



Dear Applicant,

As an organization whose goal is to provide a safe, healthy environment, we recognize that there are numerous health hazards resulting from the use of tobacco products, including smoking, and breathing of second hand smoke. We understand our responsibility to the participants of our programs and to our employees to model and promote healthy, tobacco-free lifestyles.

The Foundations for Independence has adopted a company wide “No-Smoking” policy. Smoking is prohibited in all facilities operated by Foundations for Independence both inside and outside. In addition, smoking is prohibited in vehicles owned by Foundations for Independence.

If hired, you will be expected to complete shifts without a break. Please do not complete the application if you are not able to meet this requirement.

By signing this statement I acknowledge that I intend to adhere to the above expectations.

Applicant’s signature

Date

11657 S. Redwood Road
South Jordan, UT 84095
801-996-8218

If I obtain a position with Foundations for Independence I can provide the following documentation below:

- Utah State Drivers License or ID
- Social Security card
- Bank information for direct deposit

I am aware and understand that if I do not bring all the documents to training I will not be able to train or work until they are provided.

Signature _____ Date _____

Foundations for Independence
Application for Employment

Personal Information:

Date: ____/____/____

Name: _____ Phone: _____

Present

Address: _____

(Street)

(City)

(State)

(Zip)

E-mail address _____

Are you at least 18 years of age? _____

Social Security # (to verify past employment) _____

Position Desired: (Health Care Assistant, Assistant Manager, Manager, etc.)

Position: _____

What shifts are you interested in: Full time ____ Part time ____ PRN ____

Afternoon Shift ____ Graveyard Shift ____ Weekend Shift ____

What hours are you available to work? _____

Site Preference: None ____ Group Home 1 ____ Group Home 2 ____ Avion ____

Compass Villa ____ South Willow ____ Wood Gate ____

Who were you referred by: _____

Have you ever worked for this company before? Yes ____ No ____

If yes, which site? _____ Date: ____/____/____

Are you related to, or do you reside at the same address as any FFI employee? If yes,

Please state: Name(s): _____ Relationship: _____

Have you ever been convicted of a crime: Yes ____ No ____ Date (if yes) ____/____/____

If yes, please explain the crime: _____

What is your parole officer's name: _____ Phone number _____

Education:

High School: _____ Graduated/GED: Yes ____ No ____

College: _____

Degree: _____ still enrolled: Yes ____ No ____

License, Certificates, Permits:

Food Handlers ____ CPR ____ First Aid ____ Drivers License ____ Other ____

Describe any specialized training, or skills you have relating to this position

WORK EXPERIENCE

List most recent first

May we contact your present employer? Yes _____ No _____

Employer: _____ Supervisor: _____
(Company Name)

Phone number: _____ Fax Number: _____

Address: _____ Job Title: _____

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____ Hrs/Week: _____

Duties: _____

Reason for separation: _____

Employer: _____ Supervisor: _____
(Company Name)

Phone number: _____ Fax Number: _____

Address: _____ Job Title: _____

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____ Hrs/Week: _____

Duties: _____

Reason for separation: _____

Employer: _____ Supervisor: _____
(Company Name)

Phone number: _____ Fax Number: _____

Address: _____ Job Title: _____

Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____ Hrs/Week: _____

Duties: _____

Reason for separation: _____

Personal References

List three personal references, including at least one family member not residing in your household

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

Name: _____

Phone Number: _____ Relationship: _____

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with FFI policy. I authorize the references listed above to furnish any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of FFI and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of FFI has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. By signing below I certify that I am 16 years of age or older. I understand that a background check will be conducted upon employment and that a negative report could result in termination. I understand that I am required to abide by all the rules and regulation of FFI. Applications will be considered for 45 days.

Signature: _____ Date: _____

Incomplete applications will not be processed.

Tell us more about yourself...

As an essential part of your job duties you will be required to communicate in English orally and in writing. Please answer the following questions in paragraph form if applicable; be thorough and detailed with your responses.

Why have you chosen to apply for a position with Foundations for Independence?

Besides education and your work experience, what other skills and abilities do you possess that you feel are important to consider?

If I ask your most recent employer what they liked most about your job performance and what they liked least about your job performance what you would expect them to say?

Have you ever been dismissed, discharged, or fired from any employment? If yes explain in detail the circumstances.
