



**Human Resources Department**  
 111 North 100 East  
 Washington City, UT 84780  
 Phone (435) 656-6315  
 Fax (435) 656-6370  
 www.washingtoncity.org

## EMPLOYMENT APPLICATION

Washington City is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Position Applied For:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Social Security #: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  
 If yes, give date:  Yes  No

Do you have a valid driver's license?  Yes  No

Have you ever been employed with us before?  
 If yes, give date:  Yes  No

Have you ever been discharged or forced to resign from any position?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Can you present evidence that you will be authorized to accept employment in the United States at the time of hire?  Yes  No

On what date would you be available to work: \_\_\_\_\_

Are you available to work:  
 Full time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if the job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years? If yes, please explain:  
 Criminal History check and fingerprinting may be required.  Yes  No

Are you related to any person employed by the City of Washington?  
 If yes, please explain:  Yes  No

Have you used illegal drugs in the last 5 years?  
 If yes, please explain:  Yes  No

Have you ever resigned from or otherwise left any employment while allegations of misconduct or harassment on your part were pending or under investigation?  Yes  No

## EDUCATION HISTORY

Type of Education	Name of School	Location	Course of Study /Degree Received	Did you graduate?
H.S./GED				
College(s)				
Vocational				
Other				

List languages other than English which you speak/read proficiently:

## EMPLOYMENT HISTORY

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

From	Company Name	Telephone #:	Starting Wage
To	Address		Ending Wage
Position		Reason for Leaving	Supervisor

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Position		Reason for Leaving	Supervisor

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held

Other Qualifications (summarize other skills and qualifications):

Specialized Skills (Check skills-Equipment Operated)

Fax  PC  Ten-key  Typewriter  
 Quattro Pro  Wordperfect  Caselle

Production/Mobile Machinery (list):

State any additional information you feel may be helpful to us in considering your application:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied?  Yes  No

## REFERENCES

Name	Years Known	Phone
Address		Occupation

Name	Years Known	Phone
Address		Occupation

Name	Years Known	Phone
Address		Occupation

Name	Years Known	Phone
Address		Occupation

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at the employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employees at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I waive my right of access to such information and hereby release the City and the reference source from any liability in connection with the release or use of the information.

My signature below authorizes the City of Washington to conduct a background investigation and authorizes the release of information in connection with my application for employment. If required for the position, the background investigation may include information released to criminal or civil convictions and motor vehicle reports (driving records) obtained from appropriate sources, including previous employers. I understand that the information will be considered with my qualifications for employment with the City.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_

Employed  Yes  No Job Title \_\_\_\_\_ Date of

Employment: \_\_\_\_\_

Salary \_\_\_\_\_ Department: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_ Interview

Date: \_\_\_\_\_