

Position Desired

Name
(Last Name, First Name)

Date
(MM/DD/YYYY)

APPLICATION FOR EMPLOYMENT



WASATCH COUNTY

55 S 500 E HEBER CITY, UT 84032 PHONE 435 657-3242

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

WASATCH COUNTY

55 S 500 E
HEBER, UT 84032

PERSONAL INFORMATION Please type or print

FIRST NAME	MIDDLE	LAST
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	OTHER CONTACT PHONE
SOCIAL SECURITY NUMBER	DESIRED SALARY \$	PER
TYPE OF EMPLOYMENT DESIRED FULL TIME ___ PART TIME ___ TEMPORARY ___ SEASONAL ___ INTERNSHIP ___ EDUCATIONAL CO-OP ___		

EMPLOYMENT HISTORY Please list your last four employers, beginning with most recent.

COMPANY NAME	JOB TITLE	START DATE	END DATE	
LOCATION	SUPERVISOR	PHONE	START SALARY	END SALARY
REASON FOR LEAVING			MAY WE CONTACT? IF NO, PLEASE COMMENT.	
COMPANY NAME	JOB TITLE	START DATE	END DATE	
LOCATION	SUPERVISOR	PHONE	START SALARY	END SALARY
REASON FOR LEAVING			MAY WE CONTACT? IF NO, PLEASE COMMENT.	
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REASON FOR LEAVING			MAY WE CONTACT? IF NO, PLEASE COMMENT.	
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LOCATION	SUPERVISOR	PHONE	START SALARY	END SALARY
REASON FOR LEAVING			MAY WE CONTACT? IF NO, PLEASE COMMENT.	

EDUCATIONAL BACKGROUND

HIGH SCHOOL		DIPLOMA YES ___ NO ___		GPA
COLLEGE OR UNIVERSITY	YEARS COMPLETED	COURSE OF STUDY	DEGREE	GPA
COLLEGE OR UNIVERSITY	YEARS COMPLETED	COURSE OF STUDY	DEGREE	GPA
COLLEGE OR UNIVERSITY	YEARS COMPLETED	COURSE OF STUDY	DEGREE	GPA
OTHER				
CERTIFICATIONS AND LICENSES				

Have you been convicted of a crime in adult court, not including traffic violations?

___ Yes ___ No

If you have been convicted of a crime (not including traffic offenses) as an adult, attach additional sheets giving dates, type of conviction (misdemeanor or felony) details and penalties for each occurrence, including dates

REFERENCES

Please list three professional references, excluding relatives, with whom you have worked.

NAME	ADDRESS			HOME PHONE
COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP	YRS. KNOWN	WORK PHONE
NAME	ADDRESS			HOME PHONE
COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP	YRS. KNOWN	WORK PHONE
NAME	ADDRESS			HOME PHONE
COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP	YRS. KNOWN	WORK PHONE

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for canceling further consideration of this application, or immediate discharge from the employer's service. I understand that I may have to pass a physical examination, produce documentation verifying identity and employment eligibility in the U.S. as a condition of my employment. I understand that I give the right to Wasatch County Government to check prior employment references.

SIGNATURE: _____

DATE: ___/___/___

PLEASE SUBMIT IN PERSON, BY MAIL OR FAX TO:

Wasatch County
Personnel Office
55 S 500 E
Heber, UT 84032

FAX (435) 654-0394