



EMPLOYMENT APPLICATION

4795 W. Mount Ogden Peak Drive
Herriman, UT 84096
Phone (801) 727-8260
Fax (801) 727-8282

Please complete all questions, marking N/A if not applicable. Attach your Resume. Your resume becomes part of this application. Applications are retained on file for one (1) year. If you require an accommodation to complete this application or require assistance during the interview process, please notify the Human Resources Department (Business Manager). Providence Hall is an Equal Opportunity Employer.

Date: _____

Last Name First Name M.I.

Complete Street Address

City, State, Zip

(_____) (_____) _____
Phone Number Cell Number

E-mail Address

If hired, can you provide proof that you are a US citizen or are legally permitted to work in the US? Yes No

Date available to start work

Salary Desired

Teachers Only:
Do you hold a valid Utah Teacher's Certification? Yes No

If yes, type of certification: _____
Do you hold a valid Utah Administrator's Cert.? Yes No

List other state licenses held or other states' licenses if applicable (i.e. Teaching Certificate in Idaho, etc.)

Please list any State Approved Endorsements
Have you ever had a Professional License suspended or revoked? Yes No Explain: _____

Are you proficient in:
 Windows XP or 7 Apple Mac OSX MS Office e-mail
 the Internet PowerSchool Utah's SIS 2000+

Have you been convicted of any crime, other than minor traffic violations? Yes No (please provide details)

Applying for: Elementary (K-6) Secondary (7-12)
 Full Time Part Time

Teacher— List Subject(s): _____
 Teacher's Aide
 Other Position: _____

Hours Available: _____

Undergraduate Education

(1) College or University Name

Address, City, ST, Zip

Dates Attended Degree Received

(2) College or University Name

Address, City, ST, Zip

Dates Attended Degree Received

(3) College or University Name

Address, City, ST, Zip

Dates Attended Degree Received

Postgraduate Education

(1) College or University Name

Address, City, ST, Zip

Dates Attended Degree Received

(2) College or University Name

Address, City, ST, Zip

Dates Attended Degree Received

Other Education, Training or Honors

Published Works (include dates)



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Three Personal References

_____		Relationship to You
_____ ()		
City, ST	Phone	Years Known

_____		Relationship to You
_____ ()		
City, ST	Phone	Years Known

_____		Relationship to You
_____ ()		
City, ST	Phone	Years Known

Certifications

I understand and agree that this application does not guarantee employment and is not a contract. I understand that if the school makes an employment offer, acceptance of employment is not a contract of employment for a specified term. This application does not create any expectation of employment or continued employment. I understand that the school employee/employer relationship is an at-will relationship and can be terminated by either party at any time, with or without cause, and with or without notice. I understand that the Human Resources Department will make all formal offers of employee compensation and/or benefits. I understand that any handbooks, manuals, policies and procedures maintained by the school are not contractual in nature, and therefore may be waived, suspended, amended or abolished at the sole discretion of the school at any time. Should I become an employee of the school, I will abide by the terms of the school's policies, which are subject to change or amendment and will conduct myself in an ethical and legal manner. I will, in addition, obey all of the laws of the United States, the State of Utah and of all localities where the school operates.

I both understand and do authorize the school to perform a Criminal Background Check on me and to make such investigations and inquiries of my criminal, personal, social and employment histories; and other related matters as may be necessary in arriving at an employment decision or to qualify for and upon employment. I hereby release the school, former employers and any other persons from any and all liability in regards to discussing and/or releasing information in connection with the schools due diligence efforts regarding my employment application and related paperwork. If I am offered and choose to accept employment with the school, I understand I will be required to demonstrate within three (3) days that I am legally permitted to work in the United States. Failure to provide evidence of Employment Eligibility Verification will result in termination of employment.

I certify that the information furnished herein was completed by me and that all supporting documents and my Resume (if included) are true and complete to the best of my knowledge. I understand that any omission or misrepresentation of material facts on any record or document submitted for employment will constitute grounds for denial of employment or immediate termination of employment regardless of the timing of discovery.

Equal Employment Opportunity (EEO) Policy Statement

It is the policy of the school to promote equal employment opportunities. The school is an equal opportunity employer. The school will not discriminate, nor tolerate discrimination, against any applicant or employee because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other group protected by law.

I have read and understand the Certifications. (check box).

Print Name Date

Signature Total number of pages attached: _____

Employment History *(please list most recent position first)*

_____ ()	
(1) Employer Name	Phone

Name & Title of Direct Supervisor	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Address, City, ST, Zip	

Date Employed (MO/YR)	from to

Position (position, grades, subjects taught if education)	

Starting and Ending Salary	

Additional Compensation <i>(Incentive Pay, Bonuses, etc.)</i>	

Reason for Leaving <i>(please be specific)</i>	
_____ ()	
(2) Employer Name	Phone

Name & Title of Direct Supervisor	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Address, City, ST, Zip	

Date Employed (MO/YR)	from to

Position (position, grades, subjects taught if education)	

Starting and Ending Salary	

Additional Compensation <i>(Incentive Pay, Bonuses, etc.)</i>	

Reason for Leaving <i>(please be specific)</i>	
_____ ()	
(3) Employer Name	Phone

Name & Title of Direct Supervisor	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Address, City, ST, Zip	

Date Employed (MO/YR)	from to

Position (position, grades, subjects taught if education)	

Starting and Ending Salary	

Additional Compensation <i>(Incentive Pay, Bonuses, etc.)</i>	

Reason for Leaving <i>(please be specific)</i>	
_____ ()	