

SOUTH DAVIS SEWER DISTRICT

Mailing Address:

PO BOX 140111
SALT LAKE CITY, UT 84114-0111

PH: 801-295-3469

FAX: 801-295-3486

Street Address:

1800 WEST 1200 NORTH
WEST BOUNTIFUL, UT 84087

APPLICATION FOR EMPLOYMENT (PP&P FORM # 4)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

(PLEASE PRINT OR TYPE)

Position(s) Applied For:	Date of Application:
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Last Name	First Name	Middle Name/Initial
Address	City, State, Zip Code	
Telephone Number(s)	Social Security Number	

Salary or pay you expect: \$ _____ Hr.

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Do you have any friends or relatives working for the District?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before?

☐ Yes ☐ No

If Yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

How much advance notice do you wish to give your present employer? _____

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Have you ever been terminated by a previous employer(s)? ☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Do you want to work elsewhere or attend school while working here? ☐ Yes ☐ No

Do you have any continuing military obligations, such as Guard or Reserves, which may affect your work schedule? ☐ Yes ☐ No

If Yes, please explain _____

Have you been convicted of a felony? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

PERSONAL HEALTH: If offered a position with the South Davis Sewer District, your employment may be conditioned upon the results of a medical examination, drug tests and/or job-related physical ability tests.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

EDUCATION

	Name/City/State	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held.
Exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

OTHER QUALIFICATIONS: Summarize special job-related skills, specialized training and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS: Check Skills/Equipment Operated☐ Computer

Production/Mobile Machinery (list):

Other (list):

☐ Calculator☐ Keyboard☐ Spreadsheet☐ Word Processing

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

1.	()	Phone #
(Name)		
(Address)		
2.	()	Phone #
(Name)		
(Address)		
3.	()	Phone #
(Name)		
(Address)		

APPLICANT'S CONSENT TO RELEASE INFORMATION STATEMENT

(From a Previous Employer or Entity)

1. I, _____, authorize the South Davis Sewer District to contact any or all of my former employers or any or all of the references I have supplied to the South Davis Sewer District, for the purpose of verifying any of the information I have supplied to them, and/or for the purpose of obtaining any information whatever, whether favorable or unfavorable, about me or my employment with any former employer.
2. Additionally, the South Davis Sewer District may contact the Department of Motor Vehicles to obtain a copy of my driving record.

Signature of Applicant

Printed Name of Applicant

Date

APPLICANT'S DRUG TESTING CONSENT

1. I, _____, understand that South Davis Sewer District requires drug testing as a part of its selection and hiring process. I also understand that such drug testing will consist of taking or urine or any other medically recognized test designed to detect traceable amounts of drugs in the body. I further understand that if such testing indicates the presence of drugs in my body in any detectable amount, I will be disqualified from further hiring consideration. I hereby give my consent to the South Davis Sewer District to administer any or all of the above drug testing procedures to me and to use the results thereof in further determining my employability with the District. I understand that this is not a contract for employment and that even if employed, I will remain terminable at will and free to resign at any time I wish.
2. I represent that I am currently not using illegal drugs or taking drugs illegally. I hereby certify that this information is correct to the best of my knowledge and understand that falsification or omission in any detail is grounds for dismissal from employment at the time the District discovers the omission or falsification.

Signature of Applicant

Printed Name of Applicant

Date