APPLICATION FOR EMPLOYMENT

Snyderville Basin Water Reclamation District 2800 Homestead Road, Park City, Utah 84098 (435) 649-7993 or FAX (435) 649-8040

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status.

PERSONAL INFO	RMATION					
Name: Date:						
Address:						
Email address						
Telephone Number(s):				Salary	or pay yo	ou expect:
2. WORK PEFERENC Describe your prior expe		ind of work that yoiu	ı want:			
Describe any formal scho	ooling or traini	ng you have for this v	work:			
List any licenses, security	or bonding cl	earance, or certificat	es that you hav	ve:		
List any office skills that y	you have (typi	ng, machine operatic	on, computer p	rograms):		
Referral source:Friend	Relative	Advertisement	Walk-In	Website	Other	
3. AVAILABILITY FO	R WORK					
Date available for work:		Full time	Part time	Temp Yes	orary	No
Will you work overtime i	f necessary?					
Will you work extra days	in the week, i	f necessary?				
Do you want to work else	ewhere or atte	end school while wor	king here?			
Do you have any continu Reserves, which may affe		<u> </u>	e Guard or			

4. PRESENT EMPLOYMENT

Yes No

Are you presently employed?

Do you authorize us to contact your present employer as a reference?

How much advance notice do you wish to give to your present employer?

5. PERSONAL HEALTH

If offered a position with Snyderville Basin Water Reclamation District, your employment may be conditioned upon the results of a medical examination, drug tests, and/or job-related physical ability tests.

6. PRIOR EVENTS

Yes

No

Have you ever worked for this agency before?

Do you authorize us to contact your previous employer(s) for references?

Have you ever been terminated by a previous employer(s)?

Have you ever been convicted of a felony?

Please list any friends or relatives working for Snyderville Basin Water Reclamation District:

EDUCATION AND TRAINING

a) High School

Name of last high school attended:

Date last attended: Years completed:

Did you graduate or receive a GED? Yes No

b) College or University

Name of last college or university attended:

Date last attended: Years completed:

What was your major/course of study?

Did you graduate? Yes No

What degree did you receive? Associate Bachelors Masters Doctorate

c) Other Schools (Trade, Correspondence, etc.)

Name of school attended:

Date last attended: Years completed:

What was your major/course of study?

Did you graduate? Yes No

	EMPLOYMENT HISTORY		
a)	Present employer:	Supervisor:	
		Telephone:	
		То	
		Ending:	
	Reason(s) for leaving:		
b)	Previous employer:	Supervisor:	
	Address:	Telephone:	
	Dates of employment: From	То	
	Job title:		
	Main duties:		
		Ending:	
	Reason(s) for leaving:		
c)	Previous employer:	Supervisor:	
•	Address:	Telephone:	
	Dates of employment: From	То	
	Job title:		
	Main duties:		
	Wages or Salary: Starting	Ending:	
	Reason(s) for leaving:		
d)	Previous employer:	Supervisor:	
•	Address:	Telephone:	
	Dates of employment: From	То	
	Job title:		
	Main duties:		
	Wages or Salary: Starting	Ending:	
	Reason(s) for leaving:		
,			
a)	Name	Telephone #	
	Relationship		
b)	Relationship Name	Telephone #	
b)		Telephone #	
	b)	a) Present employer: Address: Dates of employment: From Job title: Main duties: Wages or Salary: Starting Reason(s) for leaving: b) Previous employer: Address: Dates of employment: From Job title: Main duties: Wages or Salary: Starting Reason(s) for leaving: c) Previous employer: Address: Dates of employment: From Job title: Main duties: Wages or Salary: Starting Reason(s) for leaving: d) Previous employer: Address: Dates of employment: From Job title: Main duties: Wages or Salary: Starting Reason(s) for leaving: d) Previous employer: Address: Dates of employment: From Job title: Main duties: Wages or Salary: Starting Reason(s) for leaving:	

Relationship

10. CERTIFICATE OF APPLICATION

All information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause my employment to be terminated. I authorize any employer accepting this application and any person, organization, former employer, or other entity listed in this application to ask or answer any and all questions about me, and I agree not to sue and to hold harmless any person or entity that provides information or expresses an opinion about me or my performance. I understand that this document is an application for employment and not an offer to employ me. I understand that if I am employed, my employer may terminate me at any time without reason or explanation. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment. If hired, I agree that the value of any advance payment, property issued to me, or other debt I owe my employer shall be due upon termination of my employment and may be deducted from wages or other payments owed to me at the time of my termination of employment.

Printed Name of Applicant

Date