



UINTAH CITY EMPLOYMENT APPLICATION

UINTAH CITY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
2191 E 6550 S, UINTAH, UTAH 84405 (801) 479-4130

1. Position(s) applied for: _____

Have you read the job announcement and description for the position applied for? •Yes ___ • No___

Are you able and willing to perform all the essential functions of the position for which you are applying? Yes ___ No___

2. Name: _____

Address: _____

Street

City

State

zip

Telephone Number: _____ Social Security Number: _____

3. If you have ever been employed by Uintah City, fill in following information:

Department: _____ Position Title: _____ Dates: _____

4. Are you related to anyone presently employed by Uintah City? • No___ • Yes___, who: _____

5. Type of appointment you will accept: • Full Time • Part Time • Temporary • Night Shifts • Rotating Shifts
(Including Weekends) • Summer Only

6. Uintah City requires all new employees to take a drug test prior to reporting to work. Are you willing to be drug tested? • Yes ___ • No___

7. What is the lowest starting salary you will accept: _____

8. From what source did you learn of this position: _____

9. Have you ever been convicted of violating any law other than minor traffic violation? • Yes ___ No ___ (If yes, explain fully on another sheet of paper. A conviction will only be considered as it relates to the job being sought.)

10. If required by the position for which you are applying, do you have a valid driver's license? • Yes ___ No___
C.D.L.? • Yes___ • No___

11. Are you legally able to work in the United States? • Yes___ • No___ Proof will be required upon hire.

12. High School Graduate? • Yes___ • No___ If no, circle highest year completed: 1 2 3 4 5 6 7
8 9 10 11 12 GED? • Yes___ • No___

Education

College or University:	Hours Credit:	OR	Graduate • Yes • No
_____	Quarter: _____		Major: _____
_____	Semester: _____		Minor: _____
_____	Degree: _____		

College or University:	Hours Credit:	OR	Graduate • Yes • No
_____	Quarter: _____		Major: _____
_____	Semester: _____		Minor: _____
_____	Degree: _____		

College or University:	Hours Credit:	OR	Graduate • Yes • No
_____	Quarter: _____		Major: _____
_____	Semester: _____		Minor: _____
_____	Degree: _____		

Graduate School:	Graduate • Yes • No
_____	Major: _____
_____	Minor: _____
_____	Degree: _____

Vocational School:

Name: _____

Address: _____

Subject: _____

• Full Time • Part Time

Length of course (weeks, months, etc.) _____

Was Course Completed? • Yes ___ • No ___ When? ___

Professional or Trades Licenses, certificates, or Registrations:

Type: _____ State: _____

Number: _____

POST, Engineer, Sanitation, Nurse, Etc.

If qualified, fill in the following:

Net Typing Speed Per Minute: _____ Ten Key Speed _____

Other office machines you can operate: _____

13. If you request Veteran's Preference check here and attach official documents certifying honorable veteran's status.* •

14. Summarize special skills and qualifications acquired from previous employment or other experience:

15. References (do not use relatives):

Name:	Address:	Telephone:	Years Known:

Employment History

16. Begin with your present or last employment and list in reverse order. Be brief, but specific. Give complete statement of every position you have had since you first began to work. Complete fully or form may not be accepted.

1. From (Month/Year) ___/___ to ___/___ 1. _____
 2. Full Time: Years ____ Months ____ 2. _____ Name of Employer
 3. Part Time: Average Hours Per Week ____ 3. _____ Number. Street
 4. Starting: \$ _____ Ending: \$ _____ 4. _____ City, State
 5. Reason For Leaving: _____ 5. _____ Title & Duties
 Name, Title & Phone # of Supervisor

1. From (Month/Year)___/___ to ___/___ 1. _____
 2. Full Time: Years ____ Months ____ 2. _____ Name of Employer
 3. Part Time: Average Hours Per Week ____ 3. _____ Number. Street
 4. Starting: \$ _____ Ending: \$ _____ 4. _____ City, State
 5. Reason For Leaving: _____ 5. _____ Title & Duties
 Name, Title & Phone # of Supervisor

1. From (Month/Year) ___/___ to ___/___ 1. _____
 2. Full Time: Years ____ Months ____ 2. _____ Name of Employer
 3. Part Time: Average Hours Per Week ____ 3. _____ Number. Street
 4. Starting: \$ _____ Ending: \$ _____ 4. _____ City, State
 5. Reason For Leaving: _____ 5. _____ Title & Duties
 Name, Title & Phone # of Supervisor

17. Have you ever been known by any other name(s) that we might need to check your work references? •Yes • No
 Please List: _____

You may contact my present or past employers: • Yes • No

I hereby authorize the Uintah City Personnel Office, or the hiring department or its agent to make such investigations and inquiries of my personal, employment, or financial and other related matters as may be necessary in arriving at an employment decision concerning my application for employment. I release Uintah City of any liability for the use of this information in considering and reviewing my application for employment.

I hereby certify that all statement made in this application are true, and I understand and agree that any false statement of material fact herein may cause forfeiture of all my rights to employment. I hereby authorize any previous or current employer to give and release to the Uintah City Personnel Office or to the hiring department or its agent any and all information 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 any previous or current employer from any liability for the use of any or all information given to the Uintah City Personnel Office or the hiring department or its agent in considering my application and reviewing my application for the position applied for. I understand that I am required to abide by all rules and regulations of Uintah City.

Signature: _____ Date: _____

RETURN TO:
 UINTAH CITY PERSONNEL DEPARTMENT 2191 E 6550 S UINTAH, UTAH 84405 (801) 479-4130

IMPORTANT INFORMATION: You must submit a complete application for each position. Failure to submit all necessary information by 5:00 p.m. on the closing date may disqualify you from consideration for appointment. The education and experience sections will be used to determine whether you meet the minimum qualifications for the position for which you are applying. You will not be given credit for education which you do not have documented on the application. You may not be given a personal interview, so be sure to submit all previous related work history and formal training. If you wish to elaborate on your work experience, attach a supplemental sheet or resume to the application. Include military service if applicable. The evaluation method may include combination of the following: oral examination, written examination, performance test or rating of education and/or experience. If a rating of education and/or experience is done, it will be based only on your application. Be certain it is complete. If a written or oral examination is the evaluation method, you will be notified by telephone of the date, time and place of the exam. You may telephone the Personnel Office to determine where you placed on the register or if you did not qualify.

Affirmative Action Information

To better help Uintah City satisfy Merit System principles and meet our Equal Employment Opportunity Affirmative Action Program goals, we would appreciate your response to the information below. This form is for Personnel Department use and will be used for survey purposes only.

Position Applied For: _____ **Today's Date:** _____

Name _____

Date of Birth _____ Sex ----- M ----- F

Marital Status Single Married Divorced Widowed

Number of Children _____

Race White
 Black
 Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native

I certify that the above statements are complete and accurate.

Signature _____ Date _____

Uintah City is an Equal Employment Opportunity Employer

Return to: Uintah City
 2191 E 6550 S
 Uintah, Utah 84405
 (801) 479-4130

For Office Use Only

Officials/Administrators
Professionals
Technicians
Protective Services
Para-professionals
Office and Clerical
Skilled Craft
Service/Maintenance

This form is strictly voluntary for statistical information purposes only