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| Logo_symbol_BW_HiresDWS-WDD 305Rev. 08/2021 | State of UtahDepartment of Workforce Services |
|  | EMPLOYMENT APPLICATION |

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| Employer: |       | Date: |       |
| Name: |       |  |       |
|  | Last |  | First, Middle Initial |
| Street Address: |       |
|  | City: |       | State: |       | ZIP: |       |
| Home phone: |       | Work phone: |       |
| Email address: |       | Are you a veteran? | [ ]  Yes [ ]  No |

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| List the positions you are interested in by specific title (typist, carpenter, auto mechanic) |
| 1st choice: |       | 2nd choice: |       |
| Available to work:  | [ ]  Full time | [ ]  Temporary | [ ]  Part time | [ ]  Shift work |
| Date you can start: |       | Desired salary: |       |
| 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? |       |
| Trade or professional licenses, certificates or registrations: |
|       |

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| **References**: Three persons not related to you whom you have known for at least one year: |
| **Name** | **Address** | Telephone/Business/Occupation |
|       |       |       |
|       |       |       |
|       |       |       |

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| **Education:** |
| Are you a high school graduate? ……………………………………………………..……. | [ ]  Yes [ ]  No |
| If no, indicate highest grade completed (1—12): ……………………………………………….…. |       |
| **College, Business or Trade Schools (Name and Location)** | **Major or Vocational Subjects** | Length of TimeDegree/Certificate |
|       |       |       |
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| **Work History:** Beginning with the present or most recent, list your three most significant employers. If you wish to elaborate, you may attach a supplemental sheet or resume. Include military service, if applicable. |

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| Firm name: |       | Dates of employment: |       |
| Street Address: |       |
|  | City: |       | State: |       | ZIP: |       |
| Job title, responsibilities and duties: |       |
|       |
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| Firm name: |       | Dates of employment: |       |
| Street Address: |       |
|  | City: |       | State: |       | ZIP: |       |
| Job title, responsibilities and duties: |       |
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| Firm name: |       | Dates of employment: |       |
| Street address: |       |
|  | City: |       | State: |       | ZIP: |       |
| Job title, responsibilities and duties: |       |
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| **Additional qualifications and skills:** (machines, equipment, tools used, related activities, etc.) |
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| **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 (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals

who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.