

# SALT LAKE VALLEY EMERGENCY COMMUNICATIONS CENTER

## Application for Employment

(Please submit to: VECC at 5360 South Ridge Village Drive, West Valley City, Utah 84118)

(VECC = Valley Emergency Communications Center)

Equal access to programs, services and employment is available to all applicants. Individuals requiring reasonable accommodations to the application process should notify a representative of VECC Administration. Please complete application, making sure all blanks are filled in. If question does not apply, please enter "NA" or "NONE".

Position applied for: _____	Date of Application ___/___/_____		
Name: _____			
Last	First	Middle	
Other Names Previously Used: _____		Email Address: _____	
Address: _____		Telephone #: (____) ____ - _____	
Street	City	State	Zip
Referral Source (How did you hear about us?): _____			
If you have relatives working at VECC, indicate name(s) and relationship: _____			
Have you ever been employed by VECC? ___YES ___NO		If yes, give dates and position: _____	

Are you 18 years of age or older? \_\_\_YES \_\_\_NO      Are you legally eligible for employment in the USA? \_\_\_YES \_\_\_NO

High School Graduate or GED? \_\_\_YES \_\_\_NO      Type of employment desired? \_\_\_Full Time \_\_\_Part Time \_\_\_Seasonal

Date available for work: \_\_\_\_\_      What is your desired salary range? \$ \_\_\_\_\_/hr

Answering "**YES**" to the following question does not constitute an automatic bar to employment. Factors such as date of an offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever plead "**guilty**" or "**no contest**" to, or been convicted of a crime? \_\_\_YES \_\_\_NO      If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

### EDUCATIONAL BACKGROUND-QUALIFICATIONS-CERTIFICATES (Please include any training/certificates such as CPR, EMD, etc.)

College/University/Trade	Years Completed	Credits/Certificate Earned	Expiration

Circle Last Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

#### PLEASE READ CAREFULLY BEFORE SIGNING!

I understand that if I am hired, all employment is at-will. This means that, just as I am free to leave my employment at any time and for any reason, VECC is free to terminate the employment relationship at any time and for any reason, without prior notice.

I understand that the only representative of VECC that has the authority to enter into any agreement for employment for any specified period of time, or to assure that I will receive any other personnel action, either before or after I am hired, is the Executive Director and any such commitment(s) must be in writing to be effective.

I further understand that any falsification on this application, or failure to respond fully and honestly to requests for information on this application, may, at VECC's discretion, result in termination.

I also understand that if I am hired I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT HISTORY – Starting with your most recent employer, provide the following information:**

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Dates Employed: \_\_\_\_\_ TO \_\_\_\_\_  
Street Address: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Why did you leave? \_\_\_\_\_  
Summarize type of work & responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Dates Employed: \_\_\_\_\_ TO \_\_\_\_\_  
Street Address: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Why did you leave? \_\_\_\_\_  
Summarize type of work & responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Dates Employed: \_\_\_\_\_ TO \_\_\_\_\_  
Street Address: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Why did you leave? \_\_\_\_\_  
Summarize type of work & responsibilities: \_\_\_\_\_

**VECC IS AN EQUAL OPPORTUNITY EMPLOYER**

**PLEASE READ CAREFULLY BEFORE SIGNING!**

**APPLICANT STATEMENT – PLEASE READ CAREFULLY BEFORE SIGNING:**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I, \_\_\_\_\_, expressly authorize, without reservation, the employer, its representatives, employees or agents to investigate information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agency, employee or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I hereby release VECC and its officers, agents & employees from any liability for the use of any and all of the foregoing information in consideration for being reviewed for employment. I further release any previous/current employers from liability/damage which may result from furnishing the information requested. I also request that a copy of this release be treated as conveying the same authority as the signed original. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. If applying for a Communication Officer position, I understand that I may apply and test for a Communication Officer position once per year, up to a maximum of 3 (three) total attempts. My application will remain on file as per the provisions stated in the *Utah Municipal General Records Retention Schedule*. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE WHOLE APPLICATION.** I certify that I have read, fully understand and accept all the Terms of the forgoing application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_