



TURN COMMUNITY SERVICES

APPLICATION FOR EMPLOYMENT

It is important for you to fill out this form legibly and completely. We must be able to verify your prior employment and to contact your references. We will not consider incomplete or unreadable applications.

All sections must be completed even when a resume is attached.

PERSONAL DATA

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Over 18 years old? ()Yes, ()No. TURN cannot hire anyone under 18. If under 18, give birth date: _____

Current Driver's License? ()Yes, ()No. **Driver's License #:** _____ State: _____

Emergency Contact Person: _____ Phone #: _____

Please provide name(s) of all relatives or friends currently working for TURN: _____

EMPLOYMENT DESIRED

Positions applying for: 1. _____ 2. _____

Check everything you wish to be considered for:

SCHEDULE		CATEGORY	LOCATION
<input type="checkbox"/> 30-40 Hours	<input type="checkbox"/> Weeknights	<input type="checkbox"/> Summertime Only	<input type="checkbox"/> Salt Lake City
<input type="checkbox"/> 20-30 Hours	<input type="checkbox"/> Afternoon/Evening	<input type="checkbox"/> Year Round	<input type="checkbox"/> Salt Lake County/Bountiful
<input type="checkbox"/> Less than 20 Hours	<input type="checkbox"/> Weekends		<input type="checkbox"/> Davis <input type="checkbox"/> Weber
<input type="checkbox"/> Weekdays	<input type="checkbox"/> Swing/Overnight		<input type="checkbox"/> Provo/Orem
	<input type="checkbox"/> Grave/Overnight		<input type="checkbox"/> St. George <input type="checkbox"/> Cedar City

Explain Schedule Limitations: _____

Do you have your own transportation? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Supervisor's Name: _____ Phone#: _____

Have you ever been charged with any crime? (Omit minor traffic offenses) Yes No

If yes, please explain the charge and give dates: _____

• Court Records will be required at orientation if hired.

HOW DID YOU LEARN ABOUT US?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Employment Agency/WFS	<input type="checkbox"/> Invitation from TURN	<input type="checkbox"/> Walk In	

EDUCATION

	High School	College or University	Graduate or Professional	Business or Technical
Name of School				
Location: City & State				
Circle years completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma or degree				
What kind?				
Major Course of Study				

IMPORTANT: Please fully describe additional skills, training, volunteer work, interests, or life experiences which may contribute to the type of work you are seeking.

List Permits, Certificates, professional licenses, etc., currently held:

REFERENCES

Please list three people **NOT RELATED TO YOU** and who have definite knowledge of your qualifications for the position for which you are applying. **These numbers must be completed even if a resume has been attached. The application will not be processed without them.**

NAME	ADDRESS	WORK PHONE	HOME PHONE	YRS KNOWN

EMPLOYMENT HISTORY

Please fill out this section completely. Begin with your most recent employment and work backwards.

Each section must be completed even if a resume has been attached. TELEPHONE NUMBERS ARE REQUIRED.

Employer: _____ **Telephone:** _____

Complete Address:

Street _____ Supervisor: _____

City _____ State _____ Zip _____

Your Title: _____ Dates worked From: _____ To: _____

Describe Duties: _____

Reason for Leaving: _____

Employer: _____ **Telephone:** _____

Complete Address:

Street _____ Supervisor: _____

City _____ State _____ Zip _____

Your Title: _____ Dates worked From: _____ To: _____

Describe Duties: _____

Reason for Leaving: _____

Employer: _____ **Telephone:** _____

Complete Address:

Street _____ Supervisor: _____

City _____ State _____ Zip _____

Your Title: _____ Dates worked From: _____ To: _____

Describe Duties: _____

Reason for Leaving: _____

Employer: _____ **Telephone:** _____

Complete Address:

Street

Supervisor: _____

City State Zip

Your Title: _____ Dates worked From: _____ To: _____

Describe Duties: _____

Reason for Leaving: _____

Please explain any breaks of 6 months or more in employment history:

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained for employment as may be necessary in arriving at an employment decision. I understand that false, misleading, or incomplete information given in my application or interview(s) may result in discharge. I also understand that I may be asked to furnish verification of any of the information contained in this application. If hired, I agree to abide by all rules and regulations of the agency, which will include a criminal background and driving record check, and may include fingerprinting and testing for drug abuse.

Signature of Applicant: _____ **Date:** _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. TURN Community Services is an at-will employer.

Return Application to:

850 So. Main. Salt Lake City, Utah 84101.	Phone (801) 359-8876	Fax (801) 359-2915
393 So. State Suite B. Clearfield, Utah 84015	Phone (801) 779-0067	
3544 Lincoln Ave Suite G, Ogden, Utah 84403	Phone (801) 392-0240	
1921 N. 1120 W. Provo, Utah 84604	Phone (801) 343-3900	Fax (801) 343-3925
295 So, 200E. Cedar City, Utah 84720	Phone (435) 586-1128	Fax (435) 586-8978
334 W. Tabernacle. Suite F, St. George, Utah 84770	Phone (435) 673- 5251	Fax (435) 673-5265

Web Sight: www.turncommunityservices.org

Email Address: turnjobs@gmail.com

INFORMATION RELEASE AUTHORIZATION

I, _____ hereby authorize you to release the requested information from my confidential personnel file to TURN Community Services, a prospective employer.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. A photocopy of this authorization shall be deemed as effective as the original

Signature

Date

Phone Number: _____

Please list all names under which enrolled or employed (Please Print):

Social Security Number: _____ / _____ / _____

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