



EUREKA CITY CORPORATION

INCORPORATED NOV. 8, 1892

Eureka City Corporation

P. O. Box 156

15 North Church Street

Eureka, Utah 84628

PHONE: 435-433-6915 / FAX: 435-433-6891

EMAIL: eureka-city@eureka.utah.gov

APPLICATION FOR EMPLOYMENT

PERSONAL

NAME (Last, First, Middle Initial):

OTHER NAMES PREVIOUSLY USED:

NO. & STREET or POST OFFICE BOX NO.:

CITY:

STATE:

ZIP:

TELEPHONE NUMBER:

SOCIAL SECURITY NUMBER:

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
HIGH			1 2 3 4		
*COLLEGE			1 2 3 4		
*OTHER (Specify)			1 2 3 4		
*OTHER (Specify)			1 2 3 4		
*OTHER (Specify)			1 2 3 4		

* 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 _____ State _____ 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.

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:

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

REFERENCES

LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS	BUSINESS OR OCCUPATION	TELEPHONE NUMBER

THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES DRIVING A VEHICLE, DO YOU POSSESS A CURRENT DRIVERS LICENSE? IF YES, SPECIFY TYPE, STATE AND NUMBER YES NO

THE POSITION FOR WHICH YOU ARE APPLYING MAY BE HAZARDOUS IN NATURE, INCLUDING BUT NOT LIMITED TO WORKING WITH OR AROUND HEAVY EQUIPMENT OR HAZARDOUS MATERIALS, ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

HAVE YOU EVER BEEN EMPLOYED BY EUREKA CITY? YES NO
IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET. INCLUDE THE FOLLOWING INFORMATION: WHEN, WHERE, NAME OF SUPERVISOR, AND REASON FOR LEAVING.

ARE YOU A CITIZEN BY BIRTH OR A NATURALIZED CITIZEN OF THE U. S.? YES NO

IF NO, ARE YOU ELIGIBLE TO WORK IN THE U. S.? YES NO

ARE YOU WILLING TO HAVE YOUR CURRENT EMPLOYER CONTACTED REGARDING YOUR EMPLOYMENT RECORD? YES NO

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS STATEMENT: I affirm that this application contains no misrepresentations or falsification and that the information is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected or, if employed by Eureka City, I may be terminated from employment. I further authorize any of my employers (subject to my answer to the previous question regarding current employer) or references to give Eureka City any private or confidential information concerning my employment.

SIGNATURE OF APPLICANT

DATE

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS STATEMENT: Having made application for employment with Eureka City, I hereby authorize Eureka City to conduct a thorough background investigation in any and all aspects of activities, convictions and criminal record. I understand that all information will be kept confidential and released only to authorized individuals. I also understand that any falsifications of data on my part will result in disqualification from further consideration (prior to hire) or dismissal (if already hired); and that certain offenses may bar me from further consideration or result in termination. I hereby release your organization or any other agency involved in releasing this information from any civil liability under the Federal Rights and Privacy Act or other applicable State statutes.

SIGNATURE OF APPLICANT

DATE

APPLICANT - PLEASE DO NOT WRITE ON THIS PAGE

INTERVIEWER	DATE	COMMENTS

ADDITIONAL COMMENTS:

EMPLOYER/REFERENCE	RESULTS OF REFERENCE CHECK

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