



# DAGGETT COUNTY

## Employment Application

Position(s) Desired

Date

### Applicant Information

Last Name:

First Name:

M.I.:

Street/Mailing Address:

City:

State:

Zip Code:

Phone:

Email:

Date available to start:

Desired Salary:

Have you ever worked for Daggett County?  YES  NO

If so, when:

Have you ever been convicted of a felony?  YES  NO

If yes, explain:

Are you currently employed?  YES  NO

May we contact your present employer?

YES  NO

If hired, can you provide proof that you are authorized to work in the United States on an unrestricted basis?

YES  NO

If hired, can you provide proof that you are over 18 years of age?

YES  NO

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? (Please review the attached job description.)

YES  NO

Do you have adequate transportation to and from work?

YES  NO

### Education

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

### References

Do not include family members or past supervisors.

	Name	Phone Number	Best Time to Call	Occupation
1.				
2.				
3.				

## Employment Experience

Please list the names of your present and previous employers in chronological order with the present, or most recent, employer first. Be sure to account for all periods of time including military service, volunteer activities, and any periods of unemployment. If self-employed, give the name of the firm or business and supply business references. Use additional pages if needed.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact them? <input type="radio"/> YES <input type="radio"/> NO

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact them? <input type="radio"/> YES <input type="radio"/> NO

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact them? <input type="radio"/> YES <input type="radio"/> NO

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact them? <input type="radio"/> YES <input type="radio"/> NO

## Applicant's Statement

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all personnel policies and procedures of Daggett County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date