



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Director of Human Resources or Mayor.

TOOELE CITY HALL • 90 NORTH MAIN • TOOELE, UT 84074 • PHONE 435-843-2105 • FAX 435-843-2106

## EMPLOYMENT APPLICATION

**PLEASE PRINT OR TYPE (This form is available in electronic format at [www.tooelecity.org](http://www.tooelecity.org))**

Position Applied For	Who Referred you To Tooele City?	Date of Application	
Name (Last, First, Middle)			
Other Name(s) Used including maiden name and/or nickname			
Address (Street)	City	State	Zip
Telephone Number	Mobile /Pager/Other Phone Number		
May we Contact You At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unemployed	Work Phone Number		
E-Mail Address			
Have you ever worked for Tooele City before? <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ To _____			
Are you willing to work shift work if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to work a schedule that includes weekends and/or holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Criminal Information <i>(Criminal convictions will not necessarily disqualify an individual from employment.)</i>			
Have you been convicted of a felony or misdemeanor (other than minor traffic offenses) in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Have you been convicted of any crime (other than minor, misdemeanor traffic offenses) in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state offense, date, city, state:			
Are you currently on parole, probation, diversion or deferred adjudication for any criminal offense in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state offense, date, city, state:			
Have you engaged in the illegal use, possession, sale or transfer of narcotics or illicit drugs during the past 5 years, including receiving a positive drug test or positive workplace related alcohol test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If in the future you are convicted of any criminal offense outlined above, will you report it immediately to Tooele City and surrender employment-related identification within 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 21 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any relatives working for Tooele City including any blood, step, in-laws, or relatives by marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and relationship:			

## EMPLOYMENT HISTORY

**THIS SECTION MUST BE COMPLETED EVEN IF RESUME IS ATTACHED!**

**Provide the following information for all of your past and current employers, military service, or volunteer activities starting with the most recent. Include all temporary work and account for breaks in service.**

**(If necessary, add a supplement sheet)**

Current Employer		Date From: _____ To: _____	
Your Name While Employed		Job Title	
Address (Street)	City	State	Zip
Telephone Number	Supervisor's Name		
Starting Salary \$ _____ <input type="checkbox"/> Year / <input type="checkbox"/> Hour	Ending Salary \$ _____ <input type="checkbox"/> Year / <input type="checkbox"/> Hour		
Responsibilities And Duties:			
Reason For Leaving:			
<input type="checkbox"/> Layoff <input type="checkbox"/> Discharged (Military) <input type="checkbox"/> Quit <input type="checkbox"/> Fired (Explain) _____ <input type="checkbox"/> Other (Explain) _____			

Employer Name		Date From: _____ To: _____	
Your Name While Employed		Job Title	
Address (Street)	City	State	Zip
Telephone Number	Supervisor's Name		
Starting Salary \$ _____ <input type="checkbox"/> Year / <input type="checkbox"/> Hour	Ending Salary \$ _____ <input type="checkbox"/> Year / <input type="checkbox"/> Hour		
Responsibilities And Duties:			
Reason For Leaving:			
<input type="checkbox"/> Layoff <input type="checkbox"/> Discharged (Military) <input type="checkbox"/> Quit <input type="checkbox"/> Fired (Explain) _____ <input type="checkbox"/> Other (Explain) _____			

Employer Name		Date From: _____ To: _____	
Your Name While Employed		Job Title	
Address (Street)	City	State	Zip
Telephone Number	Supervisor's Name		
Starting Salary \$ _____ <input type="checkbox"/> Year / <input type="checkbox"/> Hour	Ending Salary \$ _____ <input type="checkbox"/> Year / <input type="checkbox"/> Hour		
Responsibilities And Duties:			
Reason For Leaving:			
<input type="checkbox"/> Layoff <input type="checkbox"/> Discharged (Military) <input type="checkbox"/> Quit <input type="checkbox"/> Fired (Explain) _____ <input type="checkbox"/> Other (Explain) _____			

# EDUCATION

**THIS SECTION MUST BE COMPLETED EVEN IF RESUME IS ATTACHED!**

## CHECK THE HIGHEST GRADE YOU HAVE COMPLETED IN YOUR FORMAL SCHOOLING

0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  
None Elementary High School College Masters/Doctorate

If you did not graduate from high school do you have a GED or equivalency?  Yes  No

College, Business or Trade Schools Major or Vocational Year Degree  
Name, City and State Subjects Received Awarded

1.			
2.			
3.			

## ADDITIONAL SKILLS AND QUALIFICATIONS

Use this area to list any additional information you think would help us evaluate your application. Include special skills, training, licenses, and or certificates you possess that will aid you in performing the essential job-related functions of the position for which you are applying (I.e. typing certificate, fork lift certification, CDL.)

## REFERENCES (Professional references preferred. Do not list family members.)

Name Association Telephone Number # Years Known

1.			
2.			
3.			

## APPLICANT'S STATEMENT & AGREEMENT

I understand that any offer of employment may be contingent upon my passing tests for the presence of drugs and alcohol in my system. I understand that at any time after I am hired, Tooele City may require me to submit to a drug/alcohol screen if I am employed in a safety sensitive position or a job requiring testing pursuant to the Department of Transportation guidelines. To the extent permitted by law, I consent to the disclosure of the results of drug/alcohol screens to Tooele City.

I authorize Tooele City to conduct a background check on me. The background check will evaluate my suitability for the position to which I have applied and may include, but is not limited to: investigating my criminal record which will require that I be fingerprinted (if age 18 or over) and provide Tooele City with a copy of my criminal background report for each State I have lived in for the past 10 years (additional years may be evaluated based on the position), verifying and investigating the information contained in this application, to make such further investigation as it deems proper (whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted), and to obtain an investigative consumer report (credit report for jobs dealing with financial matters). I understand that if I ask Tooele City, in writing, whether such a report has been obtained, and it has been, Tooele City will provide me with the name, address, & telephone number of the consumer-reporting agency making the report. I understand that I may request and promptly receive a copy of the report obtained from a consumer-reporting agency.

I further understand that Tooele City may contact my previous employers and I authorize those employers to disclose to Tooele City all records and information pertinent to my employment with them. In addition, I authorize the persons named herein as references to provide Tooele City with any pertinent information they may have about me. I hereby fully waive any rights or claims I have or may have against my former employers, their employees and representatives, as well as other persons or firms who release or disclose information to Tooele City, and release them from any and all liability, claims or damages that may directly or indirectly result from the use or disclosure of any such information.

I understand that Tooele City will make reasonable accommodations for employees with disabilities and that I should notify them of my needs. I understand that Tooele City is an Equal Opportunity Employer and does not discriminate in regards to disabilities, race, religion, sex, age, national origin, or color.

I understand that, and agree that, Tooele City reserves the right to develop, enforce, or modify city personnel guidelines/policies as necessary and that such changes will replace any previous applicable processes and/or procedural applications.

I certify that all the information provided by me in this application, in any other documents supplied by me in connection with my employment, and in any interview is true and correct. I have not withheld anything that would, if disclosed, affect the application unfavorably. I understand that furnishing information which is found to be false in any respect or omitting unfavorable information, is grounds for the rejection of this application or for my discharge at any time during my employment.

**I have read the above Applicant's Statement & Agreement and understand it.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT'S STATEMENT & AGREEMENT**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Required)