



EMPLOYMENT APPLICATION

USE TYPEWRITER OR PRINT CLEARLY IN INK

1. TITLE OF POSITION APPLIED FOR: _____
2. NAME: _____
LAST NAME FIRST NAME MI
3. MAILING ADDRESS: _____
STREET OR P.O. BOX CITY STATE ZIP CODE
4. DAY PHONE: _____ EVE. PHONE: _____
5. HAVE YOU, SINCE THE AGE OF 18, EVER BEEN CONVICTED OF A CRIME, EXCLUDING MINOR TRAFFIC OFFENCES? NO YES
IF YES, ATTACH ADDITIONAL SHEETS AND GIVE DATES, DETAILS, AND PENALTIES FOR EACH OCCURANCE, INCLUDING DATES OF ANY PROBATIONARY PERIODS.

EDUCATION & SPECIAL SKILLS

6. HIGH SCHOOL GRADUATE, GED, OR EQUIVALENT? Yes No
(IF NO, CIRCLE HIGHEST GRADE COMPLETED) 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE, UNIVERSITY, OR TECHNICAL COLLEGE ATTENDED	LOCATION OF SCHOOL (CITY)	MAJOR/MINOR OR FIELD	YEARS COMPLETED	TYPE OF DEGREE OR CERTIFICATION

7. DESCRIBE ANY TRAINING, ABILITY/KNOWLEDGE, OR SPECIAL RECOGNITION AWARDS YOU CONSIDER SIGNIFICANT: _____

8. LIST ANY LANGUAGES OTHER THAN ENGLISH IN WHICH YOU ARE FLUENT: _____

TOOELE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Tooele County to recruit, hire, and promote qualified applicants without regard to their race, color, religion, sex, age, national origin, disability, or other areas covered by federal, state, or local fair employment laws and regulations. To further this objective, the county has established procedures to ensure that all personnel actions such as compensation, benefits, transfers, employer sponsored training and education, educational assistance, social and recreational programs, and use of all employee facilities are administered fairly without regard to race, color, religion, sex, age, national origin or disability.

RETURN TO: **Tooele County Housing Authority**
66 West Vine Street, Tooele, Utah 84074
(435) 882-7875 • Fax (435) 882-7894

EXPERIENCE

9. BEGIN WITH THE MOST RECENT POSITIONS HELD, INCLUDING MILITARY; INCLUDE EMPLOYMENT HISTORY FOR THE PREVIOUS **10 YEARS AND ANY OTHER PERTINENT INFORMATION**. IF YOU WERE SELF-EMPLOYED, GIVE FIRM NAME. A RESUME SHOULD BE ATTACHED TO DESCRIBE DUTIES AND SCOPE OF RESPONSIBILITIES IN EACH FORMER POSITION. ATTACH ADDITIONAL PAGES AS NECESSARY.

COMPANY NAME: _____ ADDRESS: _____ JOB TITLE: _____ DUTIES: _____ _____ SUPERVISOR: _____ PHONE #: _____ REASON FOR LEAVING: _____	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> HOURLY RATE: \$ _____ HOURS WORKED PER WEEK: _____ <p style="text-align: center;">LENGTH OF JOB</p> YEARS: ____ FROM: _____ TO: _____ OR MONTHS: ____ FROM: _____ TO: _____
COMPANY NAME: _____ ADDRESS: _____ JOB TITLE: _____ DUTIES: _____ _____ SUPERVISOR: _____ PHONE #: _____ REASON FOR LEAVING: _____	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> HOURLY RATE: \$ _____ HOURS WORKED PER WEEK: _____ <p style="text-align: center;">LENGTH OF JOB</p> YEARS: ____ FROM: _____ TO: _____ OR MONTHS: ____ FROM: _____ TO: _____
COMPANY NAME: _____ ADDRESS: _____ JOB TITLE: _____ DUTIES: _____ _____ SUPERVISOR: _____ PHONE #: _____ REASON FOR LEAVING: _____	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> HOURLY RATE: \$ _____ HOURS WORKED PER WEEK: _____ <p style="text-align: center;">LENGTH OF JOB</p> YEARS: ____ FROM: _____ TO: _____ OR MONTHS: ____ FROM: _____ TO: _____
COMPANY NAME: _____ ADDRESS: _____ JOB TITLE: _____ DUTIES: _____ _____ SUPERVISOR: _____ PHONE #: _____ REASON FOR LEAVING: _____	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> HOURLY RATE: \$ _____ HOURS WORKED PER WEEK: _____ <p style="text-align: center;">LENGTH OF JOB</p> YEARS: ____ FROM: _____ TO: _____ OR MONTHS: ____ FROM: _____ TO: _____

CERTIFICATION OF APPLICANT

READ CAREFULLY BEFORE SIGNING

10. I AUTHORIZE THE INVESTIGATION OF ALL PRIOR EMPLOYMENT RECORDS AND THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, RESUME, AND/OR STATEMENTS MADE IN THE INTERVIEWING PROCESS. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IN THIS APPLICATION IS CAUSE FOR DISQUALIFICATION AND/OR SEPARATION FROM EMPLOYMENT.

SIGNATURE: _____ DATE: _____

RETURN TO: **Tooele County Housing Authority**
 66 West Vine Street, Tooele, Utah 84074
 (435) 882-7875 • Fax (435) 882-7894