



# WEBER HUMAN SERVICES

237 26<sup>th</sup> Street Ogden, Utah 84401 ♦ 801-625-3658/625-3788 ♦ Fax: 801-778-6878

## EMPLOYMENT APPLICATION

An Equal Opportunity Employer • Tobacco-Free Workplace

Applications can be submitted in person at the Information desk,  
faxed, emailed to [apply@weberhs.org](mailto:apply@weberhs.org) or mailed.

**Individuals who have received 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.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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

**IMPORTANT: YOUR APPLICATION WILL NOT BE FORWARDED UNLESS ALL REQUESTED INFORMATION IS FURNISHED.** The information you provide will be used to determine your qualifications for employment. It is important that you answer all questions on this application completely and accurately and sign the last page.

Position(s) you are applying for: \_\_\_\_\_  
**(if you are applying for any clinical position you must submit a copy of your license with your application)**

Type of Employment Desired:  Full Time  Part Time    Shifts:  Day  Swing  Graveyard  Rotating

Date Available for Work: \_\_\_\_\_ Are you over 21 years of age?  Yes  No

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

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

Were you previously employed by Weber Human Services?  Yes  No

If yes, position(s) held: \_\_\_\_\_ Date(s): \_\_\_\_\_

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

Are you related to or know anyone who works for Weber Human Services?  Yes  No

Provide Name(s) and relationship(s): \_\_\_\_\_

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

Do you have a valid Utah driver license?  Yes DL# \_\_\_\_\_  No

Have you, since the age of 18, been convicted of a crime, excluding minor traffic offenses?  Yes  No

If yes, give dates, details and penalties for each occurrence, including dates of any probationary periods on a separate sheet. (Note: Each conviction will be judged in relation to time, seriousness, circumstances, and relationship to the position sought, and will not necessarily bar you from employment.)

\_\_\_\_\_

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

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

List professional or trade licenses, certificates, registrations (Type, Lic. #, State & Issue Date): \_\_\_\_\_

**(if you have any of the above, you must submit a copy with your application)**

Professional or trade license violations?  Yes  No If yes, please explain \_\_\_\_\_

**EXPERIENCE: YOU MAY NOT USE A RESUME AS A SUBSTITUTE FOR COMPLETING THIS SECTION. YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS ALL REQUESTED DIRECTIONS ARE FOLLOWED.** Start with your current or most recent position and work backwards. If more space is needed use a separate piece of paper.

Employer \_\_\_\_\_ Employed From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Full Time  Part Time  Hourly Wage \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Responsibilities \_\_\_\_\_

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

May we contact supervisor for a reference?  Yes  No If no, please explain \_\_\_\_\_

Employer \_\_\_\_\_ Employed From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Full Time  Part Time  Hourly Wage \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Responsibilities \_\_\_\_\_

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

May we contact supervisor for a reference?  Yes  No If no, please explain \_\_\_\_\_

Employer \_\_\_\_\_ Employed From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Full Time  Part Time  Hourly Wage \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Responsibilities \_\_\_\_\_

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

May we contact supervisor for a reference?  Yes  No If no, please explain \_\_\_\_\_

Have you graduated from high school?  Yes  No

**EDUCATION: Post high school (colleges, universities, vocational or trade schools, etc.)**

NAME AND LOCATION OF POST HIGH SCHOOL EDUCATION	DID YOU GRADUATE	DEGREE AWARDED	MAJOR COURSE OF STUDY

**PROFESSIONAL REFERENCES:** Please list three individuals who are not related to you but either supervised, are associated, or have been associated with you professionally.

NAME	RELATIONSHIP	TELEPHONE	YEARS KNOWN

**VETERAN'S PREFERENCE:**  Yes  No If you are claiming veteran or disabled veteran status, please provide a copy of your DD-214 showing dates of service.

**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. If the job I am applying for may or will require on-the-job driving, I hereby authorize WHS to obtain a copy of my motor vehicle driving record and use the information contained therein in connection with this application. 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 24 hours of notification from Human Resources. I further agree to authorize the release of the results of these screens to WHS.*

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