

Frontline Services

Application for Employment Policy 501d

Position Applying for: _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time ___ Hrs/wk
Date of application: _____	Expected Salary: \$ _____ / hr./wk.	
Days available: Sun Mon Tue Wed Thu Fri Sat circle all that apply	Times available: A.M. P.M. Graveyard circle all that apply	

NAME: _____ SS# - - -
LAST, FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO: _____ ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EMPLOYMENT HISTORY (if you need more space, please attach a separate sheet of paper)

DATE MONTH/YEAR	NAME, ADDRESS & PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

EDUCATION:

College name/location: _____ Date(s) attended: _____

Major/Minor _____ Degree/graduation date: _____

College name/location: _____ Date(s) attended: _____

Major/Minor _____ Degree/graduation date: _____

Not currently attending college but hope to in the future. Yes No

High School name/location: _____ Graduation Date: _____

Special focus: _____

WORK EXPERIENCE:

Have you ever worked with one or more persons with disabilities? Yes No

If "yes", please explain: _____

If "no", please explain why you want to work with people with disabilities: _____

Are you able to lift a minimum of fifty (50) pounds? Yes No

Do you have access to a vehicle? Yes No Do you have vehicle insurance? Yes No

REFERENCES: Please provide the names and phone numbers of three references below.

Professional Reference: Name _____ Phone # (____) _____

Relationship to applicant _____

Professional Reference: Name _____ Phone # (____) _____

Relationship to applicant _____

Personal Reference: Name _____ Phone # (____) _____

Relationship to applicant _____

CONDITIONS OF EMPLOYMENT

Since I may be hired to work with minors, I, _____ agree to allow Frontline Services or the Utah State Department of Health to request a background verification with the Department of Social Services and Adult and Child Abuse Register. I also agree to provide evidence that a BCI check has been performed prior to my first day on the job. Should anything negative surface due to these background checks, I understand that I will be dismissed without further notice.

I agree to provide Frontline Services with verification that I am free of active TB within the first two weeks of employment, and hereby state that I am free from any communicable disease or other condition that might pose a health hazard to individuals receiving service. I also understand that in order to work in a position that requires the transportation of consumers, I must have a driving record with no DUIs or suspensions, and with no more than two moving violations. I understand that failure to meet the driving requirements could jeopardize my position with Frontline Services.

Intentionally providing false or misleading information is grounds for not hiring or dismissal. My signature, below, indicates that the information I have revealed on this application is true.

SIGNATURE OF APPLICANT _____ DATE _____

DSS-ACAR	BCI	TB	DMV-DLD
----------	-----	----	---------