**Mailing Address:**

**Bishop Alliance**

**PO Box 827**

**Sandy, UT 84091**

**jobs.bishopalliance@gmail.com**

Thank you for your interest in Bishop Alliance. We are an Equal Opportunity Employer, dedicated to a policy of nondiscrimination for employment on any basis including race, age, gender, marital status, political affiliations, religion, national origin, the presence of mental, physical or sensory disability, sexual orientation or any other basis prohibited by federal, state or local law. Accommodations and/or assistance will be provided for any applicant by calling the main office number listed above.

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| Instructions |

1. Print legibly in blue ink only.
2. Provide all requested information accurately and completely including responses to supplemental questions.
3. Sign and date this application. Failure to do so may disqualify you from employment.
4. Mailed, emailed or hand delivered applications must be received in the Human Resources office by 5:00 pm on the closing date, if specified. Faxed applications will not be accepted since blue ink is required to complete this application.

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| Contact Information |

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| Last Name: | First Name: | Middle Initial: |
| Address: | | |
| City: | State: | Zip: |
| Cell Phone:  ( ) | Home Phone (if applicable):  ( ) | |
| Email Address: | | |

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| Employment Desired |

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| Position Applying For: | |
| # of Hours Desired per Week: | Date Available to Start: |
| Do You Have a Vehicle? Y□ N□ | Do You Currently Have Auto Insurance? Y□ N□ |
| Please name the person or agency who referred you to Bishop Alliance: | |

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| Education and Training |

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| Do you have a high school diploma, GED or equivalent? Y□ N□ | | | |
| List colleges, universities, military, trade, business or other schools attended | | | |
| Name of School | Location of School | Course of Study (Major) | Years Completed |
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| List, if any, job related experience or volunteer work |
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| Have you previously applied for employment with Bishop Alliance? Y□ N□ |
| Have you previously been employed with Bishop Alliance? Y□ N□ |
| Have you ever been convicted of a felony? Y□ N□ |

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| Employment History |

**Instructions:** Beginning with your present or most recent job, describe your work experience (paid or volunteer) in chronological order. The information provided on this application form will be used to determine if you meet the minimum qualifications for this position. Information must be accurate and complete. Resumes may be submitted but will not be considered as a substitute for this form.

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| --- | --- | --- | --- | --- | --- |
| Job Title: | | | | | |
| Employer: | | | Supervisor: | | |
| Employer Address: | | | | | |
| Employer Phone: ( ) | | | May we contact this employer? Y□ N□ | | |
| From: | Month | Year | To: | Month | Year |
| Duties and Responsibilities: | | | | | |
| Reason for Leaving: | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Job Title: | | | | | |
| Employer: | | | Supervisor: | | |
| Employer Address: | | | | | |
| Employer Phone: ( ) | | | May we contact this employer? Y□ N□ | | |
| From: | Month | Year | To: | Month | Year |
| Duties and Responsibilities: | | | | | |
| Reason for Leaving: | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Job Title: | | | | | |
| Employer: | | | Supervisor: | | |
| Employer Address: | | | | | |
| Employer Phone: ( ) | | | May we contact this employer? Y□ N□ | | |
| From: | Month | Year | To: | Month | Year |
| Duties and Responsibilities: | | | | | |
| Reason for Leaving: | | | | | |

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| References |

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| List three persons NOT related to you, whom you have known for more than one year | | | |
| Name | City | Phone | Occupation |
|  |  | ( ) |  |
|  |  | ( ) |  |
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| Release of Information |

My signature affirms that I release from liability any employer, person, agency, organization or employee supplying information regarding me or my previous employment. I also release Bishop Alliance from liability that may result from making any investigation of information provided in the application materials.

All information on this application is accurate, complete and true to the best of my knowledge. I understand that falsification, misrepresentation or omission of information on this application may result in disqualification of my application or dismissal from employment if I am employed. I also understand that failure to sign the application form below may disqualify me from employment.

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| Signature: | Date: |
| Print Name: | |

I understand that this application is not intended to be a contract of employment. I also understand that if I am employed by Bishop Alliance, my employment can be terminated with or without cause during my probationary period of employment.