

# 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 _____ (INITIALS)
PARENTS SIGNATURE (minors only) _____

## SCHOOL

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

(\*continue on back)

**WORK EXPERIENCE** (list current and pervious employer)

Name of employer: Address: Phone Number:	Name of supervisor:	Employment Dates Begin: End:
Reason for leaving:		
Job Title:		

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Job Title:		

May we contact you present employer? \_\_\_ YES \_\_\_ NO

**REFERENCES**

Name_____	Name_____
Relation_____	Relation_____
Telephone_____	Telephone_____

**SKILLS, ABILITIES, OR ANYTHING ELSE PERTAINING TO POSITION**

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