



Uintah Community Center
610 S Vernal Avenue, Vernal UT 84078
(435) 781-0982
Fax (435) 781-0986

APPLICATION FOR EMPLOYMENT

Uintah Special Service District 1

An Equal Opportunity Employer

The Uintah Special Service District 1 is dedicated to the principles of equal employment opportunity. We prohibit unlawful discrimination against applicants or employees on the basis of race, color, religion, sex, national origin, political affiliation, age, or disability.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for the signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position(s) Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Seasonal

On what date would you be available to start work? _____

GENERAL

Last Name First Name Middle Name Telephone Number

Mailing Address City State Zip Code

Email Address

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

If hired, and under the age of 18, you will be required to submit proof of age.

Have you applied here before? Yes No If yes, when?

Were you ever employed here? Yes No If yes, when?

Reason for leaving: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm names and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
					May we contact? _____
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
					May we contact? _____
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Final	
			\$	\$	
Title	Duties				Supervisor(s)
					May we contact? _____

REFERENCES

References are professional and personal contacts who can verify your character, skills, and experience.

Name	Address	Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I certify that the answers given herein are true and accurate to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, or criminal history (age 18 and above) as may be necessary in arriving at an employment decision. I hereby release employers and law enforcement agencies or persons from all liability in responding to inquiries in connection with my application. I understand also that I am required to abide by all safety regulations, policies and procedures of USSD1.

I understand I will be required to successfully pass a drug screen. I hereby consent to a pre-employment drug screen as a condition of employment. (If an applicant fails or refuses to take a drug test, they will be disqualified from employment at this time.)

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

I have read, understood, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment for full time positions will remain active for 1 year.

This application for employment for part-time and seasonal positions will remain active for 90 days.