

EMPLOYMENT APPLICATION

Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE COMPLETE ENTIRE APPLICATION

City, State & Zip: Home Phone:	(Cell Phone:		□Full Time □Temporary □Seasonal Desired Salary:	□Part Time
	(Cell Phone:		Docirod Salary:	
☐Yes ☐ No				Desired Salary.	
		Position applying for	:		
□Yes □No					
□Yes □No		Can we contact your current employer? □Yes □No			
□Yes □No		Have you ever filed an application here before? ☐Yes ☐No			
□Yes □No		If YES, their name & their relationship to you?			
□Yes □No	If YES, State of issuance, license #, and expiration date:			e:	
ply: Newspaper	Advert	tisement □Walk	-in/Website	☐ Referral by Em	ployee/Friend
	-	-	Course	Degree received	Major
Ye	es No)			
Ye	es No)			
Ye	es No)			
Ye	es No)			
Ye	es No)			
nnical skills, cler ns and software	rical s packa	kills, trade skills ages of which you	, etc., releva u have a wor	nt to this pos king knowledo	sition. Include ge.
	□Yes □No	□Yes □No □Yes No	□Yes □No	Yes	□Yes □No Have you ever filed an application here before? □Yes □Yes □No If YES, their name & their relationship to you? □Yes □No If YES, State of issuance, license #, and expiration date apply: □Ply: □Newspaper Advertisement □Walk-in/Website □ Referral by Email apply: City/State Did you graduate? Diploma Course received Yes No Yes No Yes No Yes No

WORK EXPERIENCE - Please detail work history. Begin with your <u>current</u> or most recent employer. <u>Attach additional sheets if necessary</u>. Include full-time military or volunteer commitments.

Dates Employed From:To:	Title:			
Starting Salary:	Organization Name and Address:			
Final Salary:				
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:		
Primary duties:		Reason for Leaving:		
Dates Employed From:To:	Title:			
Starting Salary:	Organization Name and Address:			
Final Salary:				
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:		
Primary duties:		Reason for Leaving:		
Dates Employed From:To:	Title:			
Starting Salary:	Organization Name and Address:			
Final Salary:				
Supervisor's Name, Title and Phone #	:	Other Reference Name, Title and Phone #:		
Primary duties:	Reason for Leaving:			
PLEASE READ CAREFULLY AND	SIGN THAT YOU UNDERSTAND AND A	ACCEPT THIS INFORMATION.		
cations and that the information is investigation at any time disclose a	true and complete to the best of my kno	cion contain no misrepresentations or falsifi- owledge and belief. I am aware, that should n I will be disqualifies from further consider- n employment.		
post-accident and follow up drug to		ting pre-employment, reasonable suspicion, bstances. If the position for which I am ap- random drug testing.		
Applicant Signature:	Date:			

Please return completed form to: Mountain Regional Water Special Service District

Attn: Human Resources Department P.O. BOX 982320, Park City, Utah 84098 Telephone 435.940.1916 Fax 435.940.1945