

**EMPLOYMENT APPLICATION
HIGHLAND CITY**

5378 West 10400 North, Highland, Utah 84003

POSITION APPLYING FOR:

DATE OF APPLICATION:

Thank you for your interest in submitting an application for employment with Highland City. Highland City does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is between forty and seventy or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. No question on the form is intended to secure information to be used for such discrimination. All applications will be given consideration. However, in accepting the application, neither Highland City, nor any of its agents or employees make any commitment of employment to the applicant. PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY, TO MORE FULLY EXPLAIN ANY ANSWER TO THE FOLLOWING QUESTIONS.

NAME (LAST, FIRST, MIDDLE):

TELEPHONE #:

ADDRESS:

SS #:

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN U.S.A. & UTAH?

(Yes) (No)

WILL YOU ACCEPT PART-TIME WORK? (Yes) (No) IF SO, SPECIFY DAYS & HOURS:

WILL YOU ACCEPT TEMPORARY WORK? (Yes) (No) IF SO, SPECIFY DAYS & HOURS:

HAVE YOU EVER FILED WITH US BEFORE? (Yes) (No) IF Yes, PLEASE GIVE DATE:

HAVE YOU EVER BEEN EMPLOYED WITH HIGHLAND? (Yes)(No)IF Yes GIVE DATE:

ARE YOU CURRENTLY EMPLOYED? (Yes) (No) IF Yes, MAY WE CONTACT YOUR PRESENT EMPLOYER? (Yes) (No)

EXCEPT FOR MINOR TRAFFIC OFFENSES, HAVE YOU EVER BEEN CONVICTED? (Yes) (No) IF Yes, PLEASE EXPLAIN

HAS AN "ALCOHOL/DRUG TESTING CONSENT" FORM BEEN SIGNED & ATTACHED TO THIS APPLICATION?(Yes)(No)

EDUCATION:

NAME & ADDRESS OF HIGH SCHOOL _____ YEAR GRADUATED _____

NAME & ADDRESS OF COLLEGE _____

COURSE EMPHASIS _____ DEGREE _____ YEAR _____

NAME & ADDRESS OF OTHER EDUCATION _____

COURSE(S) OF STUDY _____ YEARS OF STUDY _____

ADDITIONAL EDUCATION OR TRADE STUDY _____

PLEASE LIST NAMES, ADDRESSES, AND PHONE NUMBERS OF AT LEAST THREE PERSONAL REFERENCES WHO ARE NOT RELATIVES:

DO YOU HAVE ANY PHYSICAL HANDICAPS OR ILLNESS(S) WHICH WOULD AFFECT YOUR PERFORMANCE IN THE JOB YOU ARE APPLYING FOR? (Yes) (No) IF Yes, PLEASE EXPLAIN.

PLEASE LIST SPECIAL APTITUDES, HOBBIES, SPECIAL INTERESTS, SKILLS, ETC., THAT YOU FEEL QUALIFY YOU FOR THE POSITION YOU ARE APPLYING FOR.

PLEASE LIST ANY MACHINES YOU CAN PROFICIENTLY OPERATE:

PAST EMPLOYMENT RECORD. PLEASE START WITH YOUR PRESENT, OR MOST RECENT JOB.

1. DATES OF EMPLOYMENT: FROM _____ TO _____
COMPANY NAME _____ TELEPHONE # _____
COMPANY ADDRESS _____
YOUR DUTIES _____
NAME OF YOUR SUPERVISOR _____ SALARY _____
REASON FOR LEAVING _____

2. DATES OF EMPLOYMENT: FROM _____ TO _____
COMPANY NAME _____ TELEPHONE # _____
COMPANY ADDRESS _____
YOUR DUTIES _____
NAME OF YOUR SUPERVISOR _____ SALARY _____
REASON FOR LEAVING _____

3. DATES OF EMPLOYMENT: FROM _____ TO _____
COMPANY NAME _____ TELEPHONE # _____
COMPANY ADDRESS _____
YOUR DUTIES _____
NAME OF YOUR SUPERVISOR _____ SALARY _____
REASON FOR LEAVING _____

MAY WE CONTACT THE ABOVE EMPLOYERS FOR REFERENCE CHECKING PURPOSES? (Yes) (No)

APPLICANT'S REMARKS, INCLUDING ANY FURTHER COMMENT OR EXPLANATION ON ANY APPLICATION ITEM.

I, _____, certify that answers given on my application for employment, resume, and Criminal Background Investigation Questionnaire and Interview, are true to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including an extensive background investigation of Criminal Records.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being considered or accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Highland.

In the event of employment, I understand that false or misleading information given in my application, resume, or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. In addition to the foregoing, if employed, I agree to a one year probationary employment.

Signature of Applicant

Date

Personnel Officer's Remarks:

Employed (Yes) (No) Date of Employment _____ Hourly Rate/Salary _____

Job Title _____ Personnel Officer's Signature _____

ALCOHOL/DRUG TESTING CONSENT

I understand that Highland City requires drug testing as a part of its selection, hiring and ongoing employment process. I also understand that such drug testing will consist of the taking of urine, and/or any other medically recognized test designed to detect traceable amounts of drugs in the body. I further understand that if such testing, whether pre-employment or post-employment, indicates of alcohol or drugs in my body in any detectable amount, I will be disqualified from further hiring consideration or if employed, I will be subject to immediate dismissal. I hereby give my consent to Highland City to administer any or all of the above drug testing procedures to me, and to use the results thereof in further determining my employability with Highland City. I understand that this is not a contract for employment or continued employment if hired and that even if employed, I will remain terminable at will and free to resign at any time I wish.

I further hereby give my consent that if employed with Highland City I will submit to Alcohol/drug testing with or without notice.

I represent that I am currently not using alcohol or illegal drugs or taking drugs illegally. I hereby certify that this information is correct to the best of my knowledge, and understand that falsification or omission in any detail is grounds for disqualification from further consideration or for dismissal from employment at the time Highland City discovers the omission or falsification.

Applicant's Signature _____ Date _____