

GENERAL EMPLOYMENT APPLICATION

A resume and other supporting documents may be submitted, but are not substitutes for this application form.

1. PERSOI	NAL INF	ORMATION]				
Name:				Emai	il:		
Addross:	Last,	First,	Middle				
Phone 1:			Phone 2:				
Are you eligibl						Yes	
Do you intend	to work	elsewhere	or attend scl	nool while w	orking here	?	
						Yes	
Do you have ar may affect you			ary obligatior	ns, such as th	he Guard or	Reserves, whichYes	No
may arrect you	II WOIK S	criedule?				1es	INO
2 POSITIO	ON AND	RFI ATFD	INFORMATIO	N			
Position applyi Salary or pay y	ou expe	 ct:					
Date available	for wor	<:					
				ns of the job	for which y	ou have applied,	either
with or withou	t reason	able accor	mmodation?			Yes	No
Describe your	prior exp	perience ir	n the kind of v	work that yo	ou want:		
Describe any fo	ormal sc	Ū	0 3				
List any license	es, secui		ding clearanc			ou have:	
Office skills (ty	ping ma	•	•				
3. EDUCA	TION						
High School Name:							
Location:							
	City	/ State				Voc	No
Did you gradua What was your		oint avera	ige?			Yes On scale of 1	

College or University	
Name:	
Location:	
Dates attended:	
Dates attended:What was your major?	
Did you graduate?	YesNo
Type of degree:	(BS, BA, etc.)
Graduate School	
Name:	
Location:	
Dates attended:	
Dates attended:What was your major?	
Did you graduate?	YesNo
Type of degree:	
Other Schools (Trade, Correspondence, etc.)	
Name:	
Location:	
City / State	
Dates attended:	
What was your major?Did you graduate?	YesNo
What degree or certification did you receive?	
4. EMPLOYMENT HISTORY	
Are you presently employed?	YesNo
Do you authorize us to contact your present employer	
Should you be offered a position with Diagont View (YesNo
Should you be offered a position with Pleasant View (wish to give to your present employer?	
wish to give to your present employer:	
Present Employer:	
Position Title:	
Supervisor:	
Address:	
Dates of Employment: From:	
Main Duties:	
Wages or Salary Starting:	Ending:
Reason(s) for Leaving:	
Next Recent Employer:	
Position Title:	

Pleasant View City, 520 W Elberta Drive, Pleasant View UT 84414

Supervisor:			
Address:		:	
Dates of Employment: From: Main Duties:			
Wages or Salary Starting:Reason(s) for Leaving:			
Next Previous Employer: Position Title: Supervisor:			
Address:			
Dates of Employment: From: Main Duties:			
Wages or Salary Starting:Reason(s) for Leaving:			
5. ADDITIONAL INFORMATION Have you earned any pension or retiremen	nt credits in the Utah Retir	rement system?	
	_	Yes	No
Referral Source: Friend Other (please state the name	Relative	Yes Employmen ual):	nt Agency
Do you have any friends or relatives worki will not automatically disqualify you from	ng for the City of Pleasant	: View? (A yes resp	ponse
Who? Do you authorize us to contact your previous	ous employer(s) for referer	Yes nces? Yes	
Have you ever been terminated by a previ (A yes response will not automatically dis Explain:	squalify you from considera	ation). Yes	No
Have you ever been convicted of a felony (A yes response will not automatically dis			
Have you served in the armed forces?	- -	Yes Yes	No
Have you ever resigned or otherwise left a harassment on your part were pending or			
Are you aware of any current investigation you?	n that may possibly result i -	_	es against

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Have you used illegal drugs in the last 5 years?	YesNo
Have you ever been convicted of any violation of the violations?(e.g. speeding is a minor violation, DUI and	
Please clarify or explain any previous responses here	
6. REFERENCES	
Reference 1 Name:	Phone:
Address:How do you know this person?	
Reference 2 Name:	Phone:
Address:	
How do you know this person?	
Reference 3 Name:	Phone:
Address:	
How do you know this person?	
7. CERTIFICATE OF APPLICATION	
All information on this form is true and correct to the best of misrepresentation of information may cause my application to be employment to be terminated. I authorize any employer acceptiformer employer, or other entity listed in this application to ask agree not to sue and to hold harmless any person or entity that person may performance. I understand that this document is an appemploy me. If offered a position with the City of Pleasant View, upon the results of a medical examination, drug tests, and/or jothe nature of the position I am applying for may require a crimin and/or drug test. If hired, I agree to protect the confidentiality consequence of my employment. If hired, I agree that the value or other debt I owe my employer shall be due upon termination wages or other payments owed to me at the time of my termination.	e rejected or, if I am hired, may cause my ing this application and any person, organization, or answer any and all questions about me and I provides information or expresses an opinion about oplication for employment and not an offer to I understand that employment may be conditioned ob-related physical ability tests. I understand that hal background check, public records search, of any confidential information I obtain as a of any advance payment, property issued to me, of my employment and may be deducted from
Signature of Applicant Printed Name of Applicant	plicant Date

WAIVER OF LIABILITY RELEASE OF INFORMATION

NAME		
Last	First	Middle
DATE OF BIRTH	S.S.#	
investigation into any and a personal activities, financial	l aspects of my life (including	to conduct a thorough background, but not limited to moral character, d police records and to solicit from ast and present status.
release all persons, firms, ag		er it is if record or not, and I do hereb installations, whomsoever, from any rmation.
Signature		Date
Subscribed and sworn to be This day of		
Notary Public, Residing in		
Commission expires		

Note: A photocopy representation of this request shall be for all intent and purposes as valid as the original. You may retain this form for your files.