

# EMPLOYMENT APPLICATION

Hildale City  
 P.O. Box 840490, 320 East Newel Ave  
 Hildale UT, 84784 PH: (435) 874-2323



## APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Available		Social Security No.		Desired Salary		
Position Applied for						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are any of your immediate relatives employed by the City?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, Who?		
Have you ever been dismissed from any job?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Have you ever been convicted of a misdemeanor or felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

## EDUCATION

High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

## REFERENCES

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>I certify that all statements made in the application and attachments are true and complete to the best of my knowledge. I authorize the City of Hildale to make investigations and inquiries of any of the facts set forth in this application, as related to the requirements for the position for which I am applying, in arriving at an employment decision. I understand that any false or misleading information given, will subject me to disqualification or dismissal. I understand that I am required to abide by all federal, state, county or municipal laws, rules, and regulations.</p>	
Signature	Date

*Hildale City is an Equal Opportunity/Affirmative Action employer, which complies with the title VII of the Civil Rights Act as Amended and a; applicable State and Federal laws prohibiting discrimination. Therefore it is the policy of the City of Hildale to make employment decisions without regards to race, sex, color, religion, national origin or ancestry, age, marital status, or handicap, except where such qualifications are Bona-Fide Occupational Qualifications.*