Board Members:
Scott Wyckoff, President
John Baer, Vice-President
Lynell Smith, Secretary-Treasurer
David Rowley, Board Member
Sarah Campbell, Board Member
Ben Holdaway, Board Member

Self-Help Homes

63 North 400 West · Provo, Utah 84601
(801) 375-2205 Phone
(801) 354-7855 Fax

Brad Bishop
Executive Director

EMPLOYMENT APPLICATION

PERSONAL INFORMATION (Please Print) Date: _____

Name (Last, First, Middle):	
Present Address (Street, City, State, Zip):	
Permanent Address (Street, City, State, Zip):	
Telephone:	E-mail
Are you related to any Self-Help Homes employees or Board Members? If yes, list names and relationships. ☐ Yes ☐ No	
Can you perform the functions of the job for which you are applying, either with or without a reasonable accommodation? If no, explain in writing and attach to this form. ☐ Yes ☐ No	
Are you either a U.S. citizen, or authorized to work in the United States? ☐ Yes ☐ No	
Are you 18 years of age or older? ☐ Yes ☐ No	
While criminal conviction is not an absolute bar to employment, it will be considered in relation to specific job requirements. Have you been convicted of a felony within the last 7 years? If yes, attach explanation. ☐ Yes ☐ No	

EMPLOYMENT DESIRED

Position:	Date you can start::
Are you employed now? ☐ Yes ☐ No	
May we contact your present employer? ☐ Yes ☐ No	
Are you available ☐ Full-time ☐ Part-time ☐ As a substitute	

EDUCATION

	School name and Location (city, state)	Courses of Study	Years Completed	Diploma or Degree Received
High School				
Undergraduate College				
Graduate/Professional				
Professional or Vocational Licenses or other				

OTHER (Summarize special skills and other information relative to job position. Attach additional sheets as needed.)

EMPLOYMENT EXPERIENCE (List last three employers, beginning with most recent)

Employer:	Phone: ( )	Work Performed
Address:		
City, State, Zip:		
Job Title:	Supervisor:	
Start Date/Salary:	End Date/Salary:	
Reason for Leaving:		
Employer:	Phone: ( )	Work Performed
Address:		
City, State, Zip:		
Job Title:	Supervisor:	
Start Date/Salary:	End Date/Salary:	
Reason for Leaving:		
Employer:	Phone: ( )	Work Performed
Address:		
City, State, Zip:		
Job Title:	Supervisor:	
Start Date/Salary:	End Date/Salary:	
Reason for Leaving:		

REFERENCES (List professional references only)

Name	Address	Phone	Occupation
		( )	
		( )	
		( )	

INFORMED CONSENT AND RELEASE OF LIABILITY

I hereby understand and acknowledge that 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 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 acknowledge in writing by the Executive Director of this organization.

I CERTIFY that all statements made herein are true and correct to the best of my knowledge and that any misrepresentation of material facts may subject me to disqualification or dismissal.

I authorize Self-Help Homes to investigate any and all of my past and present work, education, and law enforcement records to ascertain any and all information which may be pertinent to my employment qualification. I do hereby release from all liability and persons and organizations reporting information required by this application.

Signature:

Date: