



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)

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> 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  
Job Title, Responsibilities and Duties: \_\_\_\_\_

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