



Providence City Corp.
 164 North Gateway Drive
 Providence, Utah 84332
 HR Dept. (435) 752-9441
 Fax (435) 753-1586
www.providencacity.com

APPLICATION FOR EMPLOYMENT

We Are An Equal Opportunity Employer

We recruit, hire, train, and promote without discrimination due to race, color, religion, gender, national origin, ancestry, martial status, age, or disability.

Instructions: Please type or print clearly all required information in ink. If you need additional space for any of the following questions, attach an additional sheet or use the section marked "Additional Information" on page 3 of this application. Late applications will not be considered. Information not included on this application, or submitted resume, will not be assumed. All sections must be completed thoroughly.

EMPLOYMENT DESIRED	Position applying for _____ Date _____
	Type of employment seeking: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Hours per week _____
	Are you available to work: Overtime Yes <input type="checkbox"/> No <input type="checkbox"/> Days Yes <input type="checkbox"/> No <input type="checkbox"/> Weekends Yes <input type="checkbox"/> No <input type="checkbox"/> Evenings Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date you could begin employment: _____
	Have you ever been employed by Providence City? Yes <input type="checkbox"/> No <input type="checkbox"/> Position: _____ Date: _____

PERSONAL INFORMATION	Name: Last _____ First _____ Middle _____
	Address _____ City _____ State _____ Zip _____
	Email Address: _____ Telephone Number () _____ Alternate Telephone Number () _____
	Do you have a legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of citizenship or immigration status will be required upon employment)
	List any relatives who are currently employed by Providence City Corp.: Name: _____ Relationship _____ Department _____
	Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State _____
	Do you have a commercial license? Yes <input type="checkbox"/> No <input type="checkbox"/> State _____ Endorsements/Class: _____
	Has your license been suspended or revoked in the last two _____ Yes <input type="checkbox"/> No <input type="checkbox"/> years? If yes, explain in detail the violation, date, and state in which the violation occurred : _____ _____ _____

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

You may exclude information which would indicate your race, color, religion, gender, national origin, disability, age, or any other protected status.

EDUCATION

High School (name and city): _____
 Did you graduate? Yes No If no, do you have a high school GED or equivalent? Yes No

College or other schooling:	Location (city, state)	Did you graduate?	Diploma or degree	Course of study	Minor(s)

Describe any specialized training, apprenticeships, skills, or extra-curricular activities relevant to this position:

Describe any honors you have received: _____

Indicate any foreign languages you can speak, read, and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

**LICENSES/
CERTIFICATION**

Please list any professional licenses or certifications that are relevant to the position for which you are applying, ex: CPR, Lifesaving, Water/Wastewater, Police Officer Standard Training, Commercial Driver's License, etc:

**SPECIAL
SKILLS**

Summarize special job-related skills and qualifications acquired from employment or other experiences. Include computer related experience, machinery, equipment, other skills, etc: _____

**ADDITIONAL
INFORMATION**

Have you received NIMS (National Incident Management Systems) training? _____ If yes, what levels?

Please include any additional information that you think would be applicable, ex: professional, trade, business, or civic activities, additional employment, and explanations of any gaps in employment. _____

REFERENCES

Please give the name, address, and day-time phone number of three (3) references who are not related to you and are not previous employers.

Name _____	Address _____	Day Phone () _____
Name _____	Address _____	Day Phone () _____
Name _____	Address _____	Day Phone () _____

APPLICANT'S CERTIFICATION AND AGREEMENT

It is very important that you read this section carefully and that you fully understand it before you sign it. This section affects your legal rights. If you have any questions, please ask a Providence City Human Resource representative before you sign this application. **Please initial each statement showing that you have read and have understood each statement.**

- Initial _____ In exchange for the Providence City's consideration of this employment application:
1. I promise that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely on my statements to you in making your decision whether to hire me.
 2. I understand and agree that Providence City, any agent acting on their behalf, as well as any other person responding to a reference request to the application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.
 3. I understand and agree with the fact that Providence City maintains a drug-free workplace, that maintenance of same is essential to the safety of the workplace and employees, and that I will be required to undergo a pre-employment drug and/or alcohol screening and testing, and/or practical exercises designed to ascertain my suitability for employment and/or the job(s) for which I am being considered. I also understand and agree that I will be subject to such testing during the course of my employment and I specifically agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that, subject to applicable law, Providence City shall be the sole judge of the acceptability of any test results.
 4. I acknowledge that I have been advised that Providence City is an Equal Opportunity Employer, that Providence City does not discriminate against persons who are physically or mentally disabled, and that Providence City administers its employment policies in a nondiscriminatory manner.
 5. I understand that I have an opportunity to review a copy of Providence City's Employee Handbook, and that if I so desire, I can review said handbook before I submit this employment application. I agree to abide by the terms and conditions of all Providence City's rules and regulations. I also understand that personnel policies, programs, and procedures may of necessity change from time to time without prior notifications.
 6. I understand and agree that, if hired, my employment will be at will, and that I or Providence City can terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us. I also understand that if I am hired, Providence City has a six (6) month "Introductory Period" during which I am expected to determine as quickly as possible whether I wish to continue working for Providence City, just as Providence City will determine as quickly as possible whether it wants me to continue working for Providence City. Nothing about this Introductory Period, or its completion, changes the fact that, if hired, my employment will be at will. I also understand that no one at Providence City, or any Providence City client, has authority to alter any of the terms and conditions of this application or Providence City's employment policies, except those specified in the Providence City's Employee Handbook.
 7. I understand and agree that work schedules and requirements vary and can be unpredictable, and that, while Providence City will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of employment.
 8. I understand that this application will be kept on file for a period of 12 months after which the application will be destroyed. However, if I am employed, then this application will become a part of my permanent record. I also understand that Providence City only accepts applications and/or resumes for vacant positions.
 9. I have read or have had this application read to me, and I understand everything on this application.

Printed Name Applicant _____
 Signature _____
 Date _____

Printed Name Witness (required) _____
 Signature _____
 Date _____
 "Witness" can be anyone over the age of 18 other than yourself