** ESCALANTE CITY**

56 NORTH 100 WEST ▪ P.O. BOX 189 ▪ ESCALANTE, UT 84726

Phone: (435) 826-4644 ▪ FAX: (435) 826-4642

Employment Application

## Application information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | | |  | Date: |  |  |
|  |  | Last | First | | M.I. |  |  |  |  |
| Address: |  |  | | | |  | Phone: |  |  |
|  |  | Street address | | | Apt/Unit # |  |  |  |  |
|  |  |  | | | |  | Email: |  |  |
|  |  | City | | State | Zip Code |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Position applied for: |  |  |

Would you accept full-time work? Yes □ No □ Would you accept part-time work? Yes □ No □

On what date would you be available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you 18 years old or older? Yes □ No □

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | | |  | Yes | No |  |  | | |
|  |  |  | | | | | | | |
| If no, are you authorized to work in the U.S.? | | |  | Yes | No |  |  | | |
|  |  |  | | | | | | | |
| Have you ever worked for this company? | | |  | Yes | No |  | If yes, when? |  |  |
|  |  |  | | | | | | | |
| Have you ever been convicted of a felony? | | |  | Yes | No |  | If yes, explain? |  |  |

Are you able to perform the essential functions of the job for which you are applying for (with or without reasonable accommodation)?

Yes □ No □ □ Need more information about the job’s essential functions to respond.

Education Background

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you graduate? Yes □ No □ Degree or diploma\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you graduate? Yes □ No □ Degree or diploma\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you graduate? Yes □ No □ Degree or diploma\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vocational Training/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you graduate? Yes □ No □ Degree or diploma\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Continuing Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## References

Please list three professional references.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
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| Address: |  |  | | |  | Email: |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

## Previous Employment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment, regardless of the timing or circumstances of discovery. I understand that submission of an application does not guarantee employment. In consideration for employment with Escalante City, if employed, I agree to conform to the rules, regulations, policies, and procedures of Escalante City at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Escalante City business, attendance and punctuality are considered essential requirements of every job at Escalante City and that poor attendance or tardiness will result in disciplinary action. I understand that if offered a position with Escalante City, I may be required to submit to a pre-employment medical examination, drug screening, and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to Escalante City and/or any of its representatives, agents, or vendors, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE**

**TO THE ABOVE STATEMENTS.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**ESCALANTE CITY IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, OR ANY OTHER STATUS PROTECTED BY LAW.**

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