

Position Desired:

Name

(Last Name, First Name)

Date

(MM/DD/YYYY)



WASATCH
— C O U N T Y —

APPLICATION FOR EMPLOYMENT

Wasatch County
Government
- State of Utah -

PERSONNEL OFFICE

ADDRESS: 55 S 500 E HEBER CITY, UT 84032
WEB: WWW.WASATCH.UTAH.GOV/PERSONNEL

OFFICE PHONE: (435) 657-3242
EMAIL: PERSONNEL@WASATCH.UTAH.GOV

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

WASATCH COUNTY

55 S 500 E

HEBER, UT 84032

PERSONAL INFORMATION		Please type or print	
FIRST NAME	MIDDLE	LAST	
MAILING ADDRESS			
CITY	STATE	ZIP	
CONTACT PHONE	EMAIL ADDRESS		
SOCIAL SECURITY NUMBER	DESIRED SALARY \$	PER	
TYPE OF EMPLOYMENT DESIRED FULL TIME PART TIME TEMPORARY SEASONAL INTERNSHIP EDUCATIONAL CO-OP			

EMPLOYMENT HISTORY					Please list your last four employers, beginning with most recent.				
COMPANY NAME			JOB TITLE		START DATE		END DATE		
LOCATION			SUPERVISOR	PHONE	START SALARY		END SALARY		
REASON FOR LEAVING						MAY WE CONTACT? IF NO, PLEASE COMMENT.			
COMPANY NAME			JOB TITLE		START DATE		END DATE		
LOCATION			SUPERVISOR	PHONE	START SALARY		END SALARY		
REASON FOR LEAVING						MAY WE CONTACT? IF NO, PLEASE COMMENT.			
COMPANY NAME			JOB TITLE		START DATE		END DATE		
LOCATION			SUPERVISOR	PHONE	START SALARY		END SALARY		
REASON FOR LEAVING						MAY WE CONTACT? IF NO, PLEASE COMMENT.			
COMPANY NAME			JOB TITLE		START DATE		END DATE		
LOCATION			SUPERVISOR	PHONE	START SALARY		END SALARY		
REASON FOR LEAVING						MAY WE CONTACT? IF NO, PLEASE COMMENT.			

EDUCATIONAL BACKGROUND

HIGH SCHOOL		DIPLOMA YES NO		GPA
COLLEGE OR UNIVERSITY	YEARS COMPLETED	COURSE OF STUDY	DEGREE	GPA
COLLEGE OR UNIVERSITY	YEARS COMPLETED	COURSE OF STUDY	DEGREE	GPA
COLLEGE OR UNIVERSITY	YEARS COMPLETED	COURSE OF STUDY	DEGREE	GPA
OTHER				
CERTIFICATIONS AND LICENSES				

REFERENCES

Please list three professional references, excluding relatives, with whom you have worked.

NAME	ADDRESS			HOME PHONE
COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP	YRS. KNOWN	WORK PHONE
NAME	ADDRESS			HOME PHONE
COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP	YRS. KNOWN	WORK PHONE
NAME	ADDRESS			HOME PHONE
COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP	YRS. KNOWN	WORK PHONE

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for canceling further consideration of this application, or immediate discharge from the employer's service. I understand that I may have to pass a physical examination, produce documentation verifying identity and employment eligibility in the U.S. as a condition of my employment. I understand that I give the right to Wasatch County Government to check prior employment references.

Signature: _____ Date: _____ / _____ / _____

THIS APPLICATION CAN BE SUBMITTED FOUR (4) WAYS: IN PERSON, MAIL, FAX OR EMAIL *(as an attachment)*

IN PERSON/MAIL

Wasatch County
Personnel Office
55 S 500 E
Heber, UT 84032

FAX LINE

(435) 654-0394

EMAIL ADDRESS *(as an attachment)*

personnel@wasatch.utah.gov

We recommend you call and verify your application has been received.