



1211 S 700 W, SLC, UT 84104, (801) 975-0281 Phone, (801) 975-0291 Fax

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER; ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Name (Last, First) _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Office Phone _____ Cell Phone _____
Email Address: _____ Social Security Number: _____
Drivers License # _____ State _____ Class _____ Expiration Date _____

Position Sought: _____
How did you learn about the position? _____
On what date would you be available for work? _____ Desired Wage/Salary \$ _____
Are you currently employed? Yes No
Have you ever worked for this company? Yes No If so, when? _____
Are you a U.S. citizen, or otherwise authorized to work in the U.S. without restriction? Yes No
Are you a veteran of the U.S. Military? Yes No
Have you ever been convicted of a felony? Yes No
If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

EMPLOYMENT HISTORY

Start with your current job or most recent job and include military assignments.

1. Employer _____ Job Title _____
Dates Employed: From _____ To _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Starting Wage/Salary _____ Ending Wage/Salary _____
Duties Performed _____
Reason for Leaving _____
May we contact your previous supervisor for a reference? Yes No

2. Employer _____ Job Title _____
Dates Employed: From _____ To _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Starting Wage/Salary _____ Ending Wage/Salary _____
Duties Performed _____
Reason for Leaving _____
May we contact your previous supervisor for a reference? Yes No

3. Employer _____ Job Title _____
 Dates Employed: From _____ To _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____
 Starting Wage/Salary _____ Ending Wage/Salary _____
 Duties Performed _____
 Reason for Leaving _____
 May we contact your previous supervisor for a reference? Yes No

4. Employer _____ Job Title _____
 Dates Employed: From _____ To _____ Prior Position Held within Company (if any): _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____
 Starting Wage/Salary _____ Ending Wage/Salary _____
 Duties Performed _____
 Reason for Leaving _____
 May we contact your previous supervisor for a reference? Yes No

EDUCATION				
School Name	Location	# of Years Attended	Degree Received Yes or No	Major

Other training, certifications, or licenses held: _____

List other skills, qualifications, or other items that may contribute to your abilities in performing the above mentioned position: _____

ACKNOWLEDGMENT AND AUTHORIZATION

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 my application, submitted resume, 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