



# Grantsville City Job Application

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

(PLEASE PRINT)

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## WORK PREFERENCE

Position applying for: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

Describe prior work experience related to position: \_\_\_\_\_  
\_\_\_\_\_

Describe any formal schooling or training related to this work: \_\_\_\_\_

List any licenses, security or bonding clearance or certificates that you have: \_\_\_\_\_  
\_\_\_\_\_

Referral Source: \_\_\_ Friend \_\_\_ Relative \_\_\_ Employee \_\_\_ Other: \_\_\_\_\_

## AVAILABILITY

Date available for work: \_\_\_\_\_ FULL TIME: \_\_\_ PART TIME: \_\_\_ TEMP: \_\_\_

Shifts or times that you are available: DAYS \_\_\_ EVENINGS \_\_\_ GRAVEYARDS \_\_\_  
ROTATING \_\_\_ WEEKENDS \_\_\_ HOLIDAYS \_\_\_

Willing to work overtime if necessary? YES \_\_\_ NO \_\_\_

Willing to work extra days in the week, if necessary? YES \_\_\_ NO \_\_\_

Do you want to work elsewhere or attend school while working here? YES \_\_\_ NO \_\_\_

## PRESENT EMPLOYMENT

Are you presently employed? YES \_\_\_ NO \_\_\_

Do you authorize us to contact your present employer as a reference? YES \_\_\_ NO \_\_\_

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

**PERSONAL HEALTH**

If offered a position with Grantsville City Corporation, your employment may be conditioned upon the results of a medical examination, drug test, and/or job-related physical ability tests.

Will you submit to these test? YES \_\_\_\_\_ NO \_\_\_\_\_

**PRIOR EVENTS**

Have you ever been a part of the Utah Retirement System (URS)? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever worked for this agency before? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any friends or relatives working for Grantsville City Corp.? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you authorize us to contact your previous employer(s) for references? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been terminated by a previous employer(s)? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a veteran? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you legally eligible to work in the US? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of a felony? If YES please explain. YES \_\_\_\_\_ NO \_\_\_\_\_

What are your interests or hobbies? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

School name	Location	Years attended	Degree received	Major

**REFERENCES (business or professional only)**

Name	Title	Company	Phone

<b>EMPLOYMENT HISTORY</b>			
Employer (1)	Job title		Dates employed
Work Phone	Starting pay		Ending pay
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work Phone	Starting pay		Ending pay
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work Phone	Starting pay		Ending pay
Address	City	State	Zip
Employer (4)	Job title		Dates employed
Work Phone	Starting pay		Ending pay
Address	City	State	Zip

<b>CERTIFICATE OF APPLICATION</b>		
<p>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 to not 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 an 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 payment owed to me at the time of my termination of employment.</p>		
_____	_____	_____
Signature of Applicant	Printed Name of Applicant	Date