

# Rural Utah Child Development Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT CLEARLY)

Position(s) Applied For:

Date of Application:

How Did You Learn About Us?

☐ Advertisement

☐ Relative

☐ Inquiry

☐ Employment Agency

☐ Friend

☐ Other (Please Explain):

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Telephone Number(s)

Social Security Number

Best time to contact you at home is: .....:.....AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... ☐ Yes ☐ No

Have you ever filed an application with us before?..... ☐ Yes ☐ No  
If Yes, give date:.....

Have you ever been employed with us before?..... ☐ Yes ☐ No  
If Yes, give date:.....

Do any of your friends or relatives, including spouse, work here? ..... ☐ Yes ☐ No

Are you currently employed? ..... ☐ Yes ☐ No

May we contact your present employer? ..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ..... ☐ Yes ☐ No  
*Proof of citizenship or immigration status will be required upon employment.*

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:

☐ Full-Time

☐ Part-Time

☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if a job requires it? ..... ☐ Yes ☐ No

Have you ever been convicted of a felony in the last five years? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Names and School Address	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number				
		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number				
		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number				
		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
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Job Title	Supervisor	Starting	Final	
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number				
		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

## Additional Information

### Other Qualifications.

Summarize special job-related skills and qualifications acquired from employment or other experience.

### Specialized Skills.

(Check skills and circle the rate of your proficiency level)

- |   |  |
|---|--|
| <input type="checkbox"/> Computer                   | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> Typing   Average WPM _____ | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> Internet                   | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> Copier                     | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> Fax Machines               | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> Microsoft Excel            | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> Microsoft Word             | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> Microsoft Outlook          | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> Corel Word Perfect         | (Not Proficient) 1   2   3   4   5 (Very Proficient) |

List any other additional programs, machines and/or skills below and rate your proficiency.

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
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| <input type="checkbox"/> | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> | (Not Proficient) 1   2   3   4   5 (Very Proficient) |
| <input type="checkbox"/> | (Not Proficient) 1   2   3   4   5 (Very Proficient) |

State any additional information you feel may be helpful to us in considering your application.

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ☐ Yes ☐ No

# References

Do not list relatives or former / current employees. Please list home and work phone numbers.

Reference # 1	
Name:	Relationship:
Address:	City/State/Zip Code:
Home Phone Number:	Work Phone Number:
Reference # 2	
Name:	Relationship:
Address:	City/State/Zip Code:
Home Phone Number:	Work Phone Number:
Reference # 3	
Name:	Relationship:
Address:	City/State/Zip Code:
Home Phone Number:	Work Phone Number:

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For:

# Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: ☐ Yes ☐ No

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer / Date

Employed: ☐ Yes ☐ No

Date of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date