

# **City of Parowan**

PO Box 576 35 East 100 North Parowan, UT 84761 Phone: (435) 477-3331

# Employment Application (A Separate Application is Required for Each Position)

Title of position appli	ed for			
Type of employment	desired: 🗆 Full-Time	e 🗆 Part-Time 🗆 Se	easonal	
Date available for em	ployment:			
APPLICANT INFORM	IATION			
Name:				
Address:				
	Street (or Box)	City	State	Zip Code
Mailing Address (if di	ifferent from above):			
Telephone Number:				
	Home	Mobile		Work
Email Address:				
Driver License # (only	y if position requires	s a background cł	neck):	
Do you have any rela	tives working for th	e City of Parowan	? □ No □ Yes	
If Yes, Please List:				
Have you ever been e	mployed by the City	v of Parowan? □ N	o 🗆 Yes	

If Yes, Year & Position:

If the position for which you are applying is hazardous in nature, including but not limited to working with or around heavy equipment or hazardous materials, are you 18 years of age or older?  $\Box$  No  $\Box$  Yes

# All Applicants will be required to undergo drug testing as a condition of employment.

Applicants requiring accommodations to the application and/or interview process should contact a representative of the City of Parowan.

#### THE CITY OF PAROWAN IS AN EQUAL OPPORTUNITY EMPLOYER

Read this Application carefully. Type or print clearly in ink. You must sign and date this application and include all information requested. If more space is needed, attach an addendum using the same application format. Resumes may be submitted as an attachment but will not be accepted in lieu of a City Application. **Applications which include wording such as "see resume" will be rejected.** Copies of college transcripts or other official documents may be requested when claiming college credit and/or specialized training. False statements, evidence of fraud or deceit in connection with this application will disqualify you from the selection process, and if discovered after employment, are grounds for discharge. This application and all attached documents are official records of the City of Parowan and cannot be returned.

**Certificates:** List job related professional or trade licenses, certificates, or registrations

Languages: If job related, list languages you speak, read and write other than English:

Do you have a valid CDL? 
□ No □ Yes, Class\_\_\_\_\_ Number \_\_\_\_\_

**Computer Skills:** List all computer software programs in which you are proficient.

### **EDUCATION AND TRAINING**

	Credits Completed			Degree,
College, Business, Trade, School or Special Training	Semester	Quarter	Major	Certificate, or # Years
· · · · · · · · · · · · · · · · · · ·	Hours	Hours		Attended

#### **EXPERIENCE**

Current	
Employer:	From To To To
Complete Address:	□ Full-Time □ Part-time
	Volunteer  Apprenticeship
Phone Number:	
Job Title:	Hourly Salary:
	Last Monthly Salary:
Reason for Leaving:	
May we contact your current employe	er regarding your qualifications? 🗆 No 🗆 Yes
Employer:	Fram. Ta
	month/year month/year
Complete Address:	□ Full-Time □ Part-time □ Volunteer □ Apprenticeship
Phone Number:	
Job Title:	_
Supervisors Name:	
Duties	Last Montiny Salary
Reason for Leaving:	
May we contact this employer regard	ing your qualifications? 🗆 No 🗆 Yes
	From To
Employer:	month/year month/year
	□ Full-Time □ Part-time
	□ Volunteer □ Apprenticeship
Complete Address:	□ Volunteer □ Apprenticeship ————————————————————————————————————
Complete Address: Phone Number:	Hours per Week:
Employer: Complete Address: Phone Number: Job Title: Supervisors Name:	Hours per Week: Hourly Salary:

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	From To month/year month/year		
Complete Address:			
Phone Number:	Hours per Week:		
Job Title:	Hourly Salary:		
Supervisors Name: Duties			
Reason for Leaving:			
May we contact this employer regarding	your qualifications? 🗆 No 🗆 Yes		
Employer:	From To month/yearmonth/year		
Complete Address:	□ Full-Time □ Part-time □ Volunteer □ Apprenticeship		
Phone Number:	Hours per Week:		
Job Title:	Hourly Salary:		
Supervisors Name:			
Duties			
Duties Reason for Leaving:			
Reason for Leaving:			
Reason for Leaving: May we contact this employer regarding	your qualifications?		
Reason for Leaving: May we contact this employer regarding Employer:	your qualifications?  Do DYes From To		
Reason for Leaving: May we contact this employer regarding Employer: Complete Address:	your qualifications?  No  Yes From To To month/year month/year Full-Time  Part-time Volunteer  Apprenticeship		
	your qualifications?  No  Yes From To To month/year month/year month/year  Full-Time  Part-time Nolunteer  Apprenticeship Hours per Week:		

May we contact this employer regarding your qualifications?  $\square$  No  $\square$  Yes

# **MEMBERSHIPS/PROFESSIONAL ORGANIZATIONS**

List membership in any relevant professional, trade, or civic organizations:

#### REFERENCES

List three persons who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying.

Full Name	Business or Occupation	Current Telephone Number	Alternate Telephone Number

#### **CERTIFICATION OF APPLICANT**

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING

I hereby authorize any previous employer and references to give and release to the City of Parowan any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release the City of Parowan from any liability for the use of this information in considering and reviewing my application for the available position.

I also agree to allow the City of Parowan to determine my competence for certain positions in the utility departments or in the departments where public funds are involved, by obtaining credit, criminal and other job related information about me.

I understand that this employment application and any other City documents are not contracts of employment and that any oral or written statements to the contrary are expressly disavowed. I certify that all statements made in this application are true and complete and understand that any misrepresentation of material fact in this document or during an interview may subject me to disqualification or dismissal.

Signature:	Date:	