



EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, creed, color, national origin, religion, sex, sexual orientation, age, marital status, disability, handicap or other legally protected statuses.
Application must be completed in its entirety. Resumes are accepted as additional information only.

Date _____

Name _____
Last First Middle

Address _____
Street Address City State Zip Code

Social Security Number _____ Home Number _____

Driver's License Number _____ Cell Number _____

Email _____

Are you legally eligible for employment in the US? _____ (Proof of citizenship or immigration status will be required upon employment)

Position applied for _____ Salary/Wages expected _____

Type of work desired Full Time Part-Time Temporary Shift Work

Previously employed by the Town of Weber City? Yes No If yes, dates from/to _____

Military service Yes No If yes, please list branch of service? _____

Date entered _____ Date discharged _____ Are you currently a member of Military Reserves or National Guard? _____

List relatives employed by the Town of Weber City? _____

Specialized skills, machines/equipment operated or any additional information concerning work experience, qualifications acquired, education, accomplishments, etc. _____

Name and Location	Dates		School Years Completed	Did you Graduate?	Degree or course of study
	From:	To:			
High School					
College(s)					
Graduate School or Other Education					

Employment History

Please, start with your present or most recent job.

1. Employer _____	Job Title _____
Address _____	Job Duties _____
Telephone _____	Rate of pay: Start _____ Finish _____
Dates employed: From _____ To _____	Supervisor _____
Reason for leaving _____	May we contact? _____
2. Employer _____	Job Title _____
Address _____	Job Duties _____
Telephone _____	Rate of pay: Start _____ Finish _____
Dates employed: From _____ To _____	Supervisor _____
Reason for leaving _____	May we contact? _____
3. Employer _____	Job Title _____
Address _____	Job Duties _____
Telephone _____	Rate of pay: Start _____ Finish _____
Dates employed: From _____ To _____	Supervisor _____
Reason for leaving _____	May we contact? _____
4. Employer _____	Job Title _____
Address _____	Job Duties _____
Telephone _____	Rate of pay: Start _____ Finish _____
Dates employed: From _____ To _____	Supervisor _____
Reason for leaving _____	May we contact? _____
Have you ever been discharged or asked to resign a job? If yes, please explain. _____	
Please list three references who are not relatives or previous employers.	
Name _____	Occupation _____
Address _____	Telephone _____ Years Known _____
Name _____	Occupation _____
Address _____	Telephone _____ Years Known _____
Name _____	Occupation _____
Address _____	Telephone _____ Years Known _____

***I hereby authorize the Town of Weber City to make any inquiry or investigation they may deem necessary and proper for employment consideration.**

Applicant Signature: _____

Date: _____

JOB APPLICANT'S AGREEMENT CERTIFICATION

I certify that the information given in this application is correct and I authorize investigation of all statements contained in it. It is understood and agreed that any misrepresentation or omission of information may result in the cancellation of my application or my separation from employment regardless of when the misrepresentation or omission is discovered.

I agree to submit to a physical examination, including a drug test, whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination and drug test, related to my job duties in accordance with town policies and procedures.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the Town may reverse policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six months from the date of completion, after which time I would have to reapply in accordance with established procedures.

I authorize the Town of Weber City to use any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. A photo static copy of this authorization may serve as an original for anyone requiring any authorization to release information. I release all such persons from any liability or damages on account of having furnished such information.

Signature

Date

NOTICE TO APPLICANTS OF THE TOWN OF WEBER CITY

If you are required an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the individual administering the test.

If an offer of employment is made and because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that known to the individual processing your application.

I understand the examining physician may ask questions regarding my current health condition, health history, health insurance claim and worker's compensation claim history, and that all such information will be retained in confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

Signature

Date