

# 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)

## 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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Reason for leaving:		
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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