APPLICATION FOR EMPLOYMENT

Snyderville Basin Water Reclamation District 2800 Homestead Road, Park City, Utah 84098 (435) 649-7993 or FAX (435) 649-8040

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status.

1. PERSONAL INFORMATION

	Date:		
Address:	(City)	(State)	(Zip Code)
Telephone Number(s):	Social Secu	rity Number:	
2. WORK PREFERENCE			
Kind of work desired: Describe your prior experience in the kind of	-		
Describe any formal schooling or training you			
List any licenses, security or bonding clearan	nce, or certificates that yo	ou have:	
List any office skills that you have (typing, m	nachine operation, compu	iter programs):	
Referral source: Friend Relativ	ve Advertisemer	nt Walk-	In
Other (please state)			
3. AVAILABILITY FOR WORK			
Date available for work:			
Full time Part time Temp	oorary Shift work		
Will you work overtime if necessary? Will you work extra days in the week, if nec	essary?	Yes	No _Yes No

Do you want to work elsewhere or attend school while working here?	Yes	_ No
Do you have any continuing military obligations, such as the Guard or		
Reserves, which may affect your work schedule?	Yes	_ No
4. PRESENT EMPLOYMENT		
Are you presently employed?	Yes	_ No
Do you authorize us to contact your present employer as a reference?	Yes	_ No
How much advance notice do you wish to give to your present employer? _		

5. PERSONAL HEALTH

If offered a position with Snyderville Basin Water Reclamation District, your employment may be conditioned upon the results of a medical examination, drug tests, and/or job-related physical ability tests.

6. PRIOR EVENTS

Have you ever worked for this agency before?	Yes	No	
Do you authorize us to contact your previous employer(s) for references?	Yes	No	
Have you ever been terminated by a previous employer(s)?	Yes	No	
Have you ever been convicted of a felony?	Yes	No	
Please list any friends or relatives working for Snyderville Basin Water Reclamation District:			

7. EDUCATION AND TRAINING

High School

What degree did you receive?	Associate	Bachelors	Masters	Doctorate
Other Schools (Trade, Correspond	danca atc.)			
Other Schools (Made, Correspond	<u>dence, etc.)</u>			
Name and address of school attend				
last attended:				
was your course of study?				
graduate?			Yes	No
What degree did you receive?				
8. EMPLOYMENT HISTO	RY			
Present employer:		Supervisor	••	
Address:				
Dates of employment: From		То		
Job title:				
Main duties:				
Wages or Salary: Starting		Ending:		
Reason(s) for leaving:				
Previous employer:				
Address:		Telephone		
Dates of employment: From		То		
Job title:				
Main duties:				
Wages or Salary: Starting				
Reason(s) for leaving:				
Next Previous employer:		Supervisor	:	
Address:		Telephone	:	
Dates of employment: From		То		
Job title:				,
Main duties:				
Wages or Salary: Starting		Ending:		
Reason(s) for leaving:				
9. REFERENCES				
1		()	
Name		Telej	phone #	

Address

2	()
Name	Telephone #
Address	
3	()
Name	Telephone #
Address	

10. CERTIFICATE OF APPLICATION

All information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause my employment to be terminated. I authorize any employer accepting this application and any person, organization, former employer, or other entity listed in this application to ask or answer any and all questions about me, and I agree not to sue and to hold harmless any person or entity that provides information for employment and not an offer to employ me. I understand that this document is an application for employment and not an offer to employ me. I understand that if I am employed, my employer may terminate me at any time without reason or explanation. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment. If hired, I agree that the value of any advance payment, property issued to me, or other debt I owe my employer shall be due upon termination of my employment.

Signature of Applicant	Printed Name of Applicant	Date
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