



An Equal Opportunity Employer

## Application of Employment

Position of Interest: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

Why are you interested in working for South Valley Service?

\_\_\_\_\_

Please tell us how you learned about this position: \_\_\_\_\_

What shift and hours are you available to work? \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  Holidays

### Current or Most Recent Work Experience

Are you employed? Yes  No

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer: Yes  No

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Previous Work Experience</b>
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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer: Yes  No

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer: Yes  No

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer: Yes  No

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Education**

	School Name	City, State	Degree
1.			
2.			
3.			
4.			

List any additional training, skills, or certificates:

Do you speak any other languages? \_\_\_\_\_

Do you have experience working at a crisis center, shelter, or hotline? Yes  No

If so please give a brief description:

**References:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

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

How long have you known this individual? \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

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

How long have you known this individual? \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

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

How long have you known this individual? \_\_\_\_\_

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**AT WILL EMPLOYMENT**

Nothing contained in this document, or our policies is intended to, or should be construed to alter the at-will relationship between the South Valley Services and its employees. Although other terms and condition of benefits of employment with the SVS may change, the at-will relationship of employment (as defined by Utah State Labor Commission) is one aspect that cannot be changed except by an agreement in writing with the Executive Director and/or board of directors, signed by the chair of the board on behalf of the entire board.

South Valley Services provides equal employment opportunities to all employees and applicants for employment, without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, or the presence of handicaps or disabilities, or any other basis protected by state or federal law.

A state licensing agreement requires employees and volunteers to pass a background investigation for criminal convictions (BCI) through the state of Utah. All employees and volunteers must complete and submit the appropriate BCI Information and complete the Live Scan Fingerprint process before they can collaborate directly with clients unsupervised and renew the background annually.

Please initial to verify you have read and understand the BCI requirement for employment

\_\_\_\_\_

**I certify that all the information provided as part of this application is true and correct to the best of my knowledge. I further understand that false statements or deliberate omissions could be grounds for disqualification from employment or could result in termination of employment if hired.**

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Applicant Signature

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Date