



## City of Enterprise

PO Box 340  
375 South 200 East  
Enterprise, UT 84725  
Phone: (435) 878-2221  
Fax: (435) 878-2311

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

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Title of position applied for \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Seasonal

Date available for employment: \_\_\_\_\_

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#### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street (or Box) City State Zip Code

Telephone Number: \_\_\_\_\_  
Home Mobile Work

Social Security Number: \_\_\_\_\_

Do you have any relatives working for the City of Enterprise?  No  Yes

If Yes, Please List: \_\_\_\_\_

Have you ever been employed by the City of Enterprise?  No  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?  No  Yes

Have you ever been convicted of a misdemeanor or felony or have a current "Plea in Abeyance"?  No  Yes, Please attach explanation including dates, details and penalties for each occurrence, including dates of any probationary periods.

Note: Each conviction will be judged in relation to time, seriousness, circumstances, and relationship to position sought, and will not necessarily bar you from employment.

**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 Enterprise.

**THE CITY OF ENTERPRISE 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 Enterprise and cannot be returned.

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

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

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Do you have a valid Driver’s License?  No  Yes

If Yes, list State & Number \_\_\_\_\_

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

Typing/Keyboarding Speed \_\_\_\_\_ Net Words/Minute \_\_\_\_\_

Have you certified this speed within the last 12 months?  No  Yes

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

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## EDUCATION AND TRAINING

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA (GED)?  No  Yes, High School: \_\_\_\_\_

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



Employer: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year  
Complete Address: \_\_\_\_\_  Full-Time  Part-time  
\_\_\_\_\_  Volunteer  Apprenticeship  
Phone Number: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Salary: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Last Monthly Salary: \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer regarding your qualifications?  No  Yes

Employer: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year  
Complete Address: \_\_\_\_\_  Full-Time  Part-time  
\_\_\_\_\_  Volunteer  Apprenticeship  
Phone Number: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Salary: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Last Monthly Salary: \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer regarding your qualifications?  No  Yes

Employer: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year  
Complete Address: \_\_\_\_\_  Full-Time  Part-time  
\_\_\_\_\_  Volunteer  Apprenticeship  
Phone Number: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hourly Salary: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Last Monthly Salary: \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer regarding your qualifications?  No  Yes

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### **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 Enterprise 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 Enterprise 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 Enterprise 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: \_\_\_\_\_