

**City of Hurricane**  
**Human Resource Department**  
**147 N 870 W**  
**Hurricane, Utah 84737**  
**(435) 635-2811**

**EMPLOYMENT APPLICATION**

A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION

Title of position applied for: \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Shift Work  Temporary  Volunteer

Date available for employment: \_\_\_\_\_ Lowest salary acceptable: \_\_\_\_\_ Per month

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone number: \_\_\_\_\_  
Home Cell Work

Email address: \_\_\_\_\_

Do you have relatives working for the City of Hurricane?  No  Yes, please List: \_\_\_\_\_

Have you ever been employed by the City of Hurricane?  No  Yes, Year & Dept: \_\_\_\_\_

Are you retired from an employer covered by Utah Retirement Systems (*i.e. a Utah city, school district, etc*) and currently receiving a pension check? (*Marking "Yes" will not exclude you from consideration, but there may be restrictions on your employment imposed by Utah Retirement Systems.*)  Yes  No

If the position for which you are applying is hazardous in nature, including, but not limited to, working around heavy equipment or hazardous materials, are you 18 years of age or older?  No  Yes

Have you ever been convicted of a felony?  No  Yes. Please attach an explanation including dates, details, and penalties for each occurrence, including dates of any probation periods. Note: Each conviction will be judged in relation to time, seriousness, circumstances, and relationship to the position sought, and will not necessarily bar you from employment.

**VETERAN'S PREFERENCE**

Are you a veteran?  No  Yes                      Do you claim Disabled Veteran Preference?  No  Yes

If you are claiming veteran or disabled veteran status, please provide a copy of your DD-214 and a copy of your letter stating the percent of disability you have been assigned with each application submitted.

**Applicants will be required to undergo drug testing as a condition of employment**

The City provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

**THE CITY OF HURRICANE IS AN EQUAL OPPORTUNITY EMPLOYER**

**Read this application carefully.** Type or print clearly in ink. You must sign and date this application and include all information requested. If more space is needed, attach an addendum using the same application format. **Resumes may be submitted as an attachment but will not be accepted in lieu of the City Application.** Applications which include wording such as "see resume" will be rejected. Copies of college transcripts or other official documents are required when claiming college credit and must accompany your application. False statements, evidence of fraud or deceit in connection with this application will disqualify you from the selection process, and if discovered after employment will be grounds for disciplinary action, up to and including termination. This application and all attached documents are official records of the City of Hurricane and will not be returned.

**Certificates:** List job related professional or trade license, certificates, instructor certifications, or registrations:

\_\_\_\_\_

Type State Number  
 Languages: List languages you speak, read, and write other than English: \_\_\_\_\_  
 Do you have a valid Drivers License? \_\_\_ No \_\_\_ Yes State & Number: \_\_\_\_\_  
 Do you have a valid C.D.L.? \_\_\_ No \_\_\_ Yes Class: \_\_\_\_\_ Number: \_\_\_\_\_  
 Typing Speed: \_\_\_\_\_ Net words per minute: \_\_\_\_\_ Shorthand Speed: \_\_\_\_\_ Words per minute: \_\_\_\_\_  
 Have you certified your type and/or shorthand speed with job service within the last 12 months: \_\_\_ No \_\_\_ Yes  
**For Law Enforcement/Police Applicants ONLY:**  
 SFO Cert #: \_\_\_\_\_ LFO Cert #: \_\_\_\_\_ POST Entrance Exam if not SFO/LEO: \_\_\_\_\_

**Copy of Police Officer Certifications or POST Exam Results must be included with this application.**

**EDUCATION AND TRAINING**

Have you graduated from High School or Received a High School Equivalency Diploma (GED)? \_\_\_ No \_\_\_ Yes

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College, Business, Trade School	Credits Completed		Major	Degree, Certificate, or Years Attended
	Semester Hours /	Quarter Hours		

**NOTE: WHEN CLAIMING COLLEGE CREDIT, PLEASE ATTACH TRANSCRIPTS**

**EXPERIENCE**

BEGINNING WITH THE PRESENT OR MOST RECENT EXPERIENCE, list all related employment including military service, if applicable. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, **but this section must be completed.**

(Note: If adding additional sheets to list additional work experience, please use the same format as follows)

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month/Year Month/Year

Complete Address: \_\_\_\_\_

\_\_\_\_\_ Full-time \_\_\_ Part-time

Phone Number: ( ) \_\_\_\_\_ \_\_\_ Volunteer \_\_\_ Apprenticeship

Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Last Monthly Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Complete Address: \_\_\_\_\_  
\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Phone Number: ( ) \_\_\_\_\_ Volunteer \_\_\_\_\_ Apprenticeship

Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Last Monthly Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Complete Address: \_\_\_\_\_  
\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Phone Number: ( ) \_\_\_\_\_ Volunteer \_\_\_\_\_ Apprenticeship

Job Title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Last Monthly Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES**

List three non-related individuals who have definite knowledge of your qualifications for the position for which you are applying.

Full Name	Present Business or Home Address	Business or Occupation	Telephone Number
			( )
			( )
			( )

**CERTIFICATION OF APPLICANT**

Please read the following paragraphs carefully before signing.

I hereby authorize any previous employer and references to give and release to the City of Hurricane any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release the City of Hurricane from any liability for the use of this information in considering and reviewing my application for the available position.

I also agree to allow Hurricane City to determine my competence for certain positions in the fire or police departments or in departments where funds are involved by obtaining criminal and other job related information about me.

I understand that this employment application and any other City documents are not contracts of employment and that any oral or written statements to the contrary are hereby expressly disavowed.

I certify that all statements made in this application are true and complete, and understand that any misrepresentation of material fact may subject me to disqualification or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRIVACY ACT NOTICE

Purpose and Uses

*Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine (1) fitness for employment (2) clearance to perform contractual service for the City Government (3) security clearance or access. The information obtained may be furnished to third parties as necessary for the fulfillment of official responsibilities.*

Effects of Nondisclosures

*Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access or in the termination of your employment.*