

Town of Randolph

P.O. Box 127
Randolph, UT 84064
Phone (435) 793-3185
Fax (435) 793-3180

PERSONAL INFORMATION

DATE _____
NAME _____
ADDRESS _____ (street) (city) (state) (zip)
TELEPHONE _____ SSN _____
BIRTHDATE _____
POSITION APPLIED FOR _____
Do you have a drivers license? ___ YES ___ NO Do you have a CDL? ___ YES ___ NO
Date available to begin work? _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ YES ___ NO
If yes, explain _____
APPLICANT WILL BE SUBJECT TO INITIAL AND RANDOM DRUG SCREENINGS AND BACKGROUD CHECK _____ (INITIALS)

SCHOOL

Type of School	Name of School	Number of years completed	Major or Degree
High School			
College			
Bus., Trade, Professional School			

(*continue on back)

