

# NOTICE TO ALL APPLICANTS

Valley Mental Health conducts **Criminal Background Checks** on all new hires. The State will not approve those who have been convicted of a **crime, misdemeanor, or infraction** of any of the following offenses:

- Domestic Violence
- Lewdness
- Assault or Battery
- Violation of any pornography law, including
  - ~~A~~ Sexual exploitation of a minor
  - Prostitution
  - Sexual offense
  - Offense against a family or person

Have you ever been convicted of any of the above-listed crimes, misdemeanors, or infractions?

\_\_\_\_\_ YES \_\_\_\_\_ NO

The State will also conduct a comprehensive review of criminal and court records if you have been convicted of **any** felony, misdemeanor, or infraction within the last five years, regardless of the offense.

Have you been convicted of **any** felony, misdemeanor, or infraction within the last five (5) years (excluding traffic tickets)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

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Applicant's Name

Applicant's Signature

***IF YOU ANSWERED "YES" TO EITHER QUESTION ABOVE, WE WILL BE UNABLE TO PROCESS YOUR APPLICATION UNLESS YOU PROVIDE PROOF OF A CRIMINAL BACKGROUND CLEARANCE THROUGH THE UTAH STATE DEPARTMENT OF PUBLIC SAFETY.***

# VALLEY MENTAL HEALTH ARTEC THERAPEUTIC FOSTER PARENT APPLICATION

USE A TYPEWRITER OR PRINT CLEARLY IN INK

NAME \_\_\_\_\_ -- --  
SOCIAL SECURITY NUMBER

NAME OF SPOUSE (if applicable) \_\_\_\_\_ -- --  
SOCIAL SECURITY NUMBER

ADDRESS \_\_\_\_\_  
STREET ADDRESS CITY ZIP CODE

PHONE NUMBERS: \_\_\_\_\_  
HOME CELL WORK

DATE AVAILABLE FOR TRAINING AND EMPLOYMENT \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED BY VALLEY MENTAL HEALTH?  YES (If yes... where \_\_\_\_\_)  NO

LEVEL OF EDUCATION: High School  College  Graduate School

ARE YOU CURRENTLY EMPLOYED? Yes \_\_\_\_\_ No \_\_\_\_\_ Occupation: \_\_\_\_\_

EMPLOYER NAME/ADDRESS	FULL TIME <input type="checkbox"/>	HOURS WORKED PER WEEK
JOB TITLE	PART TIME <input type="checkbox"/>	
DUTIES	VOLUNTEER <input type="checkbox"/>	DATES FROM TO
	APPRENTICE-SHIP <input type="checkbox"/>	
	INTERNSHIP <input type="checkbox"/>	
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT	SUPERVISOR'S NAME	
	SUPERVISOR'S TITLE	

**EMPLOYMENT OF SPOUSE: - List current job.**

EMPLOYER NAME/ADDRESS	FULL TIME <input type="checkbox"/>	HOURS WORKED PER WEEK
JOB TITLE	PART TIME <input type="checkbox"/>	
DUTIES	VOLUNTEER <input type="checkbox"/>	DATES FROM TO
	APPRENTICE-SHIP <input type="checkbox"/>	
	INTERNSHIP <input type="checkbox"/>	
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT	SUPERVISOR'S NAME	
	SUPERVISOR'S TITLE	

OTHER MEMBERS OF YOUR IMMEDIATE FAMILY:

NAME	AGE	LIVING IN THE HOME (YES OR NO)	RELATIONSHIP

I hereby authorize any previous employers to give and release to Valley Mental Health Personnel Office or the hiring Unit any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release Valley Mental Health of any liability for the use of this information in considering and reviewing my application for the available position.

YOU MAY CONTACT MY PRESENT EMPLOYER  YES  NO

CERTIFICATION OF THE APPLICANT

I CERTIFY THAT ALL THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

\_\_\_\_\_  
SIGNATURE DATE

**Important Information:** All statements are subject to investigation and for certain positions, employment may be contingent upon the satisfactory completion of a criminal history check by the Department of Human Services, Office of Licensing. You must sign the employment application. Copies of the application may be submitted, but an original signature is always required.

Valley Mental Health is an at-will employer. Neither language contained in any of Valley Mental Health's personnel policies or procedures nor any representation made by a member of management or staff may be construed as a guarantee of employment or of any employment-related benefit.

**After the Therapeutic Foster Homes Recruiter has received your application, she will call you to set up an interview.**

(Questions: Call 955-9686)

VALLEY MENTAL HEALTH IS AN EQUAL OPPORTUNITY EMPLOYER.

IN ORDER TO ASSIST THE AGENCY IN MEETING ITS VOLUNTARY AFFIRMATIVE ACTION GOALS, WE ARE REQUESTING THAT YOU COMPLETE THIS FORM. THIS INVITATION IS STRICTLY VOLUNTARY. THE INFORMATION YOU FURNISH WILL BE KEPT CONFIDENTIAL. REFUSAL TO PROVIDE THE REQUESTED INFORMATION WILL NOT ADVERSELY AFFECT YOUR EMPLOYMENT OPPORTUNITIES WITH VALLEY MENTAL HEALTH. IDENTIFICATION IS FOR THE PURPOSE OF ALLOWING APPLICANTS TO BENEFIT FROM AFFIRMATIVE ACTION.

- ARE YOU:
- MALE
  - FEMALE
  - BLACK
  - AMERICAN INDIAN
  - ASIAN
  - HISPANIC
  - WHITE
  - 40 YEARS OF AGE OR OVER
  - UNDER 40 YEARS OF AGE