

SOUTH WEBER CITY
1600 E. South Weber Drive
South Weber, Utah 84405

Telephone: 801-479-3177 Fax: 801-479-0066

Website: www.southwebercity.com

APPLICATION FOR EMPLOYMENT

1. PERSONAL INFORMATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

You may attached your RESUME or additional sheets if you wish to provide additional information

2. WORK PREFERENCE

Position applying for, or kind of work desired: _____

Salary or pay you expect: \$ _____ Per Hour OR \$ _____ Annual

Describe your prior experience in the kind of work that you want: _____

Describe any formal schooling or training you have for this work: _____

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

Office skills (typing, machine operation, computer programs): _____

Referral Source (check one):

Job Announcement Friend Relative Employment Agency

Other (please state the name of the agency or individual): _____

3 . AVAILABILITY FOR WORK

Date available for work: _____

Full time Part time Temporary (check all that apply)

Will you work daily overtime on occasion, if necessary? Yes No

Will you work extra days in the week, if necessary? Yes No

4. PRESENT EMPLOYMENT

Are you presently employed? Yes _____ No _____

Do you authorize us to contact your present employer as a reference? Yes _____ No _____

5. PERSONAL HEALTH

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

6. PRIOR EVENTS

Have you ever worked for this agency before? Yes _____ No _____

Do you have any friends or relatives working for South Weber City? 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 _____

If "Yes" explain: _____

Have you ever been convicted of a felony? Yes _____ No _____

7. EDUCATION AND TRAINING

High School

Name of High School: _____

City and State: _____

Highest year completed (check one): ___9 ___10 ___11 ___12

Did you graduate? Yes ___ No ___ What was your grade point average? _____

College or University

Name of College or University: _____

City and State: : _____

What was your major? _____

Did you graduate? Yes ___ No ___ What was your grade point average? _____

Highest year of education completed (check one): ___13 ___14 ___15 ___16 ___17 ___18+

What degree did you receive ? ___Associates ___Bachelors ___Masters ___Doctorate

Other Schools (Trade, Correspondence, etc.)

Name of School: _____

City and State: _____

Subject or Major? _____

Did you graduate or complete program? Yes ___ No ___

What degree or certificate(s) did you receive? _____

8. EMPLOYMENT HISTORY

Present Employer: _____

Supervisor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment. From: _____ To: Present

Main Duties: _____

Wage or Salary: Starting: \$ _____ Ending: \$ _____

Reason(s) for Leaving: _____

Previous Employer #1: _____

Supervisor: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment. From: _____ To: _____

Main Duties: _____

Wage or Salary. Starting: \$ _____ Ending: \$ _____

Reason(s) for Leaving: _____

Previous Employer #2: _____

Supervisor: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment. From: _____ To: _____

Main Duties: _____

Wage or Salary. Starting: \$ _____ Ending: \$ _____

Reason(s) for Leaving: _____

9. CERTIFICATE OF APPLICATION

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 not to sue and to hold harmless any person or entity that provides information or expresses an opinion about me or my performance. If selected for the position I understand that my employment is conditioned upon successfully passing a pre-employment drug screening as well as a pre-employment criminal background check to which I give my full consent and authorization to South Weber City.

I understand that this document is an application for employment and not an offer to employ me. 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 any 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 payments owed to me at the time of my termination of employment.

Signature of Applicant

Printed Name of Applicant

Date: _____

Attach the following certificates if required:

CDL License _____

Other Certifications _____

Space for additional information if needed