

REFERENCES: LIST THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS & PHONE #	BUSINESS	YEARS ACQUAINTED

HAVE YOU BEEN CONVICTED OF A CRIME DURING THE PAST 24 MONTHS, OR HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A VIOLENT CRIME? YES NO.

IS THERE A POSSIBILITY YOUR NAME MAY APPEAR ON THE ABUSE REGISTER? YES NO IF YES, PLEASE EXPLAIN _____

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE, TO GIVE DANVILLE SERVICES OF UTAH,, LLC (DANVILLE) 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 MY RESULT FROM FURNISHING SAME TO DANVILLE.

DANVILLE IS AN AT-WILL EMPLOYER, WHICH MEANS THAT EMPLOYMENT WITH DANVILLE IS FOR AN UNSPECIFIC DURATION, AND THAT THIS EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME, FOR ANY REASON OR NO REASON, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, EITHER BY THE EMPLOYEE OR BY DANVILLE.

DATE SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE _____

HIRED: YES NO POSITION LOCATION _____

COMMENTS: _____

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination



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 hired, and approved 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 my 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: _____
