Medical Equipment | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Health Care Clinic | <input type="checkbox"/> Other (please specify type): _____ | |

Type of Applicant:

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Exemption Application | <input type="checkbox"/> RN/LPN/CNA |
| <input type="checkbox"/> Financial Officer | <input type="checkbox"/> Employee/Staff Person | <input type="checkbox"/> Relief Person |
| <input type="checkbox"/> Owner or Operator w/ 5% interest or more | | |

Identifying Information: Please print legibly or type information.

The Florida Department of Law Enforcement requires specific identifying information upon submission of a criminal history request, including the social security number if available (section 11C-6.003(1), Florida Administrative Code). Disclosure of your social security number is mandatory. The Agency for Health Care Administration shall use such information for purposes of internal identification.

Name: _____
 Last First Middle Maiden

Current Mailing Address: _____

 City State Zip

Social Security No.: _____ DOB: _____
 or Individual Taxpayer Identification Number (ITIN)

Race: W B I A U Sex: Male Female

W=WHITE B=BLACK I=AMER. INDIAN OR ALASKAN A=ASIAN OR
 PACIFIC ISLANDER U=UNKNOWN (INDICATE HISPANIC AS BLACK OR WHITE BASED ON SKIN COLOR)