

**Application for  
Employment**

**Uintah Health Care Special Service District**

510 South 500 West  
Vernal, Utah 84078-4301  
(435) 781-3500

We consider applications without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an At Will Employer.

**Please Print**

Position(s) Applied For		Date of Application		
Last Name	First Name	Middle Name		
Address		City	State	Zip Code
Telephone ( ) -		Social Security Number		

Are you related to anyone currently employed by UHCSSD?  Yes  No

If so, who are you related to? \_\_\_\_\_

If you are under 18 years of age, can you provide proof of your eligibility to work?  Yes  No

Have you ever filled out an application with us before?  Yes  No

If Yes Give Date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes Give Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If you are currently employed, may we contact your present employer?  Yes  No

Are you prevented from being employed by us because of Visa or Immigration Status?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

On what date will you be available to work?

Have you ever been convicted of a crime?  Yes  No  Felony  Misdemeanor  DUI

If Yes, Please

Explain \_\_\_\_\_

Have you ever been put on the Excluded Individuals list that excludes you from working in a Federal Health Care Program or been debarred?  Yes  No

Have you ever had your Driver's License Revoked? If Yes, describe \_\_\_\_\_

Have you ever been formally disciplined by an employer? If Yes, describe \_\_\_\_\_

## Qualifications for the Position

Make sure that you have read the job description then explain why you should be considered for the job for which you are applying. State any information you feel may be helpful to us in considering your application. Include any job related training, apprenticeship, and extracurricular activities (including while serving in the military.)

Your statement of qualifications is one of the most important parts of your application: it is an opportunity to sell yourself. Please be thorough. Legibility and spelling are important considerations in evaluating your qualifications. The more you can relate your experience to the job applied for, the better. This can be typed. (Attaching a resume does not replace your responsibilities for filling out the "Qualifications for the Position.")

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Please read the following, then complete the survey below.

The Federal government requires employers to collect statistical information on job applicants. Providing this information is voluntary. Non-completion of the survey below will not in any way affect your employment and the survey will be used for statistical purposes only. It will not be included in your application file and will be kept confidential. Refusal to provide this information will not subject the applicant or employee to any adverse treatment.

### Survey

I do not wish to complete this survey.

1. SEX     Male     Female

3. DISABLED     Yes     No

2. RACE/ETHNIC BACKGROUND (Check only one)

4. VETERAN     Yes     No

- Asian or Pacific Islander
- American Indian/Native American
- Black (not of Hispanic Origin)
- White (not of Hispanic Origin)
- Hispanic

Years of Service \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities

1	Employer	From	To	Work Performed	
	Address				
	Telephone Numbers ( ) -		Hourly Start	Hourly Final	
	Title Supervisor				
	Reason For Leaving				
2	Employer	From	To	Work Performed	
	Address				
	Telephone Numbers ( ) -		Hourly Start	Hourly Final	
	Title Supervisor				
	Reason For Leaving				
3	Employer	From	To	Work Performed	
	Address				
	Telephone Numbers ( ) -		Hourly Start	Hourly Final	
	Title Supervisor				
	Reason For Leaving				
4	Employer	From	To	Work Performed	
	Address				
	Telephone Numbers ( ) -		Hourly Start	Hourly Final	
	Title Supervisor				
	Reason For Leaving				

**References-** References are people who are not related to you willing to advocate your employment with Uintah Health Care Special Service District.

1.	_____ (    ) _____	Phone
	Name	
2.	_____ (    ) _____	Phone
	Name	
3.	_____ (    ) _____	Phone
	Name	
4.	_____ (    ) _____	Phone
	Name	

**Education**

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Technical Training				
Undergraduate College				
College				

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that false or misleading information given in my application or interview may result in discharge or the offer of employment be withdrawn.

As final conditions of employment, you will be required to pass a drug test. If you test positive or refuse to take the test we will revoke the offer of employment. You will also be required to pass a criminal background check, you may need to provide fingerprints (at a cost of \$56). If you refuse or do not pass the background check, we will revoke the offer of employment.

\_\_\_\_\_  
Signature of Applications

\_\_\_\_\_  
Date

# Uintah Care Center

## APPLICANT INFORMATION RELEASE

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This Agreement ("Agreement") is made and effective this \_\_\_\_\_ Date

**BETWEEN:** \_\_\_\_\_ (the "Employee"), an individual with  
his/her main address at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AND:** **Uintah Care Center** (the "Company"), a company organized and existing under  
the laws of the State of Utah, with its office located at:

510 South 500 West  
Vernal, UT 84078

In connection with my application for employment with the Company, I hereby agree as follows:

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold the Company and its agents, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

EMPLOYEE

COMPANY

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title