



The Faith Foundation, LLC

“Person-Centered” Adult Residential Program

900 Granby Street, Suite 240, Norfolk, VA 23510

www.TheFaithFoundation-llc.com

Pre-Employment

Welcome to The Faith Foundation!

We are excited that you have chosen to become apart of our team.

In order to schedule your orientation, we will need the following documents returned with your application within 3 business days.

1. Completed application
2. Copy of Driver's License
3. Copy of Social Security card or Birth Certificate
4. Resume- showing at least 1 year working with individuals with Developmental of intellectual disabilities
5. Copy of High School Diploma/ G.E.D or Transcripts
6. Copy of Driving Record
7. Copy of Vehicle Insurance

Once these items have been received, an Employee Orientation will be scheduled, followed by Employee Training.



The Faith Foundation LLC

Employment Application

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ How did you find out about this position? _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

SPECIAL SKILLS/ACTIVITIES (CIVIC, ATHLETIC, ETC.)

SPECIAL SKILLS: _____

ACTIVITIES (exclude organizations, the name of which indicate the race, creed, sex, age, marital status, color or national of origin of its members.) _____

REFERENCES

Please list three **professional** references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

CERTIFICATIONS/DISCLOSURES

Are you a licensed driver? _____

Drivers license number/state: _____ / _____ expiration date _____

****A current copy of your driving record will be required before a bonafide offer of employment can be made.**

CPR? _____ If yes, please list the expiration date. _____

First Aid? _____ If yes, please list the expiration date. _____

TOVA? _____ If yes, please list the expiration date. _____

Med. Admin. _____ If yes, please list the expiration date. _____

How many years experience do you have working with adults who are dually diagnosed with Intellectual Disability and Mental Health? _____

Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation (including offenses which have been dismissed, discharged, or nolle prosequi)? All arrests and charges must be disclosed and explained on a separate sheet.

Do you have a history of substance abuse? _____ If yes, please explain on a separate sheet.

Have you ever been accused or convicted of sexual misconduct? _____ If yes, please explain on a separate sheet.

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Fax or Email _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Fax or Email _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐ Fax or Email _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

*****Please note: Education must be verified via transcript. Diploma copies can be accepted as placeholders until an official transcript is received. Diploma copies that appear to be legitimate will be accepted if a transcript is unobtainable (i.e. school is closed) and evidence of the institution's existence and accreditation can be verified through alternate means.**

*****Education and Previous Employment sections must be completed with valid phone numbers and addresses.**