

Garland City 72 North Main
P.O. Box 129
Garland Utah 84312-0129
Phone 435-257-3118
Fax 435-257-3143



Employment Application

Our policy is to provide equal employment opportunities to all qualified persons regardless of race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

First Name _____ Last Name _____

Physical Address _____

Mailing Address _____

Telephone _____ Cell Phone _____

Email address _____

Position applying for _____ Desired Wage \$ _____

Available start date _____ How did you hear of this opening? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes _____ No _____

Are you looking for full-time employment? Yes _____ No _____

If no, what hours are you available? _____

Are you willing to work adjustable hours? Yes _____ No _____

Are you willing to work on call? Yes _____ No _____

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes _____ No _____ If Yes, please describe the conditions. _____

Education	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post- College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

Garland City 72 North Main
P.O. Box 129
Garland Utah 84312-0129
Phone 435-257-3118
Fax 435-257-3143



In addition to your work history are there other skills, qualifications, or experience that we should consider?

Employment History (Start with the most recent employer)

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact them? Yes _____ No _____

Responsibilities _____

Reason for Leaving _____

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact them? Yes _____ No _____

Responsibilities _____

Reason for Leaving _____

Garland City 72 North Main
P.O. Box 129
Garland Utah 84312-0129
Phone 435-257-3118
Fax 435-257-3143



Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact them? Yes _____ No _____

Responsibilities _____

Reason for Leaving _____

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact them? Yes _____ No _____

Responsibilities _____

Reason for Leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____