



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)

Title of position applied for _____

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

Date available for employment: _____

APPLICANT INFORMATION

Name: _____

Physical Address: _____
Street City State Zip Code

Mailing 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

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

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.

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		

EXPERIENCE

ON THE FOLLOWING PAGES, PLEASE LIST ALL EMPLOYMENT BEGINNING WITH THE PRESENT/MOST RECENT EXPERIENCE, including military service, if applicable. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but this section must be completed. If adding additional sheets to list additional work experience, please use the same format as follows:

Current
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 your current 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

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

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: _____