



511 West Main Street  
Vernal, UT 84078 (435) 789-2199 Fax (435) 789-6491

## Application for Employment

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

(Please Print)

Position Applied for:				
Last Name	First Name	Middle Name		
Address	City	State	Zip	
Phone Number	Cell Phone Number			
E-Mail Address				

Are you Currently Employed? Yes No

May we contact your present employer? Yes No

Are you eligible to work in the United States? Yes No

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

Age requirement for full time is 18 years of age or over.

Are you able to work: Full Time Part Time Temporary

Are you bondable? (Are you insurable to handle money?) Yes No

Are you a convicted felon? Yes No

Would you be willing to submit to a criminal background check and drug test? Yes No

If no, please explain \_\_\_\_\_

## Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Vocational School				
Other (specify)				

Describe any specialized training, apprenticeship, skills, and awards:

## Previous Employment

Please list most recent employer first

Employer		Dates Employed		Work Performed
Address		From	To	
Phone Number		Wage		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Phone Number		Wage		
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Address		From	To	
Phone Number		Wage		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

Other qualifications and additional information:

Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

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

## Professional References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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 an employment decision.

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 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 Employee 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 acknowledge 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date \_\_\_\_\_

[illegible]

For Personnel Department Use Only:

### Arrange Interview

Yes

No

Remarks: