



P.O. Box 68, Moab UT 84532
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CFI GUIDE-IN-TRAINING APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Sessions Dates Available (select one or both) <input type="checkbox"/> I (July 14-17) <input type="checkbox"/> II (July 21-24)			Date of Birth
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for, or been a participant with this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two adult educational/professional/other references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

SPECIAL INTERESTS, HOBBIES, OR SKILLS
Summarize what you are most interested in doing/learning with this position. Also, summarize any special hobbies or skills you have acquired from employment, volunteering, clubs, sports or other activities.

PREVIOUS EMPLOYMENT OR VOLUNTEER EXPERIENCE			
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>

EMERGENCY CONTACT		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone	Work Phone	
Email Address	Alternative Contact	

DISCLAIMER AND SIGNATURE	
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.	
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
Parent/Guardian Signature	Date