



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 print clearly in ink

Today's Date: _____ Referred By: _____ Previous Employee: Yes / No

Name: _____
Last First

Title of position you are applying for: _____

Address:

_____ Street Address City State Zip Code

Home Phone: _____ Secondary Phone: _____

Type of employment desired Full-time Part-time Temporary Seasonal

Do you claim veteran's preference? Yes / No (if yes, you must provide a copy of form dd214)

Are you currently qualified for social security entitlements? SSI SSDI TANF
(Check all that apply)

Name of person to contact in case of an emergency: _____ Phone # _____

Are you currently employed? Yes / No Name of employer: _____

(Submit copies of college or university transcripts with your application if you wish to receive credit for your education.)

College business or technical college	Official major	Qtr. Hrs.	Semester hrs.	Degree	Type Degree
Trade school, apprentice, correspondence	Subject or field	No. Of Months	Total hours	Course completed	Type of cert.

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.

Advantage Services, Inc. is an affirmative business employer

Work History

Employer Name:	<input type="checkbox"/>	Full time	Hrs. per wk.
Employer Address:	<input type="checkbox"/>	Part time	
Job Title:	<input type="checkbox"/>	Volunteer	Dates:
Duties:	<input type="checkbox"/>	Apprentice	
	<input type="checkbox"/>	Intern	
Reason for leaving or seeking other employment:	Supervisor's Name:		
	Supervisor's Title:		

Employer Name:	<input type="checkbox"/>	Full time	Hrs. per wk.
Employer Address:	<input type="checkbox"/>	Part time	
Job Title:	<input type="checkbox"/>	Volunteer	Dates:
Duties:	<input type="checkbox"/>	Apprentice	
	<input type="checkbox"/>	Intern	
Reason for leaving or seeking other employment:	Supervisor's Name:		
	Supervisor's Title:		

Employer Name:	<input type="checkbox"/>	Full time	Hrs. per wk.
Employer Address:	<input type="checkbox"/>	Part time	
Job Title:	<input type="checkbox"/>	Volunteer	Dates:
Duties:	<input type="checkbox"/>	Apprentice	
	<input type="checkbox"/>	Intern	
Reason for leaving or seeking other employment:	Supervisor's Name:		
	Supervisor's Title:		

Employer Name:	<input type="checkbox"/>	Full time	Hrs. per wk.
Employer Address:	<input type="checkbox"/>	Part time	
Job Title:	<input type="checkbox"/>	Volunteer	Dates:
Duties:	<input type="checkbox"/>	Apprentice	
	<input type="checkbox"/>	Intern	
Reason for leaving or seeking other employment:	Supervisor's Name:		
	Supervisor's Title:		

Special Training:

1. Do you have a medical condition which may not allow you to perform the required job? Yes / No if yes, Explain: _____
2. Do you require special ADA Work accommodation for the job you're applying for Yes / No
If Yes What Accommodations: _____
3. Do you have a current Utah driver's license? Yes / No
4. If you have a license: license number: _____ State: _____ Date of issue: _____
5. Have you had the following: DUI Reckless driving 2 violations within 12 months?
(Check all that apply)
6. Can you pull a trailer and back one up? Yes / No

THE INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF APPLICANT: _____