



# FOUNDATION STONES, INC.

1001 COURT STREET, LYNCHBURG, VA 24504  
O:434-847-4299; F:434-847-4244; [foundationstonesinc@gmail.com](mailto:foundationstonesinc@gmail.com)  
Employment Application

WELCOME TO FOUNDATION STONES, INC.

Here is a packet of paperwork for you to complete as accurately and completely as possible. Once this information is filled out, please return it to the Secretary within 72 hours. All the paperwork in this packet is required and mandated by Medicaid. Medicaid requires that all paperwork be properly completed and signed where necessary before you are permitted to work with a client. **Please make sure you use black ink to fill out your paperwork.** This information will be filed into your FSI Employee Chart.

Here is a list of other requirements needed that are not included in this packet.

- Current Driver's License
- Social Security Card
- Current TB Test
- Please bring a \$7.00 Money Order to be included with your Child Registry Background Check. The Child Registry Form can be notarized by FSI or any bank.
- Finger Prints using the finger print card provided by FSI
- Current copy of your Car Insurance Card
- Current Va Driving Record from the DMV
- Official (sealed) College Transcript and copy of degree
- Current CPR and First Aid card. (Training will be scheduled if you are not currently certified.)



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An Equal Opportunity Employer

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Full Name: \_\_\_\_\_

Address: (City,State,Zip) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone: (Home/Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 21 years of age? Yes \_\_\_\_\_ or No \_\_\_\_\_

List any aliases used in the past:

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If hired, can you submit evidence of your U.S. Citizenship or proof of your legal right to work in the United States? Yes \_\_\_\_\_ or No \_\_\_\_\_, If no, please explain in Additional Information on Page 3.

FSI is an equal opportunity employer. Qualified applicants are considered for vacancies without regard to race, color, religion, sex, national origin, age, disability, veteran status legally protected by applicable law. FSI will reasonably accommodate the disabilities of qualified applicants to permit them to perform the essential functions of the subject position.

FSI prohibits its employees from using illegal drugs, being intoxicated on the job and distributing, dispensing, possessing or using controlled substances/intoxicants in the work place. As a condition of employment, submission to a pre-employment drug screening test for illegal drug use, background check and child registry are required as part of our hiring process.

FSI Office Location: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Choose a FSI Program: \_\_\_\_\_ (Transitional Living or Mental Health Support Services)

Desired Start Date? \_\_\_\_\_ Desired Rate of Pay \$ \_\_\_\_\_

## POSITION DATA:

If hired, would you have reliable transportation? Yes \_\_\_\_\_ or No \_\_\_\_\_

Comments:

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Have you ever been employed by Foundation Stones, Inc.?

List position and location:

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Are you currently employed and if yes, may we contact your current employer? If we may not contact your current employer, comment below. Comments regarding current employer:

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Have you ever been convicted of a felony or a misdemeanor involving lying, cheating, or stealing, child abuse/neglect or sexual assault or a misdemeanor involving moral turpitude that has not been annulled, expunged or sealed by a court? Yes \_\_\_\_\_ or No \_\_\_\_\_

Additional Information Regarding Criminal History:

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Do you have any friends, relatives or acquaintances working for FII? Yes \_\_\_\_\_ or No \_\_\_\_\_  
If Yes, State name, relationship and location:

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U.S. MILITARY SERVICE DATA:

Military Rank: \_\_\_\_\_ Branch: \_\_\_\_\_ Total years served: \_\_\_\_\_

Status or Obligation:

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EMPLOYMENT DATA: (Begin with most recent)

All information must be completed. You may attach a resume but not in place of completing required information. List all jobs, activities, and other experience, including volunteer work, part-time employment while in school, U.S. Military service, and self-employment for the past 10 years. Please indicate if you have ever used another name for employment purposes during this period. Salary information will be verified if hired. Use additional information section if necessary.

#1

List employer \_\_\_\_\_, Supervisor \_\_\_\_\_,  
phone # \_\_\_\_\_, address \_\_\_\_\_,  
your job title \_\_\_\_\_, start and end date of work \_\_\_\_\_,  
base pay rate \_\_\_\_\_, bonus rate \_\_\_\_\_,  
reason for leaving/still employed \_\_\_\_\_,  
may we contact this employer for reference Yes \_\_\_\_\_ or No \_\_\_\_\_,  
may we contact you at you at your present place of employment Yes \_\_\_\_\_ or No \_\_\_\_\_,  
enter supervisors' work phone if yes: \_\_\_\_\_



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#2

List employer \_\_\_\_\_, Supervisor \_\_\_\_\_,  
phone # \_\_\_\_\_, address \_\_\_\_\_,  
your job title \_\_\_\_\_, start and end date of work \_\_\_\_\_,  
base pay rate \_\_\_\_\_, bonus rate \_\_\_\_\_,  
reason for leaving/still employed \_\_\_\_\_,  
may we contact this employer for reference Yes \_\_\_\_ or No \_\_\_\_,  
may we contact you at you at your present place of employment Yes \_\_\_\_ or No \_\_\_\_,  
enter supervisors' work phone if yes: \_\_\_\_\_

#3

List employer \_\_\_\_\_, Supervisor \_\_\_\_\_,  
phone # \_\_\_\_\_, address \_\_\_\_\_,  
your job title \_\_\_\_\_, start and end date of work \_\_\_\_\_,  
base pay rate \_\_\_\_\_, bonus rate \_\_\_\_\_,  
reason for leaving/still employed \_\_\_\_\_,  
may we contact this employer for reference Yes \_\_\_\_ or No \_\_\_\_,  
may we contact you at you at your present place of employment Yes \_\_\_\_ or No \_\_\_\_,  
enter supervisors' work phone if yes: \_\_\_\_\_

#4

List employer \_\_\_\_\_, Supervisor \_\_\_\_\_,  
phone # \_\_\_\_\_, address \_\_\_\_\_,  
your job title \_\_\_\_\_, start and end date of work \_\_\_\_\_,  
base pay rate \_\_\_\_\_, bonus rate \_\_\_\_\_,  
reason for leaving/still employed \_\_\_\_\_,  
may we contact this employer for reference Yes \_\_\_\_ or No \_\_\_\_,  
may we contact you at you at your present place of employment Yes \_\_\_\_ or No \_\_\_\_,  
enter supervisors' work phone if yes: \_\_\_\_\_

## EDUCATION AND TRAINING DATA:

Name of High School \_\_\_\_\_,  
Address \_\_\_\_\_, and Did you graduate? Yes \_\_\_\_ or No \_\_\_\_

Correspondence or Trade School Name \_\_\_\_\_,  
Address \_\_\_\_\_,  
and Did you graduate? Yes \_\_\_\_ or No \_\_\_\_ , Major/Minor \_\_\_\_\_,  
Units required for degree \_\_\_\_\_, Units completed \_\_\_\_\_



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#1

College Name \_\_\_\_\_,  
Address \_\_\_\_\_,  
and Did you graduate? Yes \_\_\_\_\_ or No \_\_\_\_\_, Major/Minor \_\_\_\_\_,  
Units required for degree \_\_\_\_\_, Units completed \_\_\_\_\_,

#2

College Name \_\_\_\_\_,  
Address \_\_\_\_\_,  
and Did you graduate? Yes \_\_\_\_\_ or No \_\_\_\_\_, Major/Minor \_\_\_\_\_,  
Units required for degree \_\_\_\_\_, Units completed \_\_\_\_\_,

#3

Graduate School \_\_\_\_\_,  
Address \_\_\_\_\_,  
and Did you graduate? Yes \_\_\_\_\_ or No \_\_\_\_\_, Major/Minor \_\_\_\_\_,  
Units required for degree \_\_\_\_\_, Units completed \_\_\_\_\_,

Certification(s) or License(s) \_\_\_\_\_,  
Certifying/Licensing Organization \_\_\_\_\_,  
Date Certified or Licensed: (A COPY OF REQUIRED LICENSE(S), CERTIFICATION(S) MUST BE PROVIDED AS A CONDITION OF HIRE) \_\_\_\_\_,

Accomplishment/Training: (Professional, Academic & Personal) Please list any additional information you consider pertinent to your application for employment. Describe unique accomplishments, scholastic honors, honorary societies, patents, professional publications, professional registrations, professional society memberships, certifications, licenses, or other job related knowledge, skills or qualifications. (Attach additional pages as necessary.)

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Please complete this section only if appropriate to the positions(s) for which you are applying.

Personal Computer hardware and software type(s) that you are familiar with \_\_\_\_\_,

Approximate keyboard speed and average typing speed (WPM). \_\_\_\_\_,

List any additional skill, licenses, equipment used.

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REFERENCES: (Give names of three or more people we may contact (former supervisors). All should have specific knowledge of your work experience and/or capabilities.)

Name \_\_\_\_\_, Address \_\_\_\_\_,  
Current Position/Employer \_\_\_\_\_,  
Years Known/Relationship \_\_\_\_\_,  
Day/Evening Phone#: \_\_\_\_\_

Name \_\_\_\_\_, Address \_\_\_\_\_,  
Current Position/Employer \_\_\_\_\_,  
Years Known/Relationship \_\_\_\_\_,  
Day/Evening Phone#: \_\_\_\_\_

Name \_\_\_\_\_, Address \_\_\_\_\_,  
Current Position/Employer \_\_\_\_\_,  
Years Known/Relationship \_\_\_\_\_,  
Day/Evening Phone#: \_\_\_\_\_

Name \_\_\_\_\_, Address \_\_\_\_\_,  
Current Position/Employer \_\_\_\_\_,  
Years Known/Relationship \_\_\_\_\_,  
Day/Evening Phone#: \_\_\_\_\_