



HURRICANE CITY

UTAH

Human Resources 147 North 870 West Hurricane, Utah 84737 (435) 635-2811 www.cityofhurricane.com

EMPLOYMENT APPLICATION

Read this application carefully. Applications must be typed or printed legibly. 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 a City application. A separate application is required for each position. College transcripts or other official documents are required when claiming college credit and must accompany your application. For positions qualifying for Veteran's Preference, applicants must submit proof of honorable discharge (Form DD214) with every application.

Hurricane City is an Equal Opportunity Employer.

Applicants requiring accommodation to the application and/or interview process should contact the Human Resources Department.

POSITION APPLIED FOR:	DESIRED SALARY:
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	
DATE AVAILABLE FOR EMPLOYMENT:	
APPLICANT INFORMATION	
APPLICANT NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE NUMBER	
EMAIL ADDRESS	

If hired, can you provide documents that would establish your employment eligibility as required by the Immigration Reform and Control Act of 1986?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you meet the minimum requirements for the position as listed on the job announcement and/or job description?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Hurricane City?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you retired from an employer covered by Utah Retirement Systems and are currently receiving a pension check? <i>If yes, there may be restrictions with employment with Hurricane City imposed by Utah Retirement Systems.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for this or any other position with Hurricane City? <i>If yes, list positions and dates.</i>	
Do you have any relatives who are currently employed with Hurricane City? <i>If yes, list their name(s) and relationship(s).</i>	
Have you ever been discharged or forced to resign from any position? <i>If yes, complete the following:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Name and Address:	
Date and reason for discharge:	
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you meet the attendance and work schedule requirements of the job for which you are applying with or without reasonable accommodation(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

Begin with your most recent work experience. List all paid and voluntary experience over the last 10 years, including military service. Include details on the experience that you believe meets the qualifications of the position applying for. If you wish to elaborate on your experience, a supplemental sheet may be attached. List any periods of unemployment. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
JOB TITLE			
DUTIES			
Reason for leaving?		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
JOB TITLE			
DUTIES			
Reason for leaving?		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
JOB TITLE			
DUTIES			
Reason for leaving?		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
JOB TITLE			
DUTIES			
Reason for leaving?		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAINING AND CERTIFICATION

PROFESSIONAL LICENSE OR CERTIFICATE	DATE OF ISSUANCE AND/OR EXPIRATION DATE		
List an languages you speak, read and write other than English			
Do you have a valid Driver's License?	___ Yes ___ No	State:	Number:
Do you have a valid CDL?	___ Yes ___ No	Class:	Number:

FOR LAW ENFORCEMENT APPLICANTS ONLY

Police Officer Certifications or POST Exam Results must be included with this application

SFO Certification Number	
LFO Certification Number	
POST Entrance Exam if not SFO/LFO	

REFERENCES

List three persons who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying.

NAME	ADDRESS	BUSINESS OR OCCUPATION	TELEPHONE NUMBER

CERTIFICATION OF APPLICANT

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, Investigative Consumer Reports, driving record and a background investigation that may include information regarding criminal and/or civil legal actions.

I authorize any previous or current employer and given references to release to Hurricane City any and all information which relates to my ability to perform the duties of the position for which I am applying. I release Hurricane City from any liability for the use of this information in considering and reviewing my application for employment.

I hereby understand and acknowledge that any employment relationship with Hurricane City is at-will, and the employment relationship may be terminated by the employee or Hurricane City at any time with our without cause. I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. I understand that if hired, as a condition of continuing employment, I will be required to comply with all Hurricane City rules, regulations and personnel policies and procedures.

All conditional offers of employment with Hurricane City are contingent upon successful completion of pre-employment drug screening, a thorough background check, reference check and Motor Vehicle Records review.

My signature indicates that I have read and understand this document and I consent to its implications.

SIGNATURE	DATE
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