



### University Guest House – Application for Employment

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

When are you available to begin work: \_\_\_\_\_

Availability: Please tell us what days and hours you would be available to work:

Sun.	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.

#### Education:

Full time student at present time: Yes  No

School & Location	Major/Course of Study	Degree/Certificate

#### Work Experience:

May we contact your present employer:

May we contact previous employers:

Start Date:	End Date:
Employer:	Hours/Week:
Ending Job Title:	Final Salary:
Company Phone:	Supervisor's Name:
Responsibilities:	

Start Date:	End Date:
Employer:	Hours/Week:
Ending Job Title:	Final Salary:
Company Phone:	Supervisor's Name:
Responsibilities:	

Start Date:	End Date:
Employer:	Hours/Week:
Ending Job Title:	Final Salary:
Company Phone:	Supervisor's Name:
Responsibilities:	

Please give any information you feel is pertinent to the position for which you are applying:

\_\_\_\_\_

Licenses & Certificates (including driver license):

\_\_\_\_\_

Have you received any awards or honors? Is so, please describe:

\_\_\_\_\_

How did you hear about the University Guest House & Conference Center?

\_\_\_\_\_

Have you ever been employed by the University of Utah? Yes  No

If so, what department: \_\_\_\_\_ Dates: \_\_\_\_\_

**References:**

Name	Relationship/Occupation	Phone or Email

**Conviction History:**

Most convictions will not automatically disqualify job candidates. The seriousness of an offense, how the offense relates to the job you are applying for, and the date of the conviction are considered. In order to maintain a safe environment and protect University property, the University of Utah requires all applicants to answer the following:

Have you ever been convicted of an offense other than a minor traffic violation? Yes  No

If yes, please answer the following:

Offense Type: \_\_\_\_\_ Date Convicted: \_\_\_\_\_

City, State: \_\_\_\_\_ Final Disposition: \_\_\_\_\_

Explanation: \_\_\_\_\_

I verify that the information I have provided is complete and true. I understand that any omission or misstatement may result in termination or withdrawal of a conditional offer of employment.

\_\_\_\_\_ (Signature)