

Willard City Corporation

80 West 50 South
Box 593



Willard, Utah 84340
(435)734-9881

EMPLOYMENT APPLICATION

Name _____ Social Security# _____
Last First Middle - -

Address _____
Street City State Zip Code

Telephone# () _____ Other Phone# () _____ E-mail Address _____

Positions(s) applied for _____ Date of application ____ / ____ / ____

If necessary, best time to call you at home is _____ am/pm

May we contact you at work?..... Yes No

If yes, work number and best time to call:

() _____ am/pm

Have you submitted an application here before?..... Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before?..... Yes No

If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment
in this country? Yes No

Date available for work..... ____ / ____ / ____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired Full-Time Part-Time
 Seasonal Temporary Other _____

Will you travel if the job requires it?..... Yes No

If they have been explained to you are you able to meet the
attendance requirements of the position?..... N/A Yes No

Will you work overtime if required?..... Yes No

If no, please explain _____

Answering "yes" to the following question does not automatically preclude employment. Information such as the date of the offense, the nature and seriousness of the violation, rehabilitation and the position applied for will be taken into account.

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime?..... Yes No

If yes, please provide date(s) and details _____

Skills & Qualifications

List any special training, skills, licenses or certifications that may assist you in the position you are applying for.

Employment History - Begin with most recent

Employer: _____ Telephone# _____ Dates Employed ____/____/____ to ____/____/____
 Address _____ Starting Wage _____ Per _____
Street City State Ending Wage _____ Per _____
 Job Title _____ Supervisor _____ May we contact for reference? Yes No

Why did you leave? _____

Give a brief summary of your job duties _____

Employer: _____ Telephone# _____ Dates Employed ____/____/____ to ____/____/____
 Address _____ Starting Wage _____ Per _____
Street City State Ending Wage _____ Per _____
 Job Title _____ Supervisor _____ May we contact for reference? Yes No

Why did you leave? _____

Give a brief summary of your job duties _____

Employer: _____ Telephone# _____ Dates Employed ____/____/____ to ____/____/____
 Address _____ Starting Wage _____ Per _____
Street City State Ending Wage _____ Per _____
 Job Title _____ Supervisor _____ May we contact for reference? Yes No

Why did you leave? _____

Give a brief summary of your job duties _____

Explain any gaps in your employment , other than those due to personal illness, injury or disability _____

Educational Background

Start with most recent attended:

School Attended Address (City & State)	Years Completed	Degree/Certificate	GPA	Major/Minor

References

List name and telephone number of three business references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to you	Telephone	Number of years Known
			()	
			()	
			()	

List any other job-related information that you feel may be helpful to the position you are applying for _____

Applicant Statement

A drug test will be required of applicants who are offered conditional offers of employment.

Willard City Corporation shall require that any adult applicant (18 years or older), paid or volunteer, who is applying for a position involving interaction with children (minors), vulnerable adults, or persons with disabilities, authorize and submit to a Criminal History Review.

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Mayor.

I also understand that if I am hired, I will be required to provide proof of identify and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided on this application by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature _____ Date _____