



APPLICATION FOR EMPLOYMENT

Today's Date: _____ Position of Interest: _____

Full Name _____ Preferred Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

What interests you about working for DOVE Center? _____

Please tell us how you learned about this position: _____

What hours and shifts are you available to work? _____

CURRENT OR MOST RECENT WORK EXPERIENCE

Are you currently employed? Yes / No

Employer/Employer's Address: _____

Position: _____

Start Date: _____ End Date: _____ Hours per week: _____

Reason for Leaving: _____ May we contact this employer: **Yes / No**

Supervisor: _____ Phone: _____

PREVIOUS WORK EXPERIENCE

Employer/Employer's Address: _____

Position: _____

Start Date: _____ End Date: _____ Hours per week: _____

Reason for Leaving: _____ May we contact this employer: **Yes / No**

Supervisor: _____ Phone: _____

Employer/Employer's Address: _____

Position: _____

Start Date: _____ End Date: _____ Hours per week: _____

Reason for Leaving: _____ May we contact this employer: **Yes / No**

Supervisor: _____ Phone: _____

Employer/Employer's Address: _____

Position: _____

Start Date: _____ End Date: _____ Hours per week: _____

Reason for Leaving: _____ May we contact this employer: **Yes / No**

Supervisor: _____ Phone: _____

Employer/Employer's Address: _____

Position: _____

Start Date: _____ End Date: _____ Hours per week: _____

Reason for Leaving: _____ May we contact this employer: **Yes / No**

Supervisor: _____ Phone: _____

EDUCATION

School Name	City, State	Degree
1.		
2.		
3.		
4.		

List any additional training, skills or certificates:

Do you speak any other languages? If yes, indicate language(s) and proficiency level.

Do you have any experience working at a crisis center, shelter, hotline, etc.? If so, briefly describe:

REFERENCES Please list professional references below.

Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Email Address _____

How long have you known this person? _____

Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Address _____

How long have you known this person? _____

Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Address _____

How long have you known this person? _____

AT WILL EMPLOYMENT Nothing contained in this document or our policies is intended to, or should be construed to alter the at-will relationship between the DOVE Center and its employees. Although other terms and condition of benefits of employment with the DOVE Center may change, the at-will relationship of employment (as defined by Utah State Labor Commission) is one aspect that cannot be changed except by an agreement in writing with the board of directors, signed by the chair of the board on behalf of the entire board.

The DOVE Center provides equal employment opportunities to all employees and applicants for employment, without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, or the presence of handicaps or disabilities, or any other basis protected by state or federal law.

State licensing agreement requires employees and volunteers to pass a background investigation for criminal convictions (BCI) through the state of Utah. All employees and volunteers must complete and submit the appropriate BCI paperwork before they can work directly with clients and renew it annually.

Please initial to verify you have read and understand the BCI requirement for employment _____

I certify that all the information provided as part of this application is true and correct to the best of my knowledge. I further understand that false statements or deliberate omissions could be grounds for disqualification from employment or could result in termination of employment if hired.

Applicant Signature

Date of Signature