



# WASATCH MENTAL HEALTH

## Employment Application

**Wasatch Mental Health is an Equal Opportunity Employer**  
**Administration, 750 North 200 West, Suite 300, Provo, Utah 84601**  
**Phone (801) 373-4760 Fax (801) 373-0639**

It is the policy of Wasatch Mental Health to provide and promote equal opportunity employment, compensation, and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age, or disability. Wasatch Mental Health provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

Office Use Only				
Accept <input type="checkbox"/>	Rater			
Reject <input type="checkbox"/>				
Test	RS	CS	W	WS
T&E				
Written				
Oral				
Type				
				Earned Score
				Vet. Pref.
				Final Score

Position Title \_\_\_\_\_

Check if you will accept:  Full Time  Part Time  Shift Work  Night Work  Rotating Shifts  
 Permanent  Temporary

If employed, are you willing to accept the approved salary for the position?  Yes  No

If you have a relative(s) currently working for Wasatch Mental Health, indicate their name(s) and department(s) \_\_\_\_\_

### I. APPLICANT INFORMATION

Name (Last, First, Middle Initial) \_\_\_\_\_ Other Name(s) Used \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Other \_\_\_\_\_

**II. EDUCATION:** When claiming college, business, armed forces, or vocational school credit, you must submit transcripts or other official documents (original or photocopy) with your application.

Have you graduated from high school or received a high school equivalency diploma/GED?  Yes  No

If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name & Location of College or University	Dates		Credits Completed		Major	Minor	Type of Degree	Month & Year of Degree
	From	To	Semester Hours	Quarter Hours				

III. List languages you speak, read, and write other than English \_\_\_\_\_

IV. List job related professional or trade licenses: State \_\_\_\_\_ Number \_\_\_\_\_

Title \_\_\_\_\_

V. List job related certificates/registrations: State \_\_\_\_\_ Number \_\_\_\_\_

Title \_\_\_\_\_

**You must complete all items in these sections or your application may be rejected. Resumes or attachments may be considered only if these sections are completed. Statements such as "see resume or attachments" are not acceptable for these sections. The information you give regarding your experience will be used to determine if you meet minimum qualifications for the position.**

**VI. EXPERIENCE:** Begin with your present or most recent job and describe, in the boxes below, ALL periods of employment, such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Also, account for ALL periods of unemployment other than when attending school.

<b>Employer:</b>	<b>Phone</b>	<b>From</b> ___ / ___	<b>To</b> ___ / ___	<b>Hrs/week</b> ___
<b>Address:</b>		<b>Last Pay: Monthly \$</b> _____ <b>Hourly \$</b> _____		
<b>Supervisor's Name &amp; Title:</b>		<b>Your Position/Title:</b>		
<b>Duties:</b>				
<b>Reason for leaving or seeking other employment:</b>				

<b>Employer:</b>	<b>Phone</b>	<b>From</b> ___ / ___	<b>To</b> ___ / ___	<b>Hrs/week</b> ___
<b>Address:</b>		<b>Last Pay: Monthly \$</b> _____ <b>Hourly \$</b> _____		
<b>Supervisor's Name &amp; Title:</b>		<b>Your Position/Title:</b>		
<b>Duties:</b>				
<b>Reason for leaving or seeking other employment:</b>				

<b>Employer:</b>	<b>Phone</b>	<b>From</b> ___ / ___	<b>To</b> ___ / ___	<b>Hrs/week</b> ___
<b>Address:</b>		<b>Last Pay: Monthly \$</b> _____ <b>Hourly \$</b> _____		
<b>Supervisor's Name &amp; Title:</b>		<b>Your Position/Title:</b>		
<b>Duties:</b>				
<b>Reason for leaving or seeking other employment:</b>				

<b>Employer:</b>	<b>Phone</b>	<b>From</b> ___ / ___	<b>To</b> ___ / ___	<b>Hrs/week</b> ___
<b>Address:</b>		<b>Last Pay: Monthly \$</b> _____ <b>Hourly \$</b> _____		
<b>Supervisor's Name &amp; Title:</b>		<b>Your Position/Title:</b>		
<b>Duties:</b>				
<b>Reason for leaving or seeking other employment:</b>				

<b>Employer:</b>	<b>Phone</b>	<b>From</b> ___ / ___	<b>To</b> ___ / ___	<b>Hrs/week</b> ___
<b>Address:</b>		<b>Last Pay: Monthly \$</b> _____ <b>Hourly \$</b> _____		
<b>Supervisor's Name &amp; Title:</b>		<b>Your Position/Title:</b>		
<b>Duties:</b>				
<b>Reason for leaving or seeking other employment:</b>				

**VII.** Have you, since the age of 18, been convicted of a crime, excluding minor traffic offenses?  Yes  No  
 If yes, give dates, details, and penalties for each occurrence, including dates of any probationary periods. Attach additional sheets if necessary. *(Note: Each conviction will be judged in relation to time, seriousness, circumstances, and relationship to the position sought, and will not necessarily bar you from employment.)* \_\_\_\_\_

Would accommodation/assistance be helpful to you in taking the examination for this position?  Yes  No  
 If yes, describe \_\_\_\_\_

Do you possess a current driver's license? *(DMV driver's record required before start date of employment for those positions requiring driving.)*  Yes  No

If the position for which you are applying is hazardous in nature, including but not limited to working with or around heavy equipment or hazardous materials, are you 18 years of age or older?  Yes  No

Have you ever been employed by Wasatch Mental Health? When \_\_\_\_\_  Yes  No  
 Department \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for termination \_\_\_\_\_

Are you a citizen by birth or a naturalized citizen of the United States?  Yes  No

If no, are you eligible to work in the United States?  Yes  No

Are you willing to have your current employer contacted regarding your qualifications?  Yes  No

**READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT:** I affirm that this application contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected or, if employed by Wasatch Mental Health, I may be terminated from employment. I further authorize any of my employers (subject to my answer to the previous question regarding current employer) or references to give Wasatch Mental Health any private or confidential information concerning my employment record. I agree to hold harmless Wasatch Mental Health, its employees or any entity or person providing information about me. Finally, I authorize that copies of this form may be furnished to any hiring department.

\_\_\_\_\_  
**Signature of Applicant** (original, not photocopy)

\_\_\_\_\_  
**Date**

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**VIII. VETERAN'S PREFERENCE INFORMATION:** Veteran's Preference is determined by active military service for more than 180 consecutive days, or a member of a reserve component who served in a campaign or expedition for which a campaign medal has been authorized. Disabled veteran's preference is determined by active military service with any percentage of disability incurred in the line of duty, whether or not the person's completed more than 180 days of active duty.

Person's claiming Veteran's or Disabled Veteran's Preference must submit a photocopy of their honorable discharge (such as a DD-214) showing the dates of service with each application form. Veteran's claiming disability must also submit a letter of verification from the Veteran's Administration dated within the last 90 days. Veteran's who have received a Purple Heart, as evidenced on the DD-214, will receive the same preference as a disabled veteran whether or not they completed 180 days of active duty. A retired member of the armed forces who retired below the rank of major or its equivalent is eligible for Veteran's Preference.

This information is voluntary. However, DISCLOSURE OF THE INFORMATION IS REQUIRED IF YOU WISH TO BE GIVEN PREFERENCE.

Do you claim Veteran's Preference?

Yes  No

If Yes, "x" one of the following:

As a veteran  
 As an unmarried widow or widower of a veteran

Do you claim Disabled Veteran's Preference?

Yes  No

If Yes, "x" one of the following:

As a disabled veteran  
 As an unmarried widow or widower of a disabled veteran  
 As a Purple Heart recipient

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Wasatch Mental Health is an equal opportunity employer, and complies with government regulations, including affirmative action responsibilities where they apply. It is illegal for any agency or organization to discriminate in hiring based on race, color, sex, religion, national origin, age, or disability.

The information requested below is voluntary. This information will assist Wasatch mental Health in applicant tracking, reporting, and other legal requirements. Failure to answer will not subject applicants to disparate treatment.

We would appreciate your cooperation in filling out this information to help us comply with government regulations. This data will be maintained in a separate, private, research file.

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**IX. APPLICANT DATA RECORD**

Date \_\_\_\_\_ Referral Source \_\_\_\_\_

Job Title Applied For \_\_\_\_\_

Name (Last, First, Middle Initial) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**X. EQUAL EMPLOYMENT INFORMATION**

Sex:  Male  Female

Age:  Under 40  40 or Over

Ethnic Group:  Caucasian  Black  Hispanic

Asian/Pacific Islander  American Indian/Alaskan Native