



# COALVILLE CITY EMPLOYMENT APPLICATION

**PLEASE TYPE OR PRINT CLEARLY IN INK.  
A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION.**

Position Applied for		Date of Application
Last Name	First Name	Middle Initial
Mailing Address	Physical Address	City, State, Zip Code
Telephone Numbers		
Home	Work	Cell
Email Address		

Have you ever filed an application with Coalville City before?  Yes  No

Have you been employed by Coalville City before?  Yes  No

Have you been convicted of a crime in adult court, excluding traffic violations in the last seven years?  
 Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Employment desired:  Full Time  Part Time  Temporary  Seasonal

Have you completed a high school degree or GED?  Yes  No

List any languages, other than English, in which you are fluent. \_\_\_\_\_

List any relatives presently employed by Coalville City. \_\_\_\_\_

Describe any specialized training and extra-curricular activities. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Education</b> University, Community, Business or Technical College and city/state	Date Attended	Official Major	Degree Yes/No	Type Degree

Trade School, Correspondence Course or Apprenticeship and city/state	Date Attended	Subject/Field	Course Completed	Type Certification

List any professional or trade licenses, certificates or registrations.

Specialized skills. Please check or list skills, computer programs and equipment operated:

<input type="checkbox"/> PC	<input type="checkbox"/> 10 key	<input type="checkbox"/> CAD
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Database	<input type="checkbox"/> Desktop Publishing	
<input type="checkbox"/> Other	_____	
	_____	

# Employment Experience

List your most recent job first. Please include military experience and volunteer activities.

Employer	Dates (Month/Year)
Address	From:
Telephone Number                      Job Title	To:
Duties	Salary/hour
	Start:
	Finish:
Reason for Leaving                      Supervisor Name	Title

Employer	Dates (Month/Year)
Address	From:
Telephone Number                      Job Title	To:
Duties	Salary/hour
	Start:
	Finish:
Reason for Leaving                      Supervisor Name	Title

Employer	Dates (Month/Year)
Address	From:
Telephone Number                      Job Title	To:
Duties	Salary/hour
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Employer	Dates (Month/Year)
Address	From:
Telephone Number                      Job Title	To:
Duties	Salary/hour
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Reason for Leaving                      Supervisor Name	Title

Employer	Dates (Month/Year)
Address	From:
Telephone Number                      Job Title	To:
Duties	Salary/hour
	Start:
	Finish:
Reason for Leaving                      Supervisor Name	Title

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

**References**

Please list three professional references.

1.	_____	_____
	Name	Telephone Number
	_____	
	Address	
2.	_____	_____
	Name	Telephone Number
	_____	
	Address	
3.	_____	_____
	Name	Telephone Number
	_____	
	Address	

**References**

Please list three personal references.

1.	_____	_____
	Name	Telephone Number
	_____	
	Address	
2.	_____	_____
	Name	Telephone Number
	_____	
	Address	
3.	_____	_____
	Name	Telephone Number
	_____	
	Address	

All information on this form is true and correct to the best of knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause me to be terminated. I understand that if I am employed, my employer may terminate me at any time without reason or explanation.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_