



237 26<sup>th</sup> Street, Ogden, UT 84401  
Phone (801) 625-3613/3788  
Fax (801) 778 - 6878

**PLEASE READ PRIOR TO COMPLETING AND SUBMITTING AN APPLICATION**

**APPLICATION FORM:** Weber Human Services requires all applicants to complete an Official Weber Human Services Employment Application. If you submit a resume without an application you will not be considered for employment. Applications must be submitted (in person or postmarked) no later than 5:00 P.M. on the closing date on the job announcement. Your completed and signed application will be used to determine your qualifications for the available position, so it is important your application is complete. If additional space is needed to state your qualifications, attach additional sheets using the same format. You are required to submit a copy of any license, certification, or registration you claim on your application.

**EDUCATION VERIFICATION:** Photocopies of **official** transcripts are required at the time of application for any position that requires a college degree or college education. If you are applying for a Clinical position, you must submit a copy of your Professional License with your application.

**EMPLOYMENT DRUG SCREEN:** Upon acceptance of any position at Weber Human Services, you must submit to a drug screen within 48 hours of the offer, and successfully pass such drug screen prior to employment.

**CRIMINAL HISTORY and BACKGROUND INVESTIGATION:** Applicants must pass a criminal history background investigation.

**EQUAL EMPLOYMENT OPPORTUNITY:** Weber Human Services is an Equal Employment Opportunity Employer. Everyone who meets the minimum position qualifications will have the same opportunity for employment. Your application will not be rejected because of your race, color, national origin, religion, sex, or disability.

**ADA:** Weber Human Services provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

**VETERAN PREFERENCE:** If you claim veteran preference, you must submit a copy of Form DD214, certifying honorable veteran status. If you claim disabled veteran preference, you must also submit a letter of verification from the Veteran's Administration dated within 90 days.

**MOTOR VEHICLE REPORT:** An official and current Motor Vehicle Report (MVR) is required and must be submitted with your application in order to be considered for a position. Applicants with a Utah Driver License can obtain an MVR through the State Driver's License Division or through the Human Resource Office. If you would like Weber Human Services to obtain an MVR for you, please indicate on the Weber Human Services Applicant Driving History portion of the application. You may be disqualified from any position where driving is an essential function if you have more than 2 tickets on your MRV in a 3 year period.

**PROOF OF VALID UTAH DRIVER'S LICENSE:** A copy of your valid Utah Driver License is required for any position that driving a vehicle is required. If you do not have a valid driver's license, you must submit a non-expired Utah Identification card.

**PROOF OF AUTOMOBILE INSURANCE:** Proof of automobile insurance is required with application. This proof can be a photocopy of your insurance card or policy. Proof of insurance must include the applicant's name, insurance company name, and current policy period.

**SERVICES WITH WEBER HUMAN SERVICES:** **Individuals who have received Mental Health or Substance related services at WHS within the last 2 years (or 1 year for a PEER Support Specialist) are not eligible to work for WHS or a contractor with WHS in clinical programs that have access to clients or client information.**



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## EMPLOYMENT APPLICATION

An Equal Opportunity Employer • Tobacco-Free Workplace  
Applications can be submitted in person at the Information desk, mailed,  
faxed, or emailed to [apply@weberhs.org](mailto:apply@weberhs.org)

Please complete with a blue or black pen or typed

**TITLE OF POSITION APPLIED FOR:** \_\_\_\_\_

**Type of Employment:** ☐ FULLTIME ☐ PART TIME **Shifts:** ☐ Day ☐ Swing ☐ Graveyard ☐ Rotating

**Name:** \_\_\_\_\_ **Social Security #:** XXX-XX-\_\_\_\_\_  
Last Name First Name Middle Initial

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Home Phone:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date Available for Work:** \_\_\_\_\_ **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

**If you have ever worked for Weber Human Services, fill in the following information:**

**Position(s) held:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_

**List any relatives presently employed at Weber Human Services:** \_\_\_\_\_

**If the position you are applying for states that it may require agency driving, you must complete this area:**

**Do you have a valid Utah Driver License?** ☐ Yes, DL#: \_\_\_\_\_ ☐ NO

**Veteran's Preference:** ☐ Yes ☐ No (Please provide a copy of your DD214 showing dates of service.)

**Are you retired from Utah Retirement Systems?** ☐ Yes ☐ No

**Have you, since the age of 18, ever been convicted of violating the law?** Yes ☐ No ☐

**If yes, give dates, details and penalties for each occurrence, including dates of any probationary periods below. Use a separate sheet of paper if necessary. (Note: A conviction may not bar you from employment but will be reviewed as part of your application for the position. Convictions will be judged in relation to time, seriousness, circumstances, and relationship to the position sought).**

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**EDUCATION** (Photocopies of official transcripts and certifications must be submitted to receive credit for education beyond high school).

High School Graduate or GED: ☐ Yes ☐ No If no, enter highest grade completed \_\_\_\_\_

College/University/ Tech School	Dates		Major	Minor	Type of Degree	Month & Year of Degree
	From	To				

Professional, Trade, License, Certifications, etc.	Dates		Type	Number	State	Current?
	From	To				

**EXPERIENCE (List most recent job first)**

**COMPLETE WORK HISTORY IS REQUIRED**

Company Name:		Supervisor's Name/Phone #:	
Company Address:			
Job Title:		Hours worked per week:	
From:    /    /    To:    /    /	Starting wage: \$		Ending wage: \$
Duties:			
Reason for leaving:			

Company Name:		Supervisor's Name/Phone #:	
Company Address:			
Job Title:		Hours worked per week:	
From:    /    /    To:    /    /	Starting wage: \$		Ending wage: \$
Duties:			
Reason for leaving:			

Company Name:		Supervisor's Name/Phone #:	
Company Address:			
Job Title:		Hours worked per week:	
From:    /    /    To:    /    /	Starting wage: \$		Ending wage: \$
Duties:			
Reason for leaving:			

## PROFESSIONAL REFERENCES

Please provide three individuals who are not related to you but either supervised, are associated, or have been associated with you professionally.

Name	Relationship	Email Address	Phone	Years Known

## CERTIFICATION AND RELEASE STATEMENT

I certify the information in or attached to this application is complete and accurate to the best of my knowledge. Any misrepresentation or omission of facts in this application disqualifies me from further consideration, or, if I am employed, is sufficient cause for dismissal. I hereby authorize Weber Human Services (WHS) to conduct a thorough background screening including, but not limited to, references, employment history verification, convictions, and criminal record. I understand that all information will be kept confidential and released only to authorized individuals. I hereby release WHS from any civil or criminal liability arising from my background screens.

*I also understand that WHS will not hire individuals currently abusing drugs or alcohol and therefore acknowledge and agree that my employment is conditional upon successfully passing the pre-employment drug screen by providing a valid sample. I agree to report for a drug screen at IHC Work Med, 1355 West 3400 South, Ogden, Utah, 84401, within 48 hours of notification from Human Resources. I further agree to authorize the release of the results of these screens to WHS.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WEBER HUMAN SERVICES APPLICANT DRIVING RECORD

### DRIVER LICENSES

State:		Endorsements:	Circle One:
License Number:		Commercial (CDL)	Class A
Expiration Date:			Class B
			Class C
Other:		Regular Operator	Class D

### Accident Record for past 3 years (Attach additional sheet if necessary)

Dates	Nature of Accident	Fatalities	Injuries

### Traffic Convictions and forfeitures for the past 3 years (Attach additional sheet if necessary)

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or operating privilege? Yes ☐ No ☐

If yes, provide details:

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Has any license, permit or privilege ever been suspended or revoked? Yes ☐ No ☐

If yes, provide details:

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1. You must attach proof of automobile insurance. Document must include applicant's name and policy period.

2. Motor Vehicle Report Requirement (Please check one and sign the bottom)

☐ I understand that an official and current Motor Vehicle Report (MVR) is required and must be submitted with my application in order to be considered for this position. I have obtained an MVR from the State Driver's License Division and have attached it to this application.

OR

☐ I understand that an official and current Motor Vehicle Report (MVR) is required and must be submitted with my application in order to be considered for this position. I hereby authorize Weber Human Services to retrieve my MVR (Utah only) and use the information contained therein in connection with this application. My date of birth for the MVR is : \_\_\_\_\_

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

\_\_\_\_\_  
Date

## **DRIVER'S LICENSE VERIFICATION**

I certify that I have a valid and appropriate Utah Driver License and that the information contained below is complete and accurate. I agree to notify Human Resources immediately if my license expires or is revoked. I agree that each time I endorse a mileage reimbursement check I am certifying I possess a valid driver's license. I understand if I drive a vehicle while in the course of performing my job without a valid and appropriate license I will be subject to disciplinary action which may include termination.

<b>Driver License Number</b>	<b>Type of License</b>	<b>Expiration Date</b>

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## **AUTO INSURANCE VERIFICATION**

I certify that I have at least the minimum insurance required by Utah State Laws on each vehicle I operate while performing my job. I agree to have such coverage in effect while using my vehicle(s) when employed. I agree to notify Human Resources immediately if my insurance coverage ceases to be in effect for any reason. I agree that each time I endorse a mileage reimbursement check I am certifying my insurance coverage is still in effect. I understand that if I drive a vehicle while in the course of performing my job without the minimum coverage amounts I will be subject to disciplinary action which may include termination.

I understand the minimum insurance required by Utah State Law includes the following:

1. No fault coverage (PIP).
2. A "25-65-15" liability policy which covers at least \$25,000 per individual for bodily injuries and \$65,000 total per accident which can be used for bodily injuries or property damage.
3. Property damage coverage of at least \$15,000.
4. Uninsured motorist coverage of \$25,000 per person and \$65,000 per accident.

I understand and agree to follow all conditions in the Driver License Verification and Auto Insurance Verification.

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**Applicant Signature**

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**Date**

## ALCOHOL AND DRUG TESTING NOTICE AND CONSENT FORM

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

Position Applied for: \_\_\_\_\_

As part of the employment/volunteer process, I hereby voluntarily agree to be tested for the presence of controlled substances and alcohol in my body. I understand that I must successfully pass a drug test as a condition precedent to my employment/volunteering. Further, I understand that while I am employed/volunteering by Weber Human Services I may be subject to drug testing under certain circumstances as specified in the Drug free workplace testing policy.

I hereby acknowledge and agree that my employment/volunteering is conditional upon successfully passing a drug test. I agree to report for a drug test at **Ogden WorkMed at 1355 Hinckley Drive, Ogden Utah 84405 within 48 hours of notification to report for drug testing.** I understand and agree that if I do not successfully complete the drug test within 48 hours of receiving the authorization that I may lose the position that has been conditionally offered to me. I further agree to authorize the release of the results of these tests to Weber Human Services. This release will expire six (6) months from the date I sign below.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

## WEBER HUMAN SERVICES AFFIRMATIVE ACTION DATA

To better assist Weber Human Services in meeting our Equal Employment Opportunity requirements including affirmative action, we would appreciate your responses to the information below. The information requested on this sheet is strictly voluntary. This information will assist Weber Human Services in applicant tracking, reporting, and other legal requirements. Consideration of your application will not be impacted if you choose not to fill out this form. This information is used for statistical purposes only and will be detached from your application during the recruitment process. If you are hired, the information will be used to assist Weber Human Services in complying with Federal Reporting Requirements.

Position applied for: \_\_\_\_\_

### How did you learn about this position?

- |   |   |
|---|---|
| <input type="checkbox"/> Weber Human Services Website         | <input type="checkbox"/> Friend                         |
| <input type="checkbox"/> Newspaper                            | <input type="checkbox"/> Division of Workforce Services |
| <input type="checkbox"/> College/University job board         | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Weber Human Services employee: _____ |   |

Your Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

### Race/Ethnic Identification (please mark all racial/ethnic categories that apply to you):

- ☐ **White:** Persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
- ☐ **Black/African American:** Persons having origins in any of the Black racial groups of Africa.
- ☐ **Hispanic/Latino:** Persons of Mexican, Puerto Rico, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, China, India, Japan, Korea, Malaysia, Thailand, Vietnam, and the Philippine Islands.
- ☐ **Native Hawaiian or other Pacific Islander:** Persons having origins in any of the original peoples of Hawaii, Samoa, Guam, or other Pacific Islands.
- ☐ **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.