



State of Utah
Department of Workforce Services
EMPLOYMENT APPLICATION

Employer: _____ Date: _____

Name: _____
Last First, Middle Initial

Street Address: _____
City: _____ State: _____ ZIP: _____

Home phone: _____ Work phone: _____

Email address: _____ Are you a veteran? Yes No

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:

References: Three persons not related to you whom you have known for at least one year:

Name	Address	Telephone/Business/Occupation

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 Time Degree/Certificate

Continued on other side

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.

Firm name: _____ Dates of employment: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Job title, responsibilities and duties: _____

Firm name: _____ Dates of employment: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Job title, responsibilities and duties: _____

Firm name: _____ Dates of employment: _____

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 (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.