



Application for Employment

20 North Main Alpine, UT 84004 • 801-756-6347 (Phone) • 801-756-1189 (Fax) • www.alpynecity.org

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, and any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)			

If under 18 years of age, can you provide required proof of work eligibility? ☐ Yes ☐ No

Have you ever filed an application with us before? _____ ☐ Yes ☐ No
If Yes, give date

Have you ever been employed with us before? _____ ☐
Yes ☐ No
If Yes, give date

Are you currently employed? ☐ No ☐ Yes

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.

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? Yes ☐ No ☐

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

Indicate any foreign language you can speak, read and or/write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

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

Describe any job-related training received in the United States Military

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1. Employer:	Date Employed:		Work Performed:
Address:	From	To	
Phone Number(s):	Hourly Rate / Salary:		Reason for Leaving:
	Starting	Final	
Job Title:			
Supervisor:			

2. Employer:	Date Employed:		Work Performed:
Address:	From	To	
Phone Number(s):	Hourly Rate / Salary:		Reason for Leaving:
	Starting	Final	
Job Title:			
Supervisor:			

3. Employer:	Date Employed:		Work Performed:
Address:	From	To	
Phone Number(s):	Hourly Rate / Salary:		Reason for Leaving:
	Starting	Final	
Job Title:			
Supervisor:			

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

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

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. 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 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 any application or interview(s) may result in discharge. I understand, also, that I am required to abide by rules and regulations of the employer.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? ☐ Yes ☐ No

Remarks _____

Employ? ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Date _____
Name and Title

NOTES:

ALPINE CITY WAIVER FOR INFORMATION RELEASE

TO WHOM IT MAY CONCERN:

I hereby give authorization to any representative for Alpine City, Utah to check into my credit history, academic records, driving history, criminal history, or with past and present employers to obtain information from these records in connection with my application for employment with Alpine City, Utah.

Furthermore, any individual, business, or governmental body providing information to Alpine City pursuant to a pre-employment investigation will not be held liable.

Printed Name of Applicant _____ Date _____

Signature of Applicant _____ Date _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public _____

My Commission Expires _____

DRUG TESTING CONSENT

I understand that Alpine City requires drug testing as a part of its selection and hiring process. I also understand that such drug testing will consist of taking of urine, or any other medically recognized test designed to detect traceable amounts of drugs in the body. I further understand that if such testing indicates the presence of drugs in my body in any detectable amount, I will be disqualified from further hiring consideration. I hereby give my consent to Alpine City to administer any or all of the above drug testing procedures to me, and to use the results thereof in further determining my employability with Alpine City. I understand that this is not a contract for employment and that even if employed, I will remain terminable at will and free to resign at any time I wish.

I represent that I am currently not using illegal drugs or taking drugs illegally. I hereby certify that this information is correct to the best of my knowledge and understand that falsification or omission in any detail is grounds for disqualification from further consideration or for dismissal from employment at the time Alpine City discovers the omission or falsification.

Applicant's Signature _____ Date _____

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

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

Specialized Skills		
Check Skills or Equipment Operated		
<u>Computer skills</u>	<u>Operation of Equipment</u>	<u>Other Skills (List)</u>
<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Graphics Programs <input type="checkbox"/> Newsletter <input type="checkbox"/> Web Page	<input type="checkbox"/> Backhoe <input type="checkbox"/> Snow Plow <input type="checkbox"/> Dump Truck <input type="checkbox"/> Lawn Mower <input type="checkbox"/> Weed Eater	

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

<p>Note to Applicants</p> <p>DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</p> <p>Are you capable of performing in a reasonable manner with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

REFERENCES

1. Name	Phone
Address	
2. Name	Phone
Address	
3. Name	Phone
Address	