



State of Utah
Department of Workforce Services
EMPLOYMENT APPLICATION

Employer: _____ Date: _____

Name: _____

Last First M.I.

Address: _____

Street Address City State ZIP

Home Phone: - - Work Phone: - -

Are you a Veteran? Yes No

List the positions you are interested in by specific title (Example: typist, carpenter, auto mechanic)

1st Choice: _____ 2nd Choice: _____

Available to work: Full-Time Temporary Part-Time Shift Work

Date You Can Start: _____ Salary Desired: _____

Are You Employed Now? Yes No If yes, may we contact your present employer?
 Yes No

Have You Applied To This Company Before? Yes No Where? When?

List Any Trade or Professional Licenses, Certificates, or Registrations:

References: List Three Persons Not Related to You Whom You Have Known At Least One Year.

Name	Address	Telephone/Business/Occupation

Education:

High School Graduate? Yes No If No, Indicate Highest Grade Completed (1 – 12)

College, Business or Trade Schools (Name and City Location)	Major or Vocational Subjects	Length of Time Degree / Certificate

Continued on Other Side

Work History: Beginning with present or most recent, list your three most significant employers. If you wish to elaborate, a supplemental sheet or resume may be attached. Include military service, if applicable.

Firm Name: _____ Dates of Employment: _____ - _____
Address: _____
Street Address City State ZIP
Job Title, Responsibilities and Duties: _____

Firm Name: _____ Dates of Employment: _____ - _____
Address: _____
Street Address City State ZIP
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Firm Name: _____ Dates of Employment: _____ - _____
Address: _____
Street Address City State ZIP
Job Title, Responsibilities and Duties: _____

Additional Qualifications and Skills: Machines, Equipment, Tools Used, Related Activities, etc.

Certification of Applicant:

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize verification of all statements made in this application.

Signature: _____ Date: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162