

## Eureka City Corporation

P. O. Box 156

15 North Church Street Eureka, Utah 84628

> Phone: 435-433-6915 FAX: 435-433-6891

## APPLICATION FOR EMPLOYMENT

PERSONAL					
NAME (Last, First, Middle Initial):					
OTHER NAMES PR	EVIOUSLY USED:				
NO. & STREET or P	POST OFFICE BOX NO.:				
CITY:	CITY: STATE: ZIP:				ZIP:
TELEPHONE NUM	BER:				
SOCIAL SECURITY					
	RECORD OF E	EDUCATIO	N		
		COURSE	CIRCLE	DID YOU	LIST
SCHOOL	NAME AND ADDRESS OF SCHOOL	OF	LAST YEAR	GRADUATE	DIPLOMA
		STUDY	COMPLETED		OR DEGREE
HIGH			1 2 3 4		
*COLLEGE			1 2 3 4		
*OTHER			1 2 3 4		
(Specify)					
*OTHER			1 2 3 4		
(Specify)					
*OTHER			1 2 3 4		
(Specify)					
* When claiming college, business, armed forces, or vocational school credit, you must submit transcripts					
or other certified documents (original or photocopy) with your application.					
CERTIFICATES: List job related professional or trade licenses, certificates or registrations -					
Title	State		No		
CERTIFICATES: List job related professional or trade licenses, certificates or registrations -					
Title No					

## WORK HISTORY, TRAINING AND EXPERIENCE

BEGIN WITH YOUR PRESENT OR MOST RECENT JOB AND DESCRIBE, IN THE BOXES BELOW, ALL PERIODS OF EMPLOYMENT, SUCH AS PAID (full or part-time), VOLUNTEER (full or part-time), SELF EMPLOYMENT AND/OR MILITARY SERVICE. IF YOU HELD MORE THAN ONE POSITION WITH THE SAME EMPLOYER, USE A SEPARATE BOX FOR EACH POSITION. IF YOU HAVE RECEIVED POSITION RELATED SPECIALIZED TRAINING EXPERIENCE APART FROM OR NOT INCLUDED WITH A SPECIFIC EMPLOYER, USE A SEPARATE BOX TO DESCRIBE OR EXPLAIN. ATTACH ADDITIONAL SHEETS IF NECESSARY, USING THE SAME FORMAT.

BOX TO DESCRIBE OR EXPLAIN. ATTACH ADDITIONAL SHEETS IF NECESSARY, USING THE SAME FORMAT.				
EMPLOYER:	SUPERVISOR'S NAME AND TITLE:			
COMPLETE ADDRESS:				
	TELEPHONE:			
YOUR TITLE:	EMPLOYMENT DATES:			
DUTIES:				
REASON FOR LEAVING:				
EMPLOYER:	SUPERVISOR'S NAME AND TITLE:			
COMPLETE ADDRESS:				
	TELEPHONE:			
YOUR TITLE:	EMPLOYMENT DATES:			
DUTIES:	•			
REASON FOR LEAVING:				
EMPLOYER:	SUPERVISOR'S NAME AND TITLE:			
COMPLETE ADDRESS:	SOLEK VISOK STVINIE TIND TITEE.			
COWILLETE ADDRESS.	TELEPHONE:			
YOUR TITLE:	EMPLOYMENT DATES:			
DUTIES:	EMPEOTIMENT BITTED.			
REASON FOR LEAVING:				

EMPLOYER:		SUPERVISOR'S NAME AND TITLE:
COMPLETE ADDRESS:		
		TELEPHONE:
YOUR TITLE:		EMPLOYMENT DATES:
DUTIES:		
REASON FOR LEAVING:		
EMPLOYER:		SUPERVISOR'S NAME AND TITLE:
COMPLETE ADDRESS:		
		TELEPHONE:
YOUR TITLE:		EMPLOYMENT DATES:
DUTIES:		
REASON FOR LEAVING:		
EMPLOYER:		SUPERVISOR'S NAME AND TITLE:
COMPLETE ADDRESS:		
		TELEPHONE:
YOUR TITLE:		EMPLOYMENT DATES:
DUTIES:		
REASON FOR LEAVING:		
EMPLOYMENT	DESIRED	
	DATE YOU	SALARY
POSITION APPLIED FOR:	CAN START:	DESIRED:
IF SO, MAY WE INQUIRE OR YOUR ARE YOU EMPLOYED NOW? PRESENT EMPLOYER?		
IAVE YOU APPLIED TO THIS COMPANY BEFORE?		
IF SO, WHEN?		
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:		
JOB RELATED SKILLS:		

	REFERENCES			
LIST THREE PERSOI	NS WHO ARE NOT RELATED TO YOU AND WHO HAVE D	EFINITE KNOWLED	GE OF YOU	R
QUALIFICATIONS F	OR THE POSITION FOR WHICH YOU ARE APPLYING.			
FULL NAME	PRESENT BUSINESS OR	BUSINESS C	)R	TELEPHONE
	HOME ADDRESS	OCCUPATION	ON	NUMBER
HAVE YOU, SINCE THE	AGE OF 18, BEEN CONVICTED OF A CRIME, EXCLUDING MINOR T	RAFFIC	YES	NO
OFFENSES? IF YES, GIV	VE DATES, DETAILS AND PENALTIES FOR EACH OCCURANCE. INC	CLUDING DATES OF		
PROBATIONARY PERIO	DDS. ATTACH ADDITIONAL SHEETS IF NECESSARY. (Note: Each cor	nviction will be		
judged in relation to time,	seriousness, circumstances, and relationship to the position sought, and will	not		
necessarily bar you from e	mployment.)			
THE POSTION FOR WHI	ICH YOU ARE APPLYING REQUIRES DRIVING A VEHICLE, DO YOU	POSSESS	YES	NO
A CURRENT DRIVERS I	LICENSE? IF YES, SPECIFY TYPE, STATE AND NUMBER			
THE POSITION FOR WH	IICH YOU ARE APPLYING MAY BE HAZARDOUS IN NATURE, INCLU	JDING BUT NOT	YES	NO
LIMITED TO WORKING	WITH OR AROUND HEAVY EQUIPMENT OR HAZARDOUS MATERI	ALS, ARE YOU 18		
YEARS OF AGE OR OLI	DER?			
HAVE YOU EVER BEEN EMPLOYED BY EUREKA CITY?  YES				NO
IF YES, PLEASE EXPLA	IN ON A SEPARATE SHEET. INCLUDE THE FOLLOWING INFORMAT	TION: WHEN, WHERE,		
NAME OF SUPERVISOR	z, AND REASON FOR LEAVING.			
ARE YOU A CITIZEN BY BIRTH OR A NATURALIZED CITIZEN OF THE U. S.? YES NO				NO
IF NO, ARE YOU ELIGIE	BLE TO WORK IN THE U. S.?		YES	NO
ARE YOU WILLING TO	HAVE YOUR CURRENT EMPLOYER CONTACTED REGARDING YOU	JR	YES	NO
EMPLOYMENT RECOR	D?			
falsification and that the ir time disclose any such mis from employment. I further	G CAREFULLY BEFORE SIGNING THIS STATEMENT: I affirm that information is true and complete to the best of my knowledge and belief. I am srepresentation or falsification, my application will be rejected or, if employer authorize any of my employers (subject to my answer to the previous quest City any private or confidential information concerning my employment.	d by Eureka City, I may b	gation at any	ations or
SIGNATURE OF APPLIC	DATE			-
hereby authorize Eureka C I understand that all inform on my part will result in di from further consideration any civil liability under the	Eity to conduct a thorough background investigation in any and all aspects of nation will be kept confidential and released only to authorized individuals. It is squalification from further consideration (prior to hire) or dismissal (if alread or result in termination. I hereby release your organization or any other ager to Federal Rights and Privacy Act or other applicable State statutes.	I also understand that any dy hired); and that certain	d criminal reconfalsifications of	d. f data ar me
SIGNATURE OF APPLIC	'ANT DATE			

A	PPLICANT	- PLEASE DO NOT WRITE ON THIS PAGE
INTERVIEWER	DATE	COMMENTS
ADDITIONAL COM	MENTS:	
EMBLOXED/DI	EEEDENGE	DESTILES OF DEFENDANCE CHECK
EMPLOYER/REFERENCE		RESULTS OF REFERENCE CHECK

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