Application For Employment

Fax No. 1-435-734-2038

BOX ELDER COUNTY
01 SOUTH MAIN STREET
BRIGHAM CITY, UTAH 84302

Box Elder County is an equal opportunity employer and provides equal employment opportunity for all applicants and employees. This means the County will consider all applications based upon the individual's ability to perform the duty without regard to race, color, creed, religion, sex, age, national origin or disability. **All employees have the responsibility to perform their duties in a non-discriminatory manner toward other employees and to the public.**

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In

☐ Employment Agency ☐ Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone ( ) _____ Social Security Number _____ / / _____
Area Code

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If Yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No If Yes, give date _____

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work ☐ Full Time ☐ Part-Time ☐ Shift Work ☐ Temporary

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ No ☐ Yes
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

Veteran of the U.S. Military service? ☐ Yes ☐ No If Yes, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status):

_____

_____

_____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

_____

_____

_____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Disabilities.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability **you are invited to volunteer this information** which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

☐ Disabled Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

Signed _____

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In

☐ Employment Agency ☐ Other _____

Name _____ Phone (_____) _____
LAST FIRST MIDDLE Area Code

Address _____
NUMBER STREET CITY STATE ZIP CODE

Voluntary Survey

BOX ELDER COUNTY PERIODICALLY RECEIVES FUNDING FROM FEDERAL SOURCES, WHICH REQUIRES THAT EMPLOYEES DECLARE CERTAIN PERSONAL CHARACTERISTICS THAT RELATE TO EQUAL OPPORTUNITY/AFFIRMATIVE ACTION GUIDELINES. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one:

☐ Male ☐ Female

Check one of the following:

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Disabled Individual

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Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, national origin, disability or other protected status.

1	Employer	Telephone ( )	Dates Employed From	To	Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting	Final	
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone ( )	Dates Employed From	To	Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting	Final	
	Supervisor				
	Reason for Leaving				
3	Employer	Telephone ( )	Dates Employed From	To	Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting	Final	
	Supervisor				
	Reason for Leaving				
4	Employer	Telephone ( )	Dates Employed From	To	Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting	Final	
	Supervisor				
	Reason for Leaving				

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

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. _____

_____

_____

_____

Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed/Degree	8	12	4	4
Diploma Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				

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

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

It is my understanding the Box Elder County will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Box Elder County and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I agree that my employment may be terminated by Box Elder County at any time without liability for wages or salary except such as may have been earned at the date of such termination.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to the effect is executed by the employer and the employee in writing.

I understand that if I am employed, such employment is for no definite period of time and that Box Elder County can change wages, benefits and conditions at any time.

I understand, also, that I am required to abide by all rules and regulations of the employer.

I have read and understand the above.

Signature of Applicant _____ Date _____

• APPLICATION WILL BE ACTIVE 60 DAYS •