



FARR WEST CITY

FULL-TIME & PERMANENT PART-TIME EMPLOYMENT APPLICATION

1896 North 1800 West, Farr West, UT 84404. Office: (801)731-4187, Fax: (801)731-7732

www.farrwestcity.net

FARR WEST CITY IS AN EQUAL OPPORTUNITY EMPLOYER

Thank you for your interest in working at Farr West City. As an equal opportunity employer, our employment practices are in accordance with the laws that prohibit discrimination due to race, sex, sexual orientation, age, disability, or national origin. This application form was designed for use by persons applying for various types of positions – professional, technical, clerical, and administrative. Please answer only the questions that apply. All information will be treated confidentially (additional information may be provided by attaching a resume).

PLEASE PRINT OR TYPE

Title of Position Applying for: _____ Date: _____

Wage Desired: \$ _____ Available to work: Evenings Early Mornings Days Weekends

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street Apt No. City State Zip Code

Telephone No: Home: (____) ____ - _____ Work: (____) ____ - _____ Cell: (____) ____ - _____

Email Address: _____

Do you have any relatives working for the City? No Yes – If yes, please list their name _____

Are you a US Citizen? Yes No If naturalized, date of citizenship _____ & country of birth _____

List any other names used _____

Do you have a valid Utah Driver's License? No Yes CDL: No Yes

Have you ever been employed here before? No Yes – If yes, please give date(s)

EDUCATION AND TRAINING

	Name of School	City and State	Major Subject/Degree	Degree/Diploma & Number of Years Attended/Year Graduated
High School				
College/University				
College/University				
Trade School/ Special Training				

LICENSES/CERTIFICATIONS – PLEASE ATTACH COPIES OF CERTIFICATIONS

License/Certification	Expiration Date	In Progress	Completion Date

List Awards, scholarships, honors received:

EMPLOYMENT HISTORY

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list full and part-time jobs, summer or volunteer work during the last 10 years. Include periods of military service, self-employment, and unemployment. Please leave no unexplained gaps. Attach separate sheet if necessary.

1) Present Employer:	Telephone: (____) ____-_____
Address:	Employed (MM/YYYY) From: _____ To: _____
Supervisor's Name: _____ Title: _____	Earnings: Start: \$ _____ Last: \$ _____
Job Title: _____	Reason for Leaving: _____
Describe your work:	

2) Previous Employer:	Telephone: (____) ____ - _____
Address:	Employed (MM/YYYY) From: _____ To: _____
Supervisor's Name: _____ Title: _____	Earnings: Start: \$ _____ Last: \$ _____
Job Title: _____	Reason for Leaving: _____
Describe your work:	

3) Previous Employer:	Telephone: (____) ____ - _____
Address:	Employed (MM/YYYY) From: _____ To: _____
Supervisor's Name: _____ Title: _____	Earnings: Start: \$ _____ Last: \$ _____
Job Title: _____	Reason for Leaving: _____
Describe your work:	

4) Previous Employer:	Telephone: (____) ____ - _____
Address:	Employed (MM/YYYY) From: _____ To: _____
Supervisor's Name: _____ Title: _____	Earnings: Start: \$ _____ Last: \$ _____
Job Title: _____	Reason for Leaving: _____
Describe your work:	

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact Employer Number(s): _____ Reason: _____

REFERENCES

Name			Employer/Position	Business Address	Business Phone No.
First	Middle	Last			

This application will be kept in Farr West City's active files only until the position for which it was submitted is filled. If the applicant is not hired, the applicant must complete a new application to be considered for employment.

I certify that all statements made in this application and attachments are true and complete and that any misstatement of material fact may subject me to disqualification or immediate termination. I also agree to allow the City to obtain criminal and other job related information about me, and I authorize previous employers to provide information about my work history. I also understand that I may be informed of their contents by submitting a written request and that I have the right to respond to any findings which I believe to be incorrect.

Signature: _____ Date: _____