



SOUTHWEST EDUCATIONAL DEVELOPMENT CENTER
520 West 800 South, Cedar, City, UT 84720
Phone (435) 586-2865 Fax (435) 586-2868

--APPLICATION FOR EMPLOYMENT--
"An Equal Opportunity Employer"

Date _____
Name _____
Present Address _____ City _____ State _____ Zip _____ Phone _____
Permanent Address _____ City _____ State _____ Zip _____ Phone _____
E-mail address _____
If related to anyone in SEDC employ, please state name _____
Referred by _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____
Are you currently employed? _____ If so, may we inquire of your present employer? _____
Ever applied to SEDC before? _____ When? _____

Education	Name and location of school	Years Attended	Date Graduated	Subjects Studied
Elementary School	_____	_____	_____	_____

High School	_____	_____	_____	_____

Post High School Education	_____	_____	_____	_____

Experience, Training Skills, etc.:

List any experience you have had that relates to this position:

FORMER EMPLOYERS (List below last four employers starting with the last one first.)

Date Month and Year	Name and Address of Employer (E-mail and phone numbers are encouraged)	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

May we contact your current employer? Yes No

REFERENCES

(Give below the names and addresses of three to five persons not related to you, whom you have known at least one year.)

Name	Address	Business	E-Mail Address	Phone Number	Years Acquainted

In Case of Emergency, Notify:



I Authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my at will employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time under policy guidelines of SEDC.

Selection of all employees shall be by the action of the SEDC Executive Board upon recommendation of the Director without regard for race, color, sex creed, religious preference, age, or disability.

Date _____ Applicant's Signature _____



FOR OFFICE USE ONLY:

Interview by _____ Date _____

Date Hired	Department	Position	Salary/Wages

PERSONAL INFORMATION-REQUIRED

The following questions are to assist in determining a prospective employee’s fitness as an applicant. The answers to these questions are subject to verification by a police agency. A “yes” answer does not automatically disqualify an applicant. Each application will be reviewed individually.

Have you ever been convicted of:

- A. A sex-related crime which involved force or minors? Yes No
- B. A crime involving violence or the threat of violence? Yes No
- C. A crime involving drugs or alcoholic beverages? Yes No
- D. Any other conviction other than a minor traffic violation? Yes No

If you answered yes to any of these questions, please explain:

Have you ever been convicted, plead guilty, plead no contest, or sentenced for any other offense?

Yes No If yes, please indicate the charge and the disposition:

If you are presently charged or under indictment for a criminal offense, upon a finding or plea of guilty you shall provide that information to the school district.

This regional service center may conduct a criminal background check and I hereby waive my rights to a written notice of such.

I hereby certify that the above information is true, accurate and complete to the best of my knowledge and belief. (Any misrepresentation or omission of fact shall be sufficient cause for disqualification to the application or termination of employment.) Furthermore, I understand that this application and records become the property of the District. I understand the District reserves the right to accept or reject this application. I further agree to observe all rules, regulations and policies of the District. I hereby authorize the District to conduct work history, personal references and police record inquiries to determine my acceptability for employment. I further understand that if employed, the employment is temporary pending completion of all required documents and the outcome of history and background investigations. Since references are for my benefit, I do hereby release those furnishing information concerning me from any liability for damage of any nature as a result of furnishing such information.

Signature: _____ Date: _____

SEDC is an equal opportunity employer and does not discriminate with the regard to race, color, religion, national origin, sex, age, marital status, or physical or mental handicap, except where justified to meet a bona fide occupational requirement. SEDC is committed to a policy of keeping its work place free from sexual harassment. SEDC provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

SIGNATURE AGREEMENT AND RELEASE FOR BACKGROUND AND REFERENCE CHECKS

I certify that all of the above information provided in the application is true and complete. I further agree that if I have provided false, misleading or incomplete information, the District may disqualify me as an applicant or terminate my employment immediately. I understand that this application and records become the property of the District. I authorize SEDC to inquire with former employers and/or references and to obtain any and all information regarding my job related background and qualifications and information regarding any employment action taken or discipline imposed for the physical abuse or sexual abuse of a child or student, as required by Utah Code 53A-6-401. I release and waive SEDC, my former employers and all references from any and all liability in obtaining such information. I also recognize that SEDC may conduct a criminal background check and I hereby waive my right to further written notice of such. I understand that if employed, the employment is temporary pending completion of all required documents and the outcome of history and background check investigations. If I am presently charged or under indictment for a criminal offense, upon a finding or plea of guilty I shall provide that information to SEDC. I further agree to observe all the rules, regulations and policies of SEDC.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

I acknowledge that I have carefully read and understand this authorization to conduct a background and reference check. I am knowingly and voluntarily signing this authorization with the understanding that doing so affects my legal rights.

Applicant Signature