ADVANTAGE SERVICES APPLICATION FOR EMPLOYMENT



Please complete and Fax to 385 528-1127 Office Phone 385 528-1130 513 West 800 South SLC, UT 84101

	Please pri	nt ciearly in in)K			
oday's Date: Referred By:			Prev	ious Employ	yee: YES /	
Name:						
Title of position you are applying for:						
Address:						
Street Address		City	St	ate	Zip Code	
Home Phone:	S	econdary Pho	one:			
	Full-time Rotation		Part-time Temporar On call Job share		_	
Do you claim veteran's preference?	Yes / No	(if yes, you	must provide a	a copy of fo	rm dd214)	
Are you currently qualified for social sect (Choose all that apply)	urity entitleme	ents? SSI	SSDI	TANF		
Have you worked in: TEP TI (Choose all that apply)	PE/TWE	Supported E	Employment			
Name of person to contact in case of an	emergency:			_ Phone # _		
Are you currently employed? Yes /	No Name	of employer	r:			
(Submit copies of college or universit	y transcripts with y	our application if	you wish to receive	credit for your	education.)	
College business or technical college	Official major	Qtr hrs	Sem hrs	Degree	Type Degree	
Trade school, apprentice, correspondence	Subject or field	No. Of Months	Total hours	Course compltd	Type of cert.	
Professional or trade certificates						
	Kind	Num	nber	State	_	
Special licenses	Kind	Num	ahor	State		
	Kind	Mill	nner	State		

Please read carefully: you may attach a resume or an official supplemental form to your application. Include all information requested on the job announcement and application form. Be as specific as possible. All statements are subject to investigation and for certain positions, employment may be contingent upon the satisfactory completion of a salt lake county sheriff's office or other law enforcement criminal records check. You must sign the employment application. Copies of the application may be submitted, but an original signature is always required.

Your placement for interviewing will be determined by a rating of your education and/or experience and affirmative employment qualifications. You will receive notification indicating whether your name was referred for an interview, generally within two weeks of the closing date of the announcement.

Employer Name: Full time Hrs per wk **Employer Address:** Part time Job Title: Volunteer Dates: Duties: Apprentice Intern Reason for leaving or seeking other employment: Supervisor's Name: Supervisor's Title: Hrs per wk Employer Name: Full time Employer Address: Part time Job Title: Volunteer Dates: **Duties:** Apprentice Intern Reason for leaving or seeking other employment: Supervisor's Name: Supervisor's Title: Employer Name: Full time Hrs per wk **Employer Address:** Part time Job Title: Volunteer **Dates Duties:** Apprentice Intern Reason for leaving or seeking other employment Supervisor's Name: Supervisor's Title: Hrs per wk Employer Name: Full time Employer Address: Part time Job Title: Volunteer **Dates** Duties: Apprentice Intern Reason for leaving or seeking other employment: Supervisor's Name: Supervisor's Title: Special Training: THE INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE: SIGNATURE OF APPLICANT: _____ Do you have a prior medical injury which may not allow you to perform an essential function of this job? Yes / No if yes, Explain: Special insurance requirements when required to drive? Yes / No If yes, what requirements: _____ Do you have a current Utah driver's license? Yes / No If you have a license: license number: _____ State: ____ Date of issue: _____

(list most recent job first)

Have you had the following:
(Choose all that apply)

Experience:

Job interest questionnaire:	Name:
(answering these questions is optional)	Date:

Please circle the three positions you are most interested in:				
Building maintenance/painting				
Carpet cleaning/bio-chemical				
Custodial/janitorial				
Document imaging/shredding				
Grounds maintenance/snow removal				
Housekeeping/laundry				
Office/other				
How will you get to work?				
Do you have a current driver's license? Or state ID? Yes / No				
Do you have a copy of your Social Security Card? Yes / No				
Do you have criminal convictions? Yes / No				
If yes, what were you convicted of and list Misdemeanor or Felony:				
Advantage Services is a non-profit and collects data for reporting on grants received or applied for.				
The following questions are used solely for the purpose of these reports and EEOC reporting:				
Answering is voluntary and will not determine whether you are hired or not.				
What is you Ethnicity:				
Are you a Veteran? Yes / No				
Are you currently homeless? Yes / No If no, Were you previously homeless? Yes / No				
Are you working with Utah State Office of Rehabilitation? Yes / No				
if yes, who is your counselor:				
Are you a client of Valley Behavioral Health? Yes / No				
if yes, who is your counselor:				
Are you taking any medication which may affect your working habits? Yes / No				
If yes, what accommodations might you need?				
Do you feel you will be able to work the scheduled hours? Yes / No				
Do you icci you will be able to work the scheduled Hours: I es / INO				