



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: _____

Do you have your own transportation? (This does not include mass transit or rides to/from work) Yes No

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"/> Summertime Only	<input type="checkbox"/> St. George
<input type="checkbox"/> 20-30 Hours	<input type="checkbox"/> Year Round	<input type="checkbox"/> Cedar City
<input type="checkbox"/> Less than 20 Hours		<input type="checkbox"/> Richfield
<input type="checkbox"/> Weekdays		
<input type="checkbox"/> Weeknights		
<input type="checkbox"/> Afternoon/Evening		
<input type="checkbox"/> Weekends		
<input type="checkbox"/> Swing/Overnight		
<input type="checkbox"/> Grave/Overnight		

Explain Schedule Limitations (why you cannot work at specific times &/or days)

Are you currently employed? No Yes → May we contact your current employer? Yes No

Supervisor's Name: _____ Phone#: _____

Have you ever been convicted of a crime? This includes **Pleas in Abeyance** (it is a conviction), or **Major Moving Violations** * 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* (Who)	<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 Technical
Name of School				
Location: City & State				
Circle Years Completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 2 4
Diploma/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 names/numbers must be completed even if a resume has been attached. The application will not be processed without them

Name	Address	Contact Phone #	Yrs Known

EMPLOYMENT HISTORY

This includes all positions whether related to this field of employment or not.

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 all 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 (this may include contacting/use of information provided by the " **Work Number**") 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 or clarification 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:
 295 So, 200 E. Cedar City, Utah 84720 Phone 435-586-1128 Fax 435-586-8978
 334 W. Tabernacle. Ste F. St. George Utah 84770 Phone 435-673-5251 Fax 435-673-5265
 423 W. 800 S. Suite A200, Salt Lake City, Utah 84101 Phone 801-359-8876 Fax 801-359-2915

Web Sight: www.turncommunityservices.org

Email Address: turnjobs@turndreams.org

INFORMATION RELEASE AUTHORIZATION

I, _____ hereby authorize

Please Print your Name

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 your names under which you have been enrolled or employed (Please Print):

Social Security Number: _____ / _____ / _____

TURN Community Services
423 West 800 South Suite A200 Salt Lake City, Utah 84101
801-359-8876
Fax 801-359-2915
www.turncommunityservices.org