



**EMPLOYMENT APPLICATION**

**Utah Independent Living Center**  
3445 South Main Street  
South Salt Lake City, UT 84115-4418  
Phone: (801) 466-5565 Fax: (801)466-2363  
Email: uilc@uilc.org  
Submit Application to jobs@uilc.org

INSTRUCTIONS: ALL APPLICATIONS FOR EMPLOYMENT MUST BE SUBMITTED USING THIS APPLICATION FORM. YOUR APPLICATION MUST BE COMPLETED, DATED AND SIGNED, AND EMAILED WITH YOUR RESUME TO JOBS@UILC.ORG ON OR BEFORE THE FILING DEADLINE SPECIFIED IN THE EMPLOYMENT ANNOUNCEMENT. YOUR APPLICATION MUST BE COMPLETED IN SUFFICIENT DETAIL TO ALLOW COMPREHENSIVE REVIEW AND EVALUATION OF YOUR QUALIFICATIONS FOR THE POSITION APPLIED FOR.

**Position you are applying for:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
*Last First Middle*

**Mailing Address:**  
\_\_\_\_\_  
*Street City State Zip*

\_\_\_\_\_  
*Home Phone Mobile Phone Alternate Phone*

**Email Address: -** \_\_\_\_\_

YES NO

**Are you a citizen of the United States or, if not, are you legally authorized to work in the United States?**  
• *If offered employment, you will be required to submit identification in accordance with INS rules and regulations.*

**Do you have a high school diploma, GED or equivalent?**

**Can you pass a criminal background check?**

**Are you able to perform the essential functions of the job with or without reasonable accommodation?**

*(NHT-IL applicants do not need to answer this question.)*

**Are you able to lift 50 lbs?**

**Do you have a valid driver's license? Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_ State \_\_\_\_**

**Have you had any moving violations within the last seven years? Please describe. \_\_\_\_\_**

**Among equally qualified job applicants, preference is given to persons having personal experience with a disability. Do you have personal experience with a disability? Please explain: \_\_\_\_\_**

*(Only AT Coordinator applicants need to answer this question.)*

**This position requires two years post-secondary education or two years experience working in a similar or related field. Do you meet this criteria? Please explain: \_\_\_\_\_**

**EXPERIENCE:**

Beginning with your present or most recent job, list in chronological order, your complete work experience including paid and volunteer positions, military and intern experience. Attach separate sheets if necessary. The information provided must be complete and accurate. Explain any gaps in employment in Comments section on the next page.

**NOTE: A resume should be submitted but will not be accepted as a substitute for completing this section.**

<u>Name and Address of Employer:</u>		<u>Supervisor's Name, Title, Phone Number:</u>	
		Name: Title: Phone #:	
		May We Contact?	
<b>YOUR POSITION TITLE:</b>			
		<b>YOUR DUTIES AND RESPONSIBILITIES:</b>	
From: To: Monthly Salary: <input type="checkbox"/> VOLUNTEER Total Years / Mos:			
		<b>REASON FOR LEAVING:</b>	

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		<b>REASON FOR LEAVING:</b>	

**EDUCATION AND TRAINING:**

**Please list all colleges, universities, military, trade, business or other schools attended.**

<b>NAME AND LOCATION OF SCHOOL</b>	<b>MAJOR OR TYPE OF TRAINING</b>	<b>NUMBER OF YEARS COMPLETED</b>	<b>DEGREE OR CERTIFICATE OBTAINED</b>

**LICENSES/CERTIFICATES:** List driver license or other licenses or certificates you possess as required by the position applied for.

<b>TITLE</b>	<b>NUMBER</b>	<b>ISSUING AGENCY</b>	<b>DATE ISSUED/DATE OF EXPIRATION</b>

**SKILLS/ABILITIES/LANGUAGES:** List any skills/abilities you have that are pertinent to the position for which you are applying.

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**Provide any additional information you would like us to consider.** \_\_\_\_\_

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**REFERENCES (One work related and one personal who are not related to you)**

Work

1.			
	NAME	PHONE	YEARS KNOWN

Personal

2.			
	NAME	PHONE	YEARS KNOWN

**UTAH INDEPENDENT LIVING CENTER IS AN EQUAL OPPORTUNITY EMPLOYER**

Utah Independent Living Center does not discriminate on the basis of race, color, national origin, age, gender, sexual orientation, marital status, religion, political affiliation, physical or mental disability, or any other basis prohibited by State of Utah, federal or local law. Among equally qualified applicants, preference will be given to persons having personal experience with a disability.

**CERTIFICATION, AUTHORIZATION AND RELEASE:** *I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that any information that is found to be false, inaccurate, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service when it is discovered.*

I expressly authorize, without reservation, Utah Independent Living Center, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding Utah Independent Living Center, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Utah Independent Living Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from Utah Independent Living Center and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Utah Independent Living Center reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Utah Independent Living Center is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Board of Directors.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and send completed application, along with your resume, to [jobs@uilc.org](mailto:jobs@uilc.org)**