DAGGETT COUNTY

Employment Application

Position(s) Desired _____ Date _____

Applicant Information

Last Name: _____ First Name: _____ M.I.: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date available to start: _____ Desired Salary: _____

Have you ever worked for Daggett County? ◯ YES ◯ NO If so, when: _____

Are you currently employed? ◯ YES ◯ NO May we contact your present employer? ◯ YES ◯ NO

If hired, can you provide proof that you are authorized to work in the United States on an unrestricted basis? ◯ YES ◯ NO

If hired, can you provide proof that you are over 18 years of age? ◯ YES ◯ NO

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? (Please review the attached job description.) ◯ YES ◯ NO

Do you have adequate transportation to and from work? ◯ YES ◯ NO

Education

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

References

Do not include family members or past supervisors.

	Name	Phone Number	Best Time to Call	Occupation
1.				
2.				
3.				

Employment Experience

Please list the names of your present and previous employers in chronological order with the present, or most recent, employer first. Be sure to account for all periods of time including military service, volunteer activities, and any periods of unemployment. If self-employed, give the name of the firm or business and supply business references. Use additional pages if needed.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact them? ◯ YES ◯ NO

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact them? ◯ YES ◯ NO

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact them? ◯ YES ◯ NO

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact them? ◯ YES ◯ NO

Applicant's Statement

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all personnel policies and procedures of Daggett County.

Signature of Applicant

Date