

DOCENT INFORMATIONSalt Lake City, UT 84103-1699
Telephone 801 432-6479

Date: _____

Read this recommendation carefully and clearly print or type the information requested.

Referred by _____

Personal Information

Name (Last, First, Middle) _____

Address (street and number) _____

City, State, Zip Code _____

Home Telephone Number (Include Area Code) _____ Date of Birth (day/month/year) _____

Marital Status: Married _____ Single _____ Gender: Female _____ Male _____

General Health Good _____ Fair _____ Poor _____ Eyesight Good _____ Fair _____ Poor _____

Age(s) of dependent(s) living at home _____

Statement of Health Do you now have or have you ever had any of the following

Sick, injury or problem _____ Yes _____ No

Fainting spells _____ Yes _____ No

Heart disease, Heart trouble _____ Yes _____ No

Hernia _____ Yes _____ No

Epileptic seizure, convulsion, paralysis _____ Yes _____ No

Any deformity, amputation, or physical disability? _____ Yes _____ No

Are you now taking medication of any type _____ Yes _____ No

Have you seen a doctor in the last five years? _____ Yes _____ No

Do you have any physical or medical impairment or disability that should be considered in viewing your qualifications. _____ Yes _____ No

Explain work, travel, or family condition(s) that might affect commitment

Availability: _____ Full-time _____ Part-time

Hours _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday

9AM-1PM _____

1PM-5PM _____

Commitment Period _____ Date available _____

Emergency Information

Name of person to notify in case of emergency _____

Relationship _____

Telephone Number (Include Area Code) _____