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

	PERS	ONAL			
NAME (Last, First, N	fiddle Initial):				
OTHER NAMES PR	EVIOUSLY USED:				
NO. & STREET or P	OST OFFICE BOX NO.:				
CITY:		STATE:			ZIP:
TELEPHONE NUMI	BER:		<u></u>		
SOCIAL SECURITY	NUMBER:				
		COURSE	CIRCLE	DID YOU	LIST
SCHOOL	IAME AND ADDRESS OF SCHOOL	OF	LAST YEAR	GRADUATE	DIPLOMA
		STUDY	COMPLETED		OR DEGREE
HIGH			1 2 3 4		
*COLLEGE			1 2 3 4		
COLLEGE		8			
*OTHER			1 2 3 4		
(Specify)					
*OTHER			1 2 3 4		
(Specify)					
*OTHER			1 2 3 4		
(Specify)	1				
CERTIFICATES. L	ist job related professional or trade licenses	certificates or	registrations -		
	State		No.		
CERTIFICATES: Li	st job related professional or trade licenses	, certificates or 1	registrations -		
	State		No		

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-tir	AND DE DESERVE SED
AND/OR MILITARY SERVICE. IF YOU HELD MORE THAN ONE POSITION WIT	
-SEPARATE BOX FOR EACH POSITION - IF YOU HAVE RECEIVED POSITION R	
TRAINING EXPERIENCE APART FROM OR NOT INCLUDED WITH A SPECIFIC	
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:	
	TELEPHONE:
YOUR TITLE:	EMPLOYMENT DATES:
DUTIES:	
REASON FOR LEAVING:	· · · · · · · · · · · · · · · · · · ·
NEADON FOR LEAVING.	

EMPLOYER:		SUPERVISOR'S NAME AND TITLE:
COMPLETE ADDRESS:		
		TELEPHONE:
YOUR TITLE:		EMPLOYMENT DATES:
DUTIES:		
REASON FOR LEAVING:	1550710	
EMPLOYER:		SUPERVISOR'S NAME AND TITLE:
COMPLETE ADDRESS:	1	
		TELEPHONE:
YOUR TITLE:		EMPLOYMENT DATES:
DUTIES:		
REASON FOR LEAVING:	<u></u>	
EMPLOYER:		SUPERVISOR'S NAME AND TITLE:
COMPLETE ADDRESS:		and the second states
		TELEPHONE:
YOUR TITLE:		EMPLOYMENT DATES:
DUTIES:	I	·······
REASON FOR LEAVING:		
	DATE YOU	SALARY
POSITION APPLIED FOR:	CAN START:	DESIRED:
	IF SO, MAY WI	E INQUIRE OR YOUR
ARE YOU EMPLOYED NOW? HAVE YOU APPLIED TO THIS COMPANY BEFORE?	PRESENT EMP	2UYEK?
IF SO, WHEN?		
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:		
JOB RELATED SKILLS:		
SOD RELATED SKILLS.		

FULL NAME	PRESENT BUSINESS OR	BUSINESS OI		TELEPHONE
	HOME ADDRESS	OCCUPATIO	<u>N</u>	NUMBER
HAVE YOU, SINCE THE AGE O	F 18, BEEN CONVICTED OF A CRIME, EXCLUDING MINOR	TRAFFIC	YES	NO
OFFENSES? IF YES, GIVE DATE	ES, DETAILS AND PENALTIES FOR EACH OCCURANCE. IN	ICLUDING DATES OF		
PROBATIONARY PERIODS. AT	TACH ADDITIONAL SHEETS IF NECESSARY. (Note: Each co	onviction will be		
judged in relation to time, seriousn	ess, circumstances, and relationship to the position sought, and wil	l not		
necessarily bar you from employme	ent.)		<u> </u>	
THE POSTION FOR WHICH YOU	U ARE APPLYING REQUIRES DRIVING A VEHICLE, DO YOU	J POSSESS	YES	NO
A CURRENT DRIVERS LICENSI	E? IF YES, SPECIFY TYPE, STATE AND NUMBER			
THE POSITION FOR WHICH YO	U ARE APPLYING MAY BE HAZARDOUS IN NATURE, INCL	UDING BUT NOT	YES	NO
LIMITED TO WORKING WITH C	OR AROUND HEAVY EQUIPMENT OR HAZARDOUS MATER	IALS, ARE YOU 18		
YEARS OF AGE OR OLDER?		<u></u>		
HAVE YOU EVER BEEN EMPLO	OYED BY EUREKA CITY?		YES	NO
IF YES, PLEASE EXPLAIN ON A	SEPARATE SHEET. INCLUDE THE FOLLOWING INFORMA	TION: WHEN, WHERE,		
NAME OF SUPERVISOR, AND R	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 V	WORK IN THE U. S.?		YES	NO
ARE YOU WILLING TO HAVE Y	OUR CURRENT EMPLOYER CONTACTED REGARDING YO	UR	YES	NO
EMPLOYMENT RECORD?	· · · · · · · · · · · · · · · · · · ·			
READ THE FOLLOWING CAREE	FULLY BEFORE SIGNING THIS STATEMENT: I affirm that	t this application contains n	0	
misrepresentations or falsification a	and that the information is true and complete to the best of my know	wledge and belief. I am awa	are that	
should investigation at anytime dise	close any such misrepresentation or falsification, my application w	ill be rejected or, if employe	ed by Eureka	
City, I may be terminated from emp	loyment. I further authorize any of my employers (subject to my a	nswer to the previous questi	on	
egarding current employer) or refer	ences to give Eureka City any private or confidential information of	concerning my employment.		
SIGNATURE OF APPLICANT	DATE			
	DATE FULLY BEFORE SIGNING THIS STATEMENT: Having ma	1 11 the for any low	·	
	reka City to conduct a thorough background investigation in any ar	de application for employm		
	hat all information will be kept confidential and released only to au	(1) St. Comparison - Contraction and a second statements of the statement of the stateme		
	y part will result in disqualification from further consideration (pric			
and that certain orienses may bar m	ne from further consideration or result in termination. I hereby rele	ase your organization or any	other	

NTERVIEWER	DATE	COMMENTS
	ENTRA	
DITIONAL COMM	ENTS:	
		······································
EMPLOYER/REF	ERENCE	RESULTS OF REFERENCE CHECK