



APPLICATION FOR EMPLOYMENT

(Please Print)

(To Be Completed By Applicant)

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Present Address _____

Mailing Address (if different from above) _____

Social Security Number _____

Telephone _____

Drivers License Number _____

State _____

Expiration Date _____

(Photocopy required for DMV record check)

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by LaVerkin City?

3. How were you referred to LaVerkin City?

4. Have you ever been convicted of a felony? Yes _____ No _____
If yes please explain:

II. Educational History

School Name/Location _____ Years Completed _____ Degree/Diploma
Elem./Jr. High _____

High School _____

College _____

Tech. Training _____

Other _____

III. Employment Record

Please include all employment for the last five years.

1. _____
Company Name (Current/Most Recent Employer) _____ Position Held _____
_____ Dates Employed _____
Address _____ From To _____
_____ Manager/Supervisor _____ Telephone _____ Wage/Salary _____
_____ Reason For Leaving _____

2. _____
Company Name (Current/Most Recent Employer) _____ Position Held _____
_____ Dates Employed _____
Address _____ From To _____
_____ Manager/Supervisor _____ Telephone _____ Wage/Salary _____
_____ Reason For Leaving _____

3.

Company Name (Current/Most Recent Employer)		Position Held	
Address		Dates Employed	
		From	To
Manager/Supervisor	Telephone	Wage/Salary	
Reason For Leaving			

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name)	Reason
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(Employer's Name)	Reason
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IV. References

Please do not include relatives or former employers.

1.

Name	Years Known
Address	Telephone
Occupation	

2.

Name	Years Known
Address	Telephone
Occupation	

3. _____
 Name _____
Years Known

Address _____
Telephone

Occupation

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?
2. Do you have any objections to working overtime? Yes () No ()
3. Can you work overtime without prior notice? Yes () No ()
4. Can you work on Saturday? Yes () No ()
5. Can you work on Sunday? Yes () No ()
6. Can you travel if required by this position? Yes () No ()

VI. Salary/Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you desire?

\$_____ per _____

VII. Other information, skills, or awards you feel would be on benefit to LaVerkin City.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex marital status, political belief, or disability.

The information contained on this application is true and correct to the best of my knowledge. I understand that if this information is found to be false or incorrect in any way, the application will be rejected. Or if I am hired based on this information, that I could be terminated of employment.

Signed: _____

PLEASE ATTACH A RESUME IF AVAILABLE