



EMPLOYMENT APPLICATION

USE TYPEWRITER OR PRINT CLEARLY IN INK

- TITLE OF POSITION APPLIED FOR: _____
- NAME: _____

LAST NAME	FIRST NAME	MI
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- MAILING ADDRESS: _____

STREET OR P.O. BOX	CITY	STATE	ZIP CODE
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- DAY PHONE: _____ EVE. PHONE: _____
- E-MAIL ADDRESS (Required): _____

(All Tooele County Employment Correspondence will be thru email)

- HAVE YOU, SINCE THE AGE OF 18, EVER BEEN CONVICTED OF A CRIME, EXCLUDING MINOR TRAFFIC OFFENSES? 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

- 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

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

- 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 Human Resource Office, 47 South Main Street, Room 308, Tooele, Utah 84074
Phone: (435) 843-3157 Fax: (435) 843-3158

www.co.tooele.ut.us

REVISED 2012

EXPERIENCE

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 IF 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: _____ <p style="text-align: center;">OR</p> 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: _____ <p style="text-align: center;">OR</p> MONTHS: ____ FROM: _____ TO: _____
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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: _____

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Reference Release Form



Name: _____

Last Four Digits of Social Security Number: _____

I authorize Tooele County to seek information from employers, supervisors and colleagues regarding my work habits, performance record, ability to reform effective working relationships with co-workers, technical skills and any other job-related information which will enable Tooele County to evaluate my suitability for employment.

I authorize Tooele County to obtain information from:

_____ Current Employer and Former Employers
Initial

_____ Former Employers Only
Initial

A copy of this release shall function as an original.

Signature: _____ Date: _____

Equal Employment Opportunity Form



Applicant Information

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | | | |
|--|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> | <input type="checkbox"/> Other |

Gender

- | | | |
|---------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> | <input type="checkbox"/> Male |
|---------------------------------|--------------------------|-------------------------------|

Military Service

- | | | |
|---|--------------------------|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position?

- | | | | | |
|--------------------------------------|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> | <input type="checkbox"/> Company Employee | <input type="checkbox"/> | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> | <input type="checkbox"/> Placement Office | <input type="checkbox"/> | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other _____ | | | | |

***Complete the Equal Employment Opportunity Instructions and Questionnaire. Do not put your name or any other identifiable information on this page. It is removed from your application and used only for statistical purposes.**

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