

# EMPLOYMENT APPLICATION



852 E ARROWHEAD LANE  
MURRAY, UT 84107  
(801) 262-7476

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

<b>Position Applied For</b>		<b>Date of Application</b>		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>Address Number</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone Number(s)</b>		<b>Social Security Number</b>		

Best time to contact you at home is: \_\_\_\_\_ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO  
If yes, give the date. \_\_\_\_\_

Have you ever been employed with us before?  YES  NO  
If yes, give the date. \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  YES  NO

Are you currently employed?  YES  NO

Are you currently on "lay-off" status and subject to recall?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO  
*Proof of citizenship or immigration status will be required upon employment.*

Have you been convicted of a felony within the last five years?  YES  NO

Can you travel if a job requires it?  YES  NO

Date available for work \_\_\_/\_\_\_/\_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work :  Full-Time  
 Part-Time (please indicate mornings or afternoon) \_\_\_\_\_  
 Temporary (please indicate dates available) \_\_\_/\_\_\_/\_\_\_\_\_ - \_\_\_/\_\_\_/\_\_\_\_\_

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra curricular activities.


Describe any job-related training received in the US military


# EMPLOYMENT EXPERIENCE

<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
		From	To	
Address				
Telephone Number		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
		From	To	
Address				
Telephone Number		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
		From	To	
Address				
Telephone Number		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
		From	To	
Address				
Telephone Number		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
		From	To	
Address				
Telephone Number		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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

<p><u>List professional, trade, business or civic activities and offices held.</u>          You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</p>

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualification acquired from employment or other experience.


### Specialized Skills

### Check Skills/Equipment Operated

Keyboard (WPM)	_____	Word	_____
Ten Key (SPM)	_____	Power Point	_____
Excel	_____		
Other	_____		

State any additional information you feel may be helpful to us in considering your application.


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?       YES       NO

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

**1.** \_\_\_\_\_ ( )  
NAME PHONE NUMBER NUMBER OF YEARS ACQUAINTED

ADDRESS OCCUPATION

**2.** \_\_\_\_\_ ( )  
NAME PHONE NUMBER NUMBER OF YEARS ACQUAINTED

ADDRESS OCCUPATION

**3.** \_\_\_\_\_ ( )  
NAME PHONE NUMBER NUMBER OF YEARS ACQUAINTED

ADDRESS OCCUPATION

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer:

Signature of Applicant

Date



### Prospective Employee Compliance Certification

I, \_\_\_\_\_, hereby certify that I:

- Have not been charged with or convicted of committing any criminal offense.
- Have been charged with or convicted of committing a criminal offense(s).  
(Please provide complete information with respect to the Charge(s), conviction(s), prohibition(s), notice(s), and/or investigation(s) at issue): \_\_\_\_\_

\_\_\_\_\_

- Do not have charges for violating any criminal law pending.
- Have charges for violating a criminal law(s) pending.  
(Please provide complete information with respect to the Charge(s), conviction(s), prohibition(s), notice(s), and/or investigation(s) at issue): \_\_\_\_\_

\_\_\_\_\_

- I am not the subject of or otherwise part of any ongoing federal or state investigation.
- I am the subject of or otherwise part of an ongoing federal or state investigation.  
(Please provide complete information with respect to the Charge(s), conviction(s), prohibition(s), notice(s), and/or investigation(s) at issue): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date