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 PREVIOUSLY USED:							
NO. & STREET or POST OFFICE BOX NO.:							
CITY: STATE:					ZIP:		
TELEPHONE NUMBER:							
SOCIAL SECURITY NUMBER:							
	RECORD OF E	EDUCATIO	N 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				
*OTUED			1 2 2 4				
*OTHER			1 2 3 4				
(Specify)							
*OTHER			1 2 3 4				
(Specify)							
(Speeny)							
*OTHER			1 2 3 4				
(Specify)			1251				
	college, business, armed forces, or vocat	tional school cr	edit, you must si	ubmit transcrip	ts		
U U	documents (original or photocopy) with			1			
	ist job related professional or trade licenses,						
	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 R	ELATED SPECIALIZED				
TRAINING EXPERIENCE APART FROM OR NOT INCLUDED WITH A SPECIFIC EMPLOYER, USE A SEPARATE					
BOX TO DESCRIBE OR EXPLAIN. ATTACH ADDITIONAL SHEETS IF NECESSA	RY, 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:	Serenvisono inicie nuo inice.				
COMILETE ADDRESS.	TELEPHONE:				
YOUR TITLE:	EMPLOYMENT DATES:				
DUTIES:	EWI LOTMENT DATES.				
Do fills.					
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	T DESIRED
DOSITION ADDITED FOD.	DATE YOU SALARY
POSITION APPLIED FOR:	CAN START:DESIRED:IF SO, MAY WE INQUIRE OR YOUR
ARE YOU EMPLOYED NOW?	PRESENT EMPLOYER?
HAVE YOU APPLIED TO THIS COMPANY BEFORE? IF SO, WHEN?	
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:	
JOB RELATED SKILLS:	

LIST THREE PERSON WHO ARE NOT RELATED TO YOU AND WHO HAVE FINITE KNOWLEDGE OF YOUR QUALIFICATIONS - THE POSITION FOR WHICH YOU ARE APPLYING. FULL NAME PRESENT BUSINESS OR BUSINESS OR TELEPHONE FULL NAME HOME ADDRESS OCCUPATION NUMBER					
FULL NAMEPRESENT BUSINESS ORBUSINESS ORTELEPHONE					
HOME ADDRESS OCCUPATION NUMBER					
HAVE YOU, SINCE THE AGE OF 18, BEEN CONVICTED OF A CRIME, EXCLUDING MINOR TRAFFIC YES NO					
OFFENSES? IF YES, GIVE DATES, DETAILS AND PENALTIES FOR EACH OCCURANCE. INCLUDING DATES OF					
PROBATIONARY PERIODS. ATTACH ADDITIONAL SHEETS IF NECESSARY. (Note: Each conviction will be					
judged in relation to time, seriousness, circumstances, and relationship to the position sought, and will not					
necessarily bar you from employment.)					
THE POSTION FOR WHICH YOU ARE APPLYING REQUIRES DRIVING A VEHICLE, DO YOU POSSESS YES NO					
A CURRENT DRIVERS LICENSE? IF YES, SPECIFY TYPE, STATE AND NUMBER					
THE POSITION FOR WHICH YOU ARE APPLYING MAY BE HAZARDOUS IN NATURE, INCLUDING BUT NOT YES NO					
LIMITED TO WORKING WITH OR AROUND HEAVY EQUIPMENT OR HAZARDOUS MATERIALS, ARE YOU 18					
YEARS OF AGE OR OLDER?					
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 YES NO					
EMPLOYMENT RECORD?					
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 ensure to the previous question regarding current employer) or					
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 COM	IMENTS:			
EMPLOYER/R	EFERENCE	RESULTS OF REFERENCE CHECK		
EMITLOTEN/REFERENCE				