



APPLICATION FOR EMPLOYMENT

POSITION FOR WHICH YOU ARE APPLYING: _____

Name: _____

Address: _____ Home Phone: _____

City, State: _____ Zip: _____ Other Phone: _____

Type of Employment Desired	Compensation Expected	Date Available for Work
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Summer		

ALL POSITIONS REQUIRE A VALID UTAH DRIVERS LICENSE

Do you have a valid Utah Driver's License? " Yes DL# _____ " No *

Do you have a valid Utah Commercial Driver's License? If yes, CDL# _____ Class _____

* Note: If you have a valid out of state Driver's License please list state and number : _____

If hired, will you be able to work during the days and hours required for the position for which you are applying? ___ Yes ___ No If no, please explain: _____

If hired, can you furnish proof that you are 18 years of age? ___ Yes ___ No

Can you provide proof, if hired, that you are eligible to work in the United States? ___ Yes ___ No

Have you ever been convicted of a crime, other than a traffic violation? ___ Yes ___ No (Criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.)
If yes, provide date, location and explain:

List special academic/professional honors and societies, civic or business activities and offices held: _____
(Exclude those which may disclose your race, color, religion or national origin)

Do you have any experience from your military service that would be relevant to the job you are applying for?
If yes, please explain: _____

PERSONAL REFERENCES				
Give name and address of two persons who are well acquainted with your ability and character, but are not relatives or former employers.				
Name	Complete Address	Telephone	Occupation	Yrs. Known

IMPORTANT INFORMATION

Take time to fill in this section carefully and completely. The information you give will be used to determine your qualifications for employment. It is important that you answer all questions on your application fully and accurately; failure to do so may delay its consideration and could mean loss of employment opportunities.

Your placement on a job register will be determined by one or a combination of the following; a rating of training and/or experience, an oral or written examination or a performance test. In some cases a supplemental questionnaire will be required. Remember - there will not be a personal interview prior to establishing a register. If a performance test, written or oral examination is the evaluation method, you will be notified by mail of the date, time and place of the exam. You will receive notification indicating whether your name was referred for an interview, generally within two weeks of the closing date of the announcement.

EMPLOYMENT EXPERIENCE

Start with the most recent employment, give a complete record of all employment and reasons for period of unemployment (include military service and volunteer service). Note: If an additional space is needed for your employment record, use a separate sheet of paper.

Position title:	Dates of employment (month & year) from: to:	# of hours worked per week: _____
Employer (company) name and address: _____ _____ Phone: (____) _____ Supervisor's Name and Title: _____ May we contact your current employer? ____ Yes ____ No If no, please explain: _____	Your Duties: _____ _____ _____ _____ Ending Salary: _____ Reason for leaving: _____	

Position title:	Dates of employment (month & year) from: to:	# of hours worked per week: _____
Employer (company) name and address: _____ _____ Phone: (____) _____ Supervisor's Name and Title: _____	Your Duties: _____ _____ _____ Ending Salary: _____ Reason for leaving: _____	

Position title:	Dates of employment (month & year) from: to:	# of hours worked per week: _____
Employer (company) name and address: _____ _____ Phone: (____) _____ Supervisor's Name and Title: _____	Your Duties: _____ _____ _____ Ending Salary: _____ Reason for leaving: _____	

Position title:	Dates of employment (month & year) from: to:	# of hours worked per week: _____
Employer (company) name and address: _____ _____ Phone: (____) _____ Supervisor's Name and Title: _____	Your Duties: _____ _____ _____ Ending Salary: _____ Reason for leaving: _____	

SKILLS AND ABILITIES (Answer only if related to the job for which you are applying.)

Clerical/Administrative Applications

Mark your current skills and abilities (subject to verification by examination)

- " Keyboard: ____ nwpm
- " 10-key
- " Transcribe from Dictaphone
- " Shorthand: ____ nwpm
- " P.C.
- " Scalehouse Operator

Mark the job tasks in which you have experience and ability:

- " Acting as receptionist and answering phones
- " WordPerfect / Windows
- " Composing correspondence, preparing reports
- " Quattro Pro, Etc.
- " Filing, sorting, or arranging documents

Maintenance, Service and Operator Applicants

Mark the equipment and machinery you can operate (your skills may be tested)

- " Scrapper
- " Dozer
- " Trash Compactor
- " Grader
- " Roller Compactor
- " Backhoe
- " Water truck
- " Front-end loader
- " Welder
- " Standard trans
- " Multi-speed trans
- " Automatic trans
- " Container / Roll-off Truck
- " Bobtail dumptruck
- " 10-wheel dumptruck

EDUCATION

Have you graduated from High School or completed the GED equivalent? " Yes " No

Name and location of High School _____

School Name & Location (Include city and state)	Academic Major	Yrs. Completed	Did you graduate?		Degrees Received
			YES	NO	
Technical/Business					
College or University					
Graduate/Other					

The information in this application is complete and accurate to the best of my knowledge. Any misrepresentation or omission of the facts in this application disqualifies me from further consideration, or, if I am employed, is sufficient cause for dismissal. I authorize investigation of all statements contained in this application and do hereby release any and all persons, companies or agencies to release any and all information concerning my previous employment and pertinent information they may have and release all parties from all liability for any damage that may result from furnishing the same.

I understand that this employment application and any other Trans-Jordan documents are not contracts of employment and that any oral or written statement to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

SIGNATURE _____ DATE _____

It is the policy of Trans-Jordan Cities to develop, implement and maintain employment policies and practices that are based upon individual merit and are without regard to race, color, age, religion, national origin, disability, veteran or citizenship status. In addition, it is the policy of this city to actively promote the realization of equal employment opportunity through voluntary compliance with the concepts and practices of affirmative action.

FOR HUMAN RESOURCE OFFICE USE ONLY

I received notice of written exam

Signature _____

Date _____

Application Grading and comments

Rater: _____

EXAMINATIONS

Written	_____	_____	Minimums () Yes () No
Performance	_____	_____	Education _____
Oral	_____	_____	Experience _____
T&E	_____	_____	KSA _____
Preference Pts	_____	_____	Special _____
Veterans Pref	_____	_____	_____
OVERALL	_____	_____	_____

TRANS-JORDAN

Affirmative Action Self-Identification Information

It is the policy of Trans-Jordan Cities to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age, or disability. Trans-Jordan provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

To help Trans-Jordan Cities comply with Federal/State equal employment opportunity record-keeping, reporting and other legal requirements, please answer the questions below. Your answers to these questions are completely **voluntary** and failure to answer them will have no impact upon the decision to hire or not to hire you for the position for which you are applying.

This pre-employment information will be kept in a CONFIDENTIAL FILE separate from the Employment Application.

Position Applying for: _____ Date: _____

Last Name

First Name

Sex: _____ Male _____ Female

Age: _____ Under 18 _____ 18-39 _____ 40 or over

Race/Ethnic Origin

_____ American Indian / Alaska Native

_____ Hispanic

_____ White

_____ Asian/Pacific Islander

_____ African American/Black

Definitions of Ethnic Groups

American Indian/Alaska Native - All persons having origins in any of original peoples of North America and who maintain cultural identification through tribal affiliation or community group.

Hispanic – All person of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture or origin.

Asian/Pacific Islander – All persons having origins in any of original peoples of the Far east, Southeast, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

White – All persons having origins in any of the original people of Europe, some North African countries, or the Middle East.

African American/Black – All persons having origins in any of the Black racial groups of Africa.

Do you claim Veterans preference? _____ Yes _____ No

Referral Source - How did you learn about this position? Circle the one number from the list below:

1. Walk-in/Self

2. Newspaper Ad

3. Workforce Services

4. Job Interest Form

5. College/University Placement Office: Which? _____

6. Word of mouth/Friend/Relative/Trans-Jordan Cities Employee: Which? _____

7. Agency or community group referral: Which? _____

8. Other: specify _____

TRANS-JORDAN CITIES

DRUG AND ALCOHOL TESTING DISCLOSURE

Trans-Jordan Cities has implemented a drug screening program designed to prevent hiring individuals who use illegal drugs, or individuals whose misuse legal drugs or alcohol may pose safety and health risks not only to the employee, but all those who they serve.

Trans-Jordan Cities is committed to providing a safe, healthy and efficient working place for all of its employees. The unlawful manufacture, distribution, dispensation, possession, or use of controlled substances is prohibited in the workplace. Testing positive for the use of illegal drugs or the misuse of illegal drugs, or refusal to consent to the drug test, will be sufficient reason to deny employment.

My signature indicates I have read this document and understand its implications.

Applicant's Signature

Date