

EMPLOYMENT APPLICATION



5101 S COMMERCE DRIVE
MURRAY, UT 84107
(801) 262-7476

EMI Health is an Equal Employment Opportunity (EEO) employer as defined by the EEOC.

(PLEASE PRINT)

Position Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	Other _____		
Last Name		First Name	Middle Name	
Address Number	Street	City	State	Zip
Telephone Number(s)			Social Security Number	

Best time to contact you at home is: _____ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO
If yes, give the date. _____

Have you ever been employed with us before? YES NO
If yes, give the date. _____

Do any of your friends or relatives, other than spouse, work here? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a felony within the last five years? YES NO

Can you travel if a job requires it? YES NO

Date available for work ___/___/_____ What is your desired salary range? _____

Are you available to work : Full-Time
 Part-Time (please indicate mornings or afternoon) _____
 Temporary (please indicate dates available) ___/___/_____ - ___/___/_____

EMPLOYMENT EXPERIENCE

<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
		From	To	
Address				
Telephone Number		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
		From	To	
Address				
Telephone Number		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
		From	To	
Address				
Telephone Number		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
		From	To	
Address				
Telephone Number		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

EDUCATION/TRAINING/SKILLS

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills or other qualifications acquired from employment or other experience including job-related military training.

List professional, trade, business or civic activities, extracurricular activities or offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

PROSPECTIVE EMPLOYEE COMPLIANCE CERTIFICATION

I, _____, hereby certify that I:

- Have not been charged with or convicted of committing any criminal offense.
- Have been charged with or convicted of committing a criminal offense(s).
(Please provide complete information with respect to the Charge(s), conviction(s), prohibition(s), notice(s), and/or investigation(s) at issue): _____
- Do not have charges for violating any criminal law pending.
- Have charges for violating a criminal law(s) pending.
(Please provide complete information with respect to the Charge(s), conviction(s), prohibition(s), notice(s), and/or investigation(s) at issue): _____
- I am not the subject of or otherwise part of any ongoing federal or state investigation.
- I am the subject of or otherwise part of an ongoing federal or state investigation.
(Please provide complete information with respect to the Charge(s), conviction(s), prohibition(s), notice(s), and/or investigation(s) at issue): _____

REFERENCES

List below three persons who have knowledge of your work performance within the last four years. <u>PLEASE INCLUDE PROFESSIONAL REFERENCES ONLY.</u>		
1.	()	
NAME	PHONE NUMBER	NUMBER OF YEARS ACQUAINTED
ADDRESS		OCCUPATION
2.	()	
NAME	PHONE NUMBER	NUMBER OF YEARS ACQUAINTED
ADDRESS		OCCUPATION
3.	()	
NAME	PHONE NUMBER	NUMBER OF YEARS ACQUAINTED
ADDRESS		OCCUPATION

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer:

Signature of Applicant

Date