



## APPLICATION FOR EMPLOYMENT

**Please fully and accurately complete each question. Incomplete applications may not be considered.**

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### WORK PREFERENCE

Desired Position: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

Describe your prior experience related to this position:

Describe any school or training related to this position:

List any licenses, certifications, or professional affiliations you have:

List any special skills you have:

### AVAILABILITY FOR WORK

Type of Work:      Full-Time      Part-Time

Shift/Time of Day:      Day      Swing      Graveyard

Days Available to Work:

Sun

Mon

Tues

Wed

Thurs

Fri

Sat

## CURRENT EMPLOYMENT

Are you employed currently?      Yes      No

May we contact your current employer for a reference?      Yes      No

## PRIOR EVENTS

Have you ever worked for or applied for work with SVS?      Yes      No

Have you ever had your employment terminated for cause?      Yes      No

Have you ever been convicted of any law violation, except a minor traffic violation?      Yes      No

Have you ever been disciplined for absenteeism/tardiness?      Yes      No

Explanation for any "YES" answer given:

## EDUCATION AND TRAINING

	School Name / Location	Completed/Diploma	Major Subjects
High School or GED			
College/University			
Graduate School			
Other Education			

## EMPLOYMENT HISTORY (Begin with your current or most recent position and work backwards.)

Employer #1 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Full-Time      or      Part-Time

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving:

Employer #2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Full-Time      or      Part-Time

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving:

Employer #3 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Full-Time      or      Part-Time

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving:

Employer #4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Full-Time      or      Part-Time

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving:

## QUESTIONS

If hired, can you provide proof that you are authorized to work in the US?      Yes      No

If hired, I understand that I must pass a background check for criminal convictions through the state of

Utah.      Yes      No

If requested, would you be willing to take a drug/alcohol screening exam before and/or after employment

as a condition of employment?      Yes      No

Do you have any family members who work for SVS?      Yes      No

If yes, please list: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Why are you interested in working for SVS?

**APPLICANT AGREEMENT (Read carefully before signing.)**

All the information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal. I hereby authorize any former employer, person, school, firm or corporation listed hereon, including this organization, to answer all questions related to employment and agree to release from liability and hold all persons harmless for giving any truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. Furthermore, if I am employed, my employment will be completely voluntary and may be terminated at will at any time by either myself or the organization. I understand that no one other than the Executive Director has authority to enter into any employment agreement to the contrary. I agree to take a job-related physical examination or a drug/alcohol test when requested as a condition of employment. I agree to comply with the rules of the organization as a condition of employment. In the event the organization advances money or other things of value, I agree to repay the organization and that any amount still owing may be deducted from my final paycheck.

Date \_\_\_\_\_      Applicant Signature \_\_\_\_\_