



Name of Applicant: _____

Date: _____

Thank you for applying at Danville Services of Utah, LLC. We provide services for people with disabilities in residential homes and apartments. We support people by teaching them skills to be more independent at home. We also provide Day Training Services to assist people in learning work skills. All applications will be on file at the office for 90 days. As positions open managers will call you to see if you are interested in the available positions. Please take a few moments to fill out the questions listed below and the application. Thank you for your time. We look forward to getting to know you!

1. Please check the locations where you are willing to work.

Central Salt Lake Region					
Any Location in Salt Lake					
Programs in Riverton		Programs In Sandy		Programs in Taylorsville	
Riverton Men's		Sandy Home		Taylorsville apartments	
Riverton Women's		Creek Road		Bridgeside Apartments	
Conquest Men's					
Conquest Women's		Programs in Heber		Programs in Draper	
Copperhill's		Heber Residential		Danville Employment Service	
		Heber Employment Service		Part Time(9:00am to 3:00pm)	

Northern Salt Lake Region					
Any Location in North Salt Lake					
Programs in Bountiful		Programs In Davis		Programs in Layton	
Viewmont		Centerville		Layton	
Coloniel Point		Bountiful		The Cottage	
		Orchard Lane		Programs in Clearfield	
				Danville Employment Service	
				Part Time(9:00am to 3:00pm)	

2. What shift or hours are you available to work?

- Please circle what you are available to work:

Residential: AM (6:00 to 10:00) PM (2:30 to 10:00) Night Shift (10:00pm to 6:00am)

Day Service: (9:00am to 3:00pm)

3. Please circle what you will work: On Call Part time Full time

4. Circle the positions you are applying for:

Direct Support Staff Associate Manager Manager

Program Director LPN RN

5. What are your feelings about persons with disabilities being involved in the community?

6. How important are human rights to you, and give your definition of human rights.

7. What are your views on an individual's right to privacy?

8. What are the qualities you feel you have to contribute that would be valuable in a group home setting, and to the individuals who live there?

9. What do you feel is more important: To let an individual learn independence from their own mistakes through error [such as maybe getting burned while cooking], or always protecting them from making mistakes?

10. How did you hear about the job position?
11. Employee List Employee's Name _____
 Newspaper: List paper _____
 Internet: Danville's Web Page _____ or Work Force _____
 Friends List Friends Name _____
 Employment Office
 Other Describe: _____

Office use only

Interviewer: _____ Date Interviewed: _____

After completing reference checks was the applicant hired? Yes or No

Would applicant like this application to remain on file? Yes or No

Comments



ATTACHMENT TO APPLICATION

The **Immigration Reform and Control Act (IRCA)** of 1986 requires that all new employees provide verification of US citizenship, or that they possess INS authorization, to work in the United States. You will be asked to complete Section I of the I-9 on your first day of employment, and will be required to present the appropriate documents no later than your third day of employment. If we have not received your proper support documentation that verifies you are legal to work in the United States within 3 days of employment you may be terminated. **Danville Services of Utah also confirms eligibility to work in the U.S. through E-Verify, an on-line government verification system.**

I agree to allow the Utah Dept. of Human Services (DHS) Licensing to request background verification with the Department of Social Services and Adult and Child Abuse Register, and to obtain a BCI check upon hire and annually. I understand that if I am employed and approval is denied by DHS licensing, my employment will be terminated.

Danville Services of Utah, LLC (Danville) also reserves the right to determine whether or not I will be allowed to drive company vehicles, or transport clients in my own vehicle, based on a check of my driving record, and providing a proof of insurance. A record containing a DUI/DWI, driving on a suspended license, three or more moving violations, or violations which Danville determines are serious enough that I am not approved to drive, will prevent approval for a driving position, which may jeopardize my employment with Danville. Additionally, to drive company vehicles, or transport clients in your personal vehicle, I must be 21 years of age, if I have moved from another state, meet the specific state guidelines for obtaining a Utah driver's license, and my vehicle must meet all state safety requirements.

The release of any and all information is authorized whether same is of record or not, and I do hereby release all persons, firms, agencies, companies, groups or installations whomsoever, from any damages of, or resulting from, furnishing such information to Danville and the Insurance Company.

If hired, I accept employment understanding the above conditions. Below I have listed my current address, and phone number.

Signature

Printed Name

Date

Witness

Address

City, State and Zip Code

Phone

Request for Employment Information



APPLICANT: Please complete boxed section only and return with application.
Danville will complete the reference check process.

APPLICANT NAME: _____

Name of Company worked for: _____

Address: _____

City/State/Zip _____

Date of Employment: From ___/___/___ to ___/___/___ Position: _____

Have made application with Danville Services Corporation; I hereby authorize the release of information directly to said Company. I release and hold harmless present and past employers, references and all persons and institutions whomsoever, from any charge because of furnishing information. I waive any application to the Family Education and Privacy Act insofar as the same might apply to responding to this request for information.

Date: _____ Signature of Applicant: _____

To Former Employer: Please give the following information about this applicant.
Information will be held in strict confidence.

Does the above information check with your records? _____

Please check	Excellent	Good	Fair	Poor
1. Quality of work	_____	_____	_____	_____
2. Cooperation with others	_____	_____	_____	_____
3. Safety habits	_____	_____	_____	_____
4. Personal habits	_____	_____	_____	_____
5. Driving skills	_____	_____	_____	_____
6. Attendance record	_____	_____	_____	_____
7. Needed supervision	_____ rarely _____	_____ occasionally _____	_____ frequently _____	_____ constantly _____
8. Why did applicant leave?	_____			
9. If company policy allowed, would you rehire?	_____			
10. Did applicant have custody of money and/or valuables?	_____			
If so, were these kept properly?	_____			
11. Additional Comments:	_____			

Date: _____ Signature of Company Representative: _____
 Title: _____



**Employment Reference Interview
(Company Use Only)**

Applicant's Name: _____ SS # _____

Name of Interviewer: _____ Date: _____

Former Employer: _____

Please record the comments received from the phone interview below:

Do the Dates of employment check with your records: Y [] N []

If No, what were the correct dates? _____

1. How would you rate their quality of work: Excellent [] Good [] Fair [] Poor []

2. How was their cooperation with others? Excellent [] Good [] Fair [] Poor []

3. How were their safety habits? Excellent [] Good [] Fair [] Poor []

4. How was their attendance? Excellent [] Good [] Fair [] Poor []

5. How were their driving skills? Excellent [] Good [] Fair [] Poor []

6. Why did the applicant leave? _____

7. Is the person eligible for rehire? Yes [] No []

8. Did the applicant have custody of money and/or valuables, and if so, were they kept properly?

9. Do you have any additional comments? _____

**Family Member Reference - Interview
(Company Use Only)**

Interviewer: _____ Date: _____

Name of person interviewed: _____

Please record the comments received from the phone interview below:

1. What is your relationship to the applicant? _____
2. How would you describe the applicant's personality? _____
3. This person is applying for a position working with people who have disabilities. Please answer the following questions:

a. Interaction skills: Excellent Good Fair Poor Don't know

b. Personal integrity: Excellent Good Fair Poor Don't know

c. Ability to learn new things: Excellent Good Fair Poor Don't know

d. Basic common sense: Excellent Good Fair Poor Don't know

4. Considering what you know about this person, would you recommend this person for a position that involves supporting vulnerable children and /or adults with disabilities?

Yes No

Please explain: _____
