



500 E Main St. Duchesne, Utah 84021
PO Box 974, Duchesne, Utah 84021
phone (435) 738-2464
fax (435)738-5394
office@duchesnecity.com

JOB APPLICATION

Duchesne City is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accomodation in the application process, he or she should contact a city representative.

NAME

Please fill out all of the sections below:

APPLICANT INFORMATION

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____
Date of Application: _____

EMPLOYMENT POSITION

Position(s) applying for: _____

How did you hear about this position? _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? Yes No

Are you physically able and willing to complete any necessary certifications? Yes No

If no, please explain. _____

DATE



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PERSONAL INFORMATION

Have you ever applied to or worked for Duchesne City? Yes No

If yes, when? _____

Are you 18 years of age or older? Yes No

Do you have a valid drivers license? Yes No

Will you consent to a driving record check if your position requires driving a city vehicle? If no, please explain. Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status? _____

Are you related to any current employees of the City? If yes, please provide their name(s) and your relationship

Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required. _____

(Note: Duchesne City complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

JOB SKILLS/QUALIFICATIONS

Please list below the skills and qualifications you possess for the position for which you are applying:



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EDUCATION AND TRAINING

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

Languages Spoken or Literate In

Speak	Read	Write



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PREVIOUS EMPLOYMENT

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Reason for leaving:

Dates Employed:

Hourly Rate:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Reason for leaving:

Dates Employed:

Hourly Rate:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Reason for leaving:

Dates Employed:

Hourly Rate:



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REFERENCES

Please provide 2 or 3 personal and professional reference(s) below:

Reference	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and Duchesne City is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Duchesne City. No representative of Duchesne City has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and our current Mayor.

Applicant Signature: _____

Dated: _____

ACCURACY AND CONSENT

I certify that all information I have provided in this application is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation, omission, or falsification of information may disqualify me from consideration for employment or, if hired, may result in termination at any time.

I authorize Duchesne City to verify any information provided in this application and to contact references or former employers as needed to determine my qualifications and suitability for employment.

By signing below, I acknowledge that I have read and understand the above statements.

Applicant Signature: _____

Dated: _____