



EMPLOYMENT APPLICATION

Name: _____

Address: _____

Primary Phone No.: _____ Secondary Phone No: _____

Social Security No.: _____ Date of Application: _____

Position Applying For: _____

Type of Employment Desired: Full Time: _____ Part Time: _____ Temporary or Seasonal: _____

For jobs requiring driving only: Do you possess a valid Utah driver's license? Yes _____ No _____
Driver's License Number: _____

For jobs requiring typing only:
Certified typing speed: _____ Date of Certification: _____

Are you legally eligible for employment in the U.S.? Yes _____ No _____

Are you 18 years of age or older? Yes: _____ No: _____

Date you can start: _____

Are you currently employed? _____

May we contact your current employer? _____

Referred by: _____

*ADDITIONAL INFORMATION MAY BE PROVIDED BY ATTACHING A RESUME:

EDUCATION	Name & Location of School	Did you graduate? If not, enter last grade completed.	Subject Studied and Degree Received
High School			
College			
Graduate School			
Trade, Business or Correspondence School			

List any courses you have taken or certification you have which are required or directly relate to the position you are applying for:

JOB RELATED ABILITIES

Please describe your experience related to the performance of this job (including technical skills)

EMPLOYMENT HISTORY

Please list all work experience. Attach additional sheets if necessary:

Employer: _____
Address: _____
Supervisor: _____
Phone: _____ Email: _____
Position Title: _____ Dates: From: _____ To: _____
Responsibilities: _____

Salary: Beginning: _____ Ending: _____
Reason for Leaving: _____

Employer: _____
Address: _____
Supervisor: _____
Phone: _____ Email: _____
Position Title: _____ Dates: From: _____ To: _____
Responsibilities: _____

Salary: Beginning: _____ Ending: _____
Reason for Leaving: _____

Employer: _____
Address: _____
Supervisor: _____
Phone: _____ Email: _____
Position Title: _____ Dates: From: _____ To: _____
Responsibilities: _____

Salary: Beginning: _____ Ending: _____
Reason for Leaving: _____

Employer: _____
Address: _____
Supervisor: _____
Phone: _____ Email: _____
Position Title: _____ Dates: From: _____ To: _____
Responsibilities: _____

Salary: Beginning: _____ Ending: _____
Reason for Leaving: _____

REFERENCES

Provide the contact information of three references that are not former employers and are not relatives.

Name	Address	Phone	Email Address	Years Acquainted

After reaching the age of 18 years or older, have you ever been charged with an offense other than a minor traffic violation that has resulted in something other than dismissal? Yes: _____ No: _____

If yes, please give dates, types of offense, location and disposition:

(Convictions do not bar an applicant from employment, but will be evaluated according to the time, circumstances, and severity.)

Are you are related to anyone currently working for UTOPIA? Yes: _____ No: _____

If yes, name of employed relative: _____

Relationship to you: _____

What do you understand to be the minimum requirements of this job, and how do you feel you meet these requirements? (Attach additional information if necessary.)

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PERSONNEL DEPARTMENT AT HR@UTOPIANET.ORG.

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by UTOPIA, I agree to conform to the rules and regulations of UTOPIA and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by UTOPIA at any time, at the city's sole option and without any prior notice to me.

Potential employees may be requested to provide a specimen for drug testing. I understand that by signing this application I am giving UTOPIA authorization to test. All positive tests will be reviewed by a medical review officer. Test results are confidential. UTOPIA will pay fees required for all required drug testing.

I acknowledge that I have been advised that this application will remain active only for the time period in which the position I applied for remains open.

I authorize investigation of all statements contained in this application and an investigation of my background, including any and all criminal history records and driver's license history. I understand that the findings of the investigation may or may not bar me from employment with UTOPIA.

SIGNATURE: _____ DATE: _____

UTOPIA does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provisions of services.

UTOPIA

EEO / AFFIRMATIVE ACTION INFORMATION

The information below is needed to measure the effectiveness of our recruitment efforts and is to help us conform with federal government guidelines which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but you are encouraged to do so. This information will not influence selection and will not be used as a basis for selection; it is merely for statistical purposes.

This information sheet will be immediately detached from the application and kept in a confidential file separate from the Employment Application.

Position Applied for: _____ Date: _____

Please mark appropriately: Male: _____ Female: _____

ETHIC CATEGORY (Please check one):

- _____ WHITE (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- _____ BLACK (Not of Hispanic origin): All persons having origins in any of the black racial groups of Africa.
- _____ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- _____ ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original people of the Far East, Southeast Asia, Indian Sub continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- _____ AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

Please check if the following categories are applicable:

DISABLED INDIVIDUAL:

- _____ Any person who has 1) physical or mental impairment that substantially limits one or more of his or her major life activities; 2) has a record of such impairment, or 3) is regarded as having such an impairment.

VETERANS ELIGIBILITY:

- _____ A) Any individual who has served on active duty in the armed forces for more than 180 consecutive days, or was a member of a reserve component who served in a campaign or expedition for which a campaign medal has been authorized and who has been separated or retired under honorable conditions.
- _____ B) A disabled veteran with any percentage of disability.
- _____ C) The spouse or unmarried widow or widower of a veteran.
- _____ D) A purple heart recipient.
- _____ E) A retired member of the armed forces who retired below the rank of major or its equivalent.