Foundations Family Services, LLC
102 N. Sycamore St., Suite B, Petersburg, VA 23803
Phone: 804-300-3504 • Email: foundationsfamilyservices@gmail.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (First, Middle, Last): _____
Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____-_____-_____
Address (Street, City, State, Zip): _____
Phone Number: _____ Alternate Phone: _____
Email Address: _____

EDUCATION

School Name: _____ Location: _____
Years Attended: _____ Degree/Certification Received: _____
Other Training/Certifications/Licenses: _____

EXPERIENCE

Please describe relevant experience that applies to the Direct Support Professional or Community Engagement role:

_____
_____
_____

EMPLOYMENT HISTORY

Please list your last three employers starting with the most recent:

Employer 1:
Company Name: _____ Dates Employed: _____
Phone: _____ Address: _____
Pay Rate (Start): $_____ (Final): $_____ Position: _____
Duties Performed: _____
Supervisor's Name & Title: _____ Phone: _____
Reason for Leaving: _____

Employer 2:
Company Name: _____ Dates Employed: _____
Phone: _____ Address: _____
Pay Rate (Start): $_____ (Final): $_____ Position: _____
Duties Performed: _____
Supervisor's Name & Title: _____ Phone: _____
Reason for Leaving: _____

Employer 3:
Company Name: _____ Dates Employed: _____
Phone: _____ Address: _____
Pay Rate (Start): $_____ (Final): $_____ Position: _____
Duties Performed: _____
Supervisor's Name & Title: _____ Phone: _____
Reason for Leaving: _____

PERSONAL & PROFESSIONAL REFERENCES

Please provide three professional or personal references who can speak to your qualifications:
Reference 1: Name/Title: _____ Company: _____ Phone: _____
Reference 2: Name/Title: _____ Company: _____ Phone: _____
Reference 3: Name/Title: _____ Company: _____ Phone: _____

POSITION APPLIED FOR

Position(s) Desired (check all that apply):
□ Community Engagement (CE) Staff □ Direct Support Professional (DSP) □ Other: _____
Employment Desired: □ Full-Time □ Part-Time □ Any
Date Available to Begin: _____ Have you ever worked for FFS before? □ Yes □ No If yes, when?
_____

AVAILABILITY

Check all that apply:
□ Open Availability (Any day, all hours) □ Weekdays □ Weekends

Specific Hours Available to Work by Day:
Monday From: _____ To: _____
Tuesday From: _____ To: _____
Wednesday From: _____ To: _____
Thursday From: _____ To: _____
Friday From: _____ To: _____
Saturday From: _____ To: _____
Sunday From: _____ To: _____

ACKNOWLEDGMENT & AUTHORIZATION

For the statements below, please initial to acknowledge understanding and consent:

Initials _____ I certify that all information I've provided on this application is true and complete to the best of my knowledge.

Initials _____ In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in immediate discharge from Foundations Family Services.

Initials _____ In the event of employment, I understand that I may be subject to drug screening(s) and both state and federal background checks; I provide my consent for Foundations Family Services to conduct these as necessary.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Interview Date: _____
Position Hired For: _____ Start Date: _____
Notes: _____

_____

Foundations Family Services is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or veteran status.