



APPLICATION FOR EMPLOYMENT

WEBER HUMAN SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER

Weber Human Services will not hire individuals currently abusing drugs or alcohol and uses a pre-employment chemical testing procedure to screen for the presence of drugs and/or alcohol.

Name: _____ Date: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Other Phone: _____

IMPORTANT

Read the following instructions carefully before filling out your application. All requested information must be furnished. It is important that you answer all questions on your application completely and accurately, including your original signature. Failure to do so will result in the rejection of your application for consideration.

Position/s applying for: _____

List all professional licenses or certifications you have: _____

How did you hear about this position? _____

Check the programs in which you are willing to accept employment:

- | | | | |
|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> All Programs | <input type="checkbox"/> Prevention/Education Services | Availability | Shifts |
| <input type="checkbox"/> Administration/Fiscal/Records | <input type="checkbox"/> Offender Services | <input type="checkbox"/> Full Time | <input type="checkbox"/> Day |
| <input type="checkbox"/> Youth Services – MH/SA | <input type="checkbox"/> Managed Care Services | <input type="checkbox"/> Part Time | <input type="checkbox"/> Swing |
| <input type="checkbox"/> Adult Services - MH/SA | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Temporary | <input type="checkbox"/> Graveyard |
| <input type="checkbox"/> Senior Services | | | <input type="checkbox"/> Rotating |

Are you over 21 years of age? Yes No

If necessary can you provide documentation verifying your right to work in the United States? Yes No

Have you ever been previously employed by Weber Human Services? Yes No
If yes, position held: _____ When: _____ Supervisor: _____

Are you related to anyone who works for Weber Human Services? Yes No
Provide Name(s) and relationships: _____

Do you have a valid Utah driver’s license? No Yes DL# _____ Exp: _____

WHS conducts criminal background checks on all new hires. The State will not approve those who have been convicted of a misdemeanor or felony for certain offenses. Have you ever been convicted of a misdemeanor or felony that has not been expunged from your record? No Yes, please list: _____
Conviction Date/s _____

Have you graduated from high school? Yes No, please specify GED/other certificate: _____

List languages you speak, read, and/or write other than English: _____

Other skills or training you feel may be useful for employment: _____

EDUCATION : High school and post high school (colleges, universities, vocational or trade schools, etc.).

Name and Location of School	Did You Graduate	Degree Awarded	Major Course of Study

List professional or trade licenses, certificates, or registrations: _____

EXPERIENCE: Fill in this section carefully and completely. Start with your current or most recent position and work backwards. If more space is necessary for listing your experience, use a separate sheet of paper. **YOU MAY NOT USE A RESUME AS A SUBSTITUTE FOR COMPLETING THIS SECTION.**

From (month/year) _____/_____/_____ to _____/_____/_____

Full Time: _____ Years _____ Months

Part Time: Average hours per week _____

Starting \$ _____ Ending \$ _____

Reason for Leaving: _____

You may contact my current employer: Yes No

 Name of Employer

 Major Responsibilities

 Name of Supervisor _____ Phone _____

From (month/year) _____/_____/_____ to _____/_____/_____

Full Time: _____ Years _____ Months

Part Time: Average hours per week _____

Starting \$ _____ Ending \$ _____

Reason for Leaving: _____

You may contact my current employer: Yes No

 Name of Employer

 Major Responsibilities

 Name of Supervisor _____ Phone _____

From (month/year) _____/_____/_____ to _____/_____/_____

Full Time: _____ Years _____ Months

Part Time: Average hours per week _____

Starting \$ _____ Ending \$ _____

Reason for Leaving: _____

You may contact my current employer: Yes No

 Name of Employer

 Major Responsibilities

 Name of Supervisor _____ Phone _____

REFERENCES: Please list the names, addresses, and telephone numbers of three individuals who are not related to you but either supervised you, or are associated, or have been associated with you professionally.

NAME	ADDRESS	TELEPHONE	YEARS KNOWN

EMERGENCY CONTACTS (in case of emergency)

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

VETERAN’S PREFERENCE

If you are claiming veteran’s preference, with the exception of disabled veterans, you must submit a photocopy of your discharge showing the dates of service. If you are a veteran claiming disability, you must also submit a letter of verification dated within the last 90 days.

Do you claim Veteran’s Preference?

YES NO

If yes, “X” one of the following:

- 1. As a war veteran
- 2. As an un-remarried surviving spouse of a veteran.

Do you claim Disabled Veteran’s Preference?

YES NO

If yes, “X” one of the following:

- 1. As a war veteran
- 2. As a spouse of a disabled veteran not gainfully employed due to military related disability.
- 3. As an un-remarried surviving spouse of a disabled veteran.

CERTIFICATION AND RELEASE STATEMENT

Be sure you have answered all questions on your application completely and correctly and considered all statements fully so that your eligibility can be determined utilizing all the facts you have listed. Sign your name below in ink.

The information I have given on or attached to this application is true and correct to the best of my knowledge. Having applied for employment with Weber Human Services, I hereby authorize Weber Human Services to conduct a thorough background check including, but not limited to, references, employment records, convictions, and criminal record. I understand that such background checks will only be made upon final selection for hire and that all information will be kept confidential and released only to authorized individuals. I also understand that any falsification of data on my part will result in disqualification from further consideration prior to hire or dismissal if already hired and that certain offenses may bar me from further consideration or result in termination. I hereby release Weber Human Services from any civil or criminal liability arising from my background check.

I also understand that Weber Human Services will not hire individuals currently abusing drugs or alcohol and therefore uses a pre-employment chemical testing procedure to screen for the presence of drugs and/or alcohol.

Signature: _____ Date: _____

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Hiring decisions will be made without regard to sex, age, race, creed, religion, national origin, ancestry, gender, marital status, disability, or other non-job related criteria.

WHS does not discriminate against particular providers who serve high-risk populations or specialize in conditions that require costly treatment.

WHS does not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely based on that license or certification.

Please fill out this sheet completely. DO NOT sign your name. This sheet will be removed from your application upon receipt. The information you provide is confidential and will not be used in the consideration of your application.

Position applied for: _____

Date: _____

- | Sex | | Age | | Veteran Status | |
|--------------------------|--------|--------------------------|----------|--------------------------|------------------|
| <input type="checkbox"/> | Male | <input type="checkbox"/> | 21 to 25 | <input type="checkbox"/> | Veteran |
| <input type="checkbox"/> | Female | <input type="checkbox"/> | 26 to 35 | <input type="checkbox"/> | Disabled Veteran |
| | | <input type="checkbox"/> | 36 to 45 | | |
| | | <input type="checkbox"/> | 46 to 55 | | |
| | | <input type="checkbox"/> | 56+ | | |

- | Ethnic Group | | | |
|--------------------------|--------------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Asian / Pacific Islander | <input type="checkbox"/> | Black (not of Hispanic origin) |
| <input type="checkbox"/> | Hispanic | <input type="checkbox"/> | Native American / Alaskan Native |
| <input type="checkbox"/> | White (not of Hispanic origin) | <input type="checkbox"/> | Other: (please specify) _____ |