



Application for Employment
Equal Opportunity Employer
Recruiting Department
 172 East 14075 South
 Draper, UT 84020
 (801) 495-2405

| |
|--|
| Recruiting Use Only Job/App # _____ Job Title _____ Date _____ Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.
 Note: No action will be taken on this application until all questions have been answered and the application has been signed and dated.

| | | | |
|---|------------|-------------|-------------------|
| Personal Information (Please use Black Ballpoint Pen and Print Bold or Type) | | | |
| Last Name | First Name | Middle Name | Date |
| Present Address | | | Home Phone () |
| City | State | Zip Code | Work Phone () |
| Previous Address | | | E-mail Address |
| City | State | Zip Code | |

| | | |
|---|---|--|
| Employment Information | | |
| Position Applied For | Salary Desired | Available Starting Date |
| How were you referred to Premier Mentoring? <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____ <input type="checkbox"/> Internet Site – please specify: _____ <input type="checkbox"/> Current Employee: (Name) _____ | Have you applied to Premier Mentoring before? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, When? |
| Are you at least 18 Years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: | Date: _____ Location: _____ Charge: _____ Disposition: _____ |

| | | | | | |
|--------------------------------|------------|----------------------|----------------------|----------------|-----|
| Education and Training | | | | | |
| High School | City/State | Major Field of Study | Last Grade Completed | Dates Attended | GPA |
| Junior College/College | | | Degree/Certification | Dates Attended | GPA |
| Graduate School | | | Degree/Certification | Dates Attended | GPA |
| Other | | | Degree/Certification | Dates Attended | GPA |
| Additional Skills and Training | | | | | |

Employment History

(List in chronological order, with last or present employer first, Account for all periods of work and unemployment)
 (A resume may be attached as a supplement but not in lieu of this section)

| | | | |
|-----------------|---|------------------|--------------------|
| From: mo/yr | To: mo/yr | Position | Duties |
| Starting Salary | Employer | | |
| | Address | | |
| Ending Salary | City/State | Zip Code | |
| | Supervisor May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Employer <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone No. () | Reason for Leaving |
| From: mo/yr | To: mo/yr | Position | Duties |
| Starting Salary | Employer | | |
| | Address | | |
| Ending Salary | City/State | Zip Code | |
| | Supervisor May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone No. () | Reason for Leaving |
| From: mo/yr | To: mo/yr | Position | Duties |
| Starting Salary | Employer | | |
| | Address | | |
| Ending Salary | City/State | Zip Code | |
| | Supervisor May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone No. () | Reason for Leaving |

(Add additional pages if necessary in order to include all periods of employment)

May we contact your present employer? Yes No If "No," when may we contact? _____

For Reference Purposes: If you have ever used another name, please indicate: _____

Personal References

(Give three references we may contact, who are not related to you and who have knowledge of your professional abilities)

| | | | |
|------|---------|-------------|-----------|
| Name | Address | Years Known | Telephone |
| Name | Address | Years Known | Telephone |

| | | | |
|------|---------|-------------|-----------|
| Name | Address | Years Known | Telephone |
|------|---------|-------------|-----------|

IMPORTANT AUTHORIZATIONS AND AGREEMENTS

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested information may result in my discharge.

I am aware that from the date of hire I am automatically placed on a probation period. I understand that any employment relationship with this employer is “at will,” which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any verbal or written document, unless the change is specifically acknowledged in writing and signed by an authorized company representative.

Nothing in this application or in any handbook, policy, procedure, or work rule of Premier Mentoring, Inc. will constitute a contract of employment, express or implied. The employment relationship is at will and may be terminated by the employee or Premier Mentoring, Inc. at any time, with our without cause.

Applicant Signature _____ **Date** _____

Authorization to Release Information

To Whom It May Concern: I have applied for employment with Premier Mentoring, Inc. As part of the application for employment process, Premier Mentoring, Inc. may contact any company, institution, or individual to verify the information contained in my employment application, resume, and/or verbal representations made during an interview.

I authorize you to release to Premier Mentoring, Inc. any and all information and documentation it requests. This information may include, but is not limited to, dates of employment, positions held, responsibilities, base compensation and bonus or commissions (if applicable), job performance, education, transcripts, degrees received, dates of attendance, etc. A copy of this authorization may be accepted as an original.

Date _____ **Name (print)** _____

Social Security Number ____ - ____ - ____ **Signature** _____

RECRUITING USE ONLY

| | | |
|-----------------------------|--|----------|
| Application Reviewed | <input type="checkbox"/> Yes Date ___/___/___ | by _____ |
| Initial Interview | <input type="checkbox"/> Yes Date ___/___/___ | by _____ |
| Second Interview | <input type="checkbox"/> Yes Date ___/___/___ | by _____ |
| Additional Interview | <input type="checkbox"/> Yes Date ___/___/___ | by _____ |
| | <input type="checkbox"/> No (additional interviewing was not necessary) | |