

APPLICATION FOR EMPLOYMENT

Uinta County Is An Equal Opportunity Employer.

Employment Desired:		
Position Desired:		Hourly Rate Desired:
Are you seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date You Can Start:
Personal Information: (Incomplete information could disqualify you from further consideration.)		
Name: (First, Middle, Last)		Today's Date:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
E-mail Address:		
Are you eligible to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work any shift?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work overtime, including weekends?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? (If you are unsure of the essential functions, please ask to review a job description.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Source:		
How did you hear about us? <input type="checkbox"/> Walk-In <input type="checkbox"/> Advertisement <input type="checkbox"/> Referral <input type="checkbox"/> Other Source:		
Have you ever worked for this company? If yes, please provide dates, supervisors, etc.:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives currently working for this company? If yes, please provide name and relationship for each:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Background:		
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated from employment or asked to resign by an employer? If yes, please provide company names and contacts:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been accused, arrested, charged or convicted of a felony offense? (A conviction will not necessarily disqualify you for employment. Rather, such factors as age, date of conviction, seriousness, and nature of the crime will be considered.) If yes, please provide dates and location for all convictions:		<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

Include your last three positions (or your last ten (10) years of employment history), including periods of unemployment, starting with the most recent and working backwards in time. (Incomplete information could disqualify you from further consideration.)

Current or Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:			Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				
Second Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:			Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				
Third Most Recent Employer:				
Employed From:	Employed To:	Starting Salary:	Ending Salary:	
Company Name:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:				
City:	State:	Zip:	Phone Number:	
Position Title:				
Supervisor:			Supervisor's Title:	
Nature of the Work Performed and Position Responsibilities:				
Reason for Leaving:				

EDUCATION

	Name of School	City/State	No. Years Attended	Subjects/Major	Degree Y/N
High School					
College or University					
Graduate School					
Trade or Business School					

Licenses or Certifications:

Name/Type:	Issued By:	Issue Date:	Expiration Date:
Name/Type:	Issued By:	Issue Date:	Expiration Date:
Name/Type:	Issued By:	Issue Date:	Expiration Date:

Special skills, experience and/or training that would enhance your ability to perform the position applied for.

Equipment and/or Computer Skills:

REFERENCES: (Provide names/addresses/phone numbers of three persons, not related to you, whom you have known at least three (3) years.)

Name:	Address/Phone:	Occupation:	# Years Known:
Name:	Address/Phone:	Occupation:	# Years Known:
Name:	Address/Phone:	Occupation:	# Years Known: