



Employment Application
Ephraim City (435)283-4631
5 S. Main, Ephraim UT 84627

To ensure full consideration, application must be completed, including required dates and all job-related education and experience. Incomplete applications may be screened out of the recruitment process. Please attach a resume in addition to completing this application. Assistance is available for the disabled if help is needed with the application/hiring process. Ephraim City is an equal opportunity employer.

APPLICANT INFORMATION:

Name (last, first, middle):			
Address:		City:	State: Zip:
Telephone:		Email Address:	
Driver's License #		State:	Expiration:
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S?
Have you ever been convicted of a felony?	YES	NO	If yes, when?
If yes, please explain:			

JOB INTEREST:

Applying for (position title):			
Type of employment desired:	Full-time	Part-time	Temporary
Date available to start:		Desired Salary:	
Have you ever worked for Ephraim City?	YES	NO	If yes, when?
Position:		Supervisor:	

EDUCATION AND CERTIFICATIONS:

School Name:		City:	Years Attended:
Did you graduate?	YES	NO	Type of Degree: Date Degree Received:

School Name:		City:	Years Attended:
Did you graduate?	YES	NO	Type of Degree: Date Degree Received:

School Name:		City:	Years Attended:
Did you graduate?	YES	NO	Type of Degree: Date Degree Received:

School Name:	City:	Years Attended:
Did you graduate? YES NO	Type of Degree:	Date Degree Received:

PREVIOUS EMPLOYMENT:

Beginning with your present or most recent job, describe in the boxes below, all periods of employment, such as paid (full or part-time), self-employment, and/or military service. The information you give regarding your experience will be used to determine if you meet the minimum qualifications. Account for your time during any intervals of unemployment other than when attending school.

Company:	Phone:
Address:	City: State: Zip:
Supervisor:	Contact #:
Job Title:	From: To:
Responsibilities:	
Reason for leaving:	May we contact your previous supervisor for reference? YES NO

Company:	Phone:
Address:	City: State: Zip:
Supervisor:	Contact #:
Job Title:	From: To:
Responsibilities:	
Reason for leaving:	May we contact your previous supervisor for reference? YES NO

Company:	Phone:
Address:	City: State: Zip:
Supervisor:	Contact #:
Job Title:	From: To:
Responsibilities:	
Reason for leaving:	May we contact your previous supervisor for reference? YES NO

Company:	Phone:
Address:	City: State: Zip:
Supervisor:	Contact #:
Job Title:	From: To:
Responsibilities:	
Reason for leaving:	May we contact your previous supervisor for reference? YES NO

REFERENCES:

Please list three professional references. (Not former supervisors or relatives)

Name:	Job Title:		
Company:	Phone:		
Address:	City:	State:	Zip:

Name:	Job Title:		
Company:	Phone:		
Address:	City:	State:	Zip:

Name:	Job Title:		
Company:	Phone:		
Address:	City:	State:	Zip:

DISCLAIMER AND SIGNATURE:

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 Ephraim City, I agree to conform to the rules and regulations of Ephraim City and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by Ephraim City 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 Ephraim City authorization to test. A medical review officer will review all positive tests. Test results are confidential. Ephraim City will pay fees 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 Ephraim City.

Signature _____ Date _____