



**THE CITY OF WEST JORDAN**

8000 S. REDWOOD RD  
WEST JORDAN, UT 84088

**EMPLOYMENT APPLICATION**

Should you need any special accommodations to participate in the application process (i.e., assistance in completing the application, accommodations for the interview, accommodations for any job-related employment tests, or any other needed accommodations), please let us know at the time of application, or at the time an appointment is scheduled.

**PERSONAL INFORMATION**

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address (number, street, apartment number) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Day telephone number \_\_\_\_\_ Evening telephone number \_\_\_\_\_ Message telephone number \_\_\_\_\_

Were you previously employed by the City of West Jordan?  Yes  No  
**IF YES**, Date \_\_\_\_\_ to \_\_\_\_\_  
**IF NO**, how were you referred: Workforce Services \_\_\_\_\_  
 Advertisement (Specify): \_\_\_\_\_  
 Employment Agency (Company): \_\_\_\_\_  
 Employee Referral (Name of Employee): \_\_\_\_\_  
 School: \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_

List names and departments of relatives employed by the City of West Jordan. If additional space is needed, please list on another sheet.

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

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

Do you have a legal right to work in the United States?  Yes  No

If under eighteen years of age, can you submit a work permit after an offer of employment has been made?  Yes  No

Have you ever been convicted of a felony?  Yes  No **IF YES**, please explain: Please attach an additional sheet if necessary.

Have you ever been terminated "for cause" from any previous position held within the last 15 years?  Yes  No **IF YES**, please explain.

Reason for Term \_\_\_\_\_ Term. From \_\_\_\_\_ Year Term \_\_\_\_\_ Position Held at time of Term \_\_\_\_\_

In order to verify prior employment and education, please specify the names under which you were ever employed or enrolled if other than the name used on this application (for example: maiden name).

Former Name: \_\_\_\_\_ Institution/Employer: \_\_\_\_\_

Former Name: \_\_\_\_\_ Institution/Employer: \_\_\_\_\_

**JOB INTEREST**

Position for which you are applying: (Please list **ONE** position only.) \_\_\_\_\_

Check preferred work schedule:  
 Full-time  Day  
 Part-time  Evening  
 On Call  Night  
 Temporary  Weekend  
 Other (specify) \_\_\_\_\_

Date available to start: \_\_\_\_\_

Wage/salary desired: \$ \_\_\_\_\_

Indicate if:  Per Hour  Per Month  
 Per Week  Per Year

Location(s): \_\_\_\_\_

## EDUCATION INFORMATION

Type of School	Name and Location	Years Completed	Major Course of Study	Graduated (Yes or No)	Degree
High School					
College / University					
Graduate School					
Technical / Business					

Please list any job-related professional, trade, business or civic activities, organizations, and associations in which you participated, or of which you are a member. (You may omit those which indicate race, color, religion, political affiliations, national origin, ancestry, disability, sex or age.)

## LICENSURE FOR PROFESSIONAL OR ADMINISTRATIVE POSITIONS

Are you now licensed or certified in your professional or occupation?  Yes  No In which state(s)? \_\_\_\_\_

If not licensed in this state, have you applied:  Yes  No

Professional license, certificate or registration number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Licensure/Certification : \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## JOB-RELATED SKILLS

Typing \_\_\_\_\_ WPM Data Entry \_\_\_\_\_ WPM Dictation \_\_\_\_\_ WPM PBX  Yes  No Ten-Key by Touch  Yes  No

Computer Skills:  Yes  No List software with which you are competent: \_\_\_\_\_

Additional Skills: (including language skills): \_\_\_\_\_

## EMPLOYMENT HISTORY

**THE FOLLOWING SECTION MUST BE COMPLETED EVEN IF ACCOMPANIED BY A RESUME.** Starting with your most recent job, accurately list **ALL** jobs you have held in the past ten (10) years. Give correct addresses and telephone numbers. Include volunteer experience.

1. \_\_\_\_\_  
Name of current/most recent employer

Employer's address (number/street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Job Title:** Started as \_\_\_\_\_ Final title: \_\_\_\_\_

**Dates Employed:** From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  Per Hour  Per Month  
(Month / Day / Year) (Month / Day / Year)  Per Week  Per Year

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

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

Supervisor's Name and Title: \_\_\_\_\_ Telephone #:( \_\_\_\_\_ ) \_\_\_\_\_

If you are presently working, please check the appropriate box:

Please **DO NOT** contact my present employer for references/verification of employment at this time.

You **MAY** contact my present employer for references/verification of employment.

2. \_\_\_\_\_  
Name of current/most recent employer

Employer's address (number/street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Job Title:** Started as \_\_\_\_\_ Final title: \_\_\_\_\_

**Dates Employed:** From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  Per Hour  Per Month  
(Month / Day / Year) (Month / Day / Year)  Per Week  Per Year

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

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

Supervisor's Name and Title: \_\_\_\_\_ Telephone #:( \_\_\_\_\_ ) \_\_\_\_\_

## EMPLOYMENT HISTORY (cont'd)

3. \_\_\_\_\_

Name of current/most recent employer

Employer's address (number/street)

City

State

Zip Code

**Job Title:** Started as \_\_\_\_\_

Final title: \_\_\_\_\_

**Dates Employed:** From \_\_\_\_\_ To \_\_\_\_\_  
(Month / Day / Year) (Month / Day / Year)

Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Per Hour

Per Month

Per Week

Per Year

Job Duties:

Reason for Leaving:

Supervisor's Name and Title:

Telephone #:( ) \_\_\_\_\_

4. \_\_\_\_\_

Name of current/most recent employer

Employer's address (number/street)

City

State

Zip Code

**Job Title:** Started as \_\_\_\_\_

Final title: \_\_\_\_\_

**Dates Employed:** From \_\_\_\_\_ To \_\_\_\_\_  
(Month / Day / Year) (Month / Day / Year)

Salary: Starting \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Per Hour

Per Month

Per Week

Per Year

Job Duties:

Reason for Leaving

Supervisor's Name and Title:

Telephone #:( ) \_\_\_\_\_

## OTHER JOB-RELATED TRAINING/EXPERIENCE

Have you received any specialized training which would qualify you for the position for which you are applying that you have not already listed on this application? If so, please state what training or experience you have had.

## REFERENCES

Please provide the names, addresses, and telephone numbers of at least THREE (3) PROFESSIONAL REFERENCES who are not related to you.

1. \_\_\_\_\_

Name

Title

Address

Telephone Number

2. \_\_\_\_\_

Name

Title

Address

Telephone Number

3. \_\_\_\_\_

Name

Title

Address

Telephone Number

# APPLICATION FOR EMPLOYMENT UTAH STATE VETERAN'S PREFERENCE

"Veteran" means:

- An individual who has served on active duty in the armed forces for more than 180 consecutive days and has been separated under honorable conditions.

"Disabled veteran" means:

- An individual who has been separated or retired from the armed forces under honorable conditions; and
- Established the existence of a service-connected disability or is receiving compensation, disability retirement benefits, or pension.

"Preference eligible" means:

- An individual who has served on active duty in the armed forces for more than 180 consecutive days and who has been separated under honorable conditions.
- A disabled veteran with any percentage of disability.
- The unmarried widow or widower of a veteran.
- A purple heart recipient.
- A retired member of the armed forces who retired below the rank of major or its equivalent.

For applicants who establish "preference eligibility," veteran's preference is facilitated by arranging for an employment interview after completed application has been processed, provided the applicant meets minimum qualifications for the job. If you desire to claim veterans' preference, please sign below, enclose a photocopy of an appropriate discharge document (DD-214), and attach this addendum with enclosure to the Application for Employment.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

Enclosure  
(DD-214)

## UTAH VETERANS' AND DISABLED VETERANS' PREFERENCE

Applicants claiming veterans' preference must complete the [Utah State Veterans' Preference Addendum](#) provided with this Application Form.

## IMMIGRATION REFORM AND CONTROL ACT (IRCA 1986)

The City of West Jordan complies fully with the Immigration Reform and Control Act of 1986. You are required to establish your identity and eligibility to work in the United States by completing INS Form I-9 not later than the third day after beginning work. Failure to meet this requirement within the time specified will result in termination of employment.

## EQUAL OPPORTUNITY, NONDISCRIMINATION, AND AFFIRMATIVE ACTION POLICY

The City of West Jordan is fully committed to policies of equal opportunity and nondiscrimination. Accordingly, the City of West Jordan pursues a vigorous program of affirmative action in all classifications of employment in order to prevent any form of discrimination, harassment, or prejudicial treatment on the basis of race, color, religion, national origin, sex, age, or status as a disabled individual, disabled veteran, or veteran of the Vietnam Era. All City of West Jordan administrative and supervisory personnel are required in turn to assure that this policy will be furthered by imposing only valid requirements for employment decisions and for promotional opportunities and to see that all personnel actions, such as compensation, benefits, transfers, layoffs, sponsored training, education, tuition assistance, social and recreational programs, will be instituted and administered so as to comply with the standards of fairness and nondiscrimination.

**POLICY ON A DRUG-FREE WORKPLACE** West Jordan City believes that alcohol and illegal drugs in the work place are unhealthy and dangerous, not only to the employee involved, but to other employees as well. The unlawful manufacture, distribution, dispensing, possession, use, or being under the influence of alcohol and illegal drugs is prohibited on the City premises, in City vehicles, in employee's vehicles, or any time the employee is representing the City on City business.

All employees are expected to abide by the policies noted above as a condition of employment at the City of West Jordan.

We appreciate your interest in employment with the City of West Jordan.  
Thank you, and best wishes.

# EQUAL EMPLOYMENT OPPORTUNITY/ AFFIRMATIVE ACTION APPLICANT DATA FORM

Federal and State regulations require employers to obtain certain information from each job applicant. This form is used to provide each applicant with an opportunity to furnish such information voluntarily. All information that is provided voluntarily will be used only for record keeping purposes. Further, such information will not be used for any discriminatory purpose.

OFFICE WHERE APPLYING	APPLICATION DATE (MONTH/DAY/YEAR)
APPLICANT NAME	ZIP CODE
POSITION APPLYING FOR	
<b>PLEASE CHECK ONE RESPONSE FOR EACH QUESTION</b>	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	VETERAN STATUS <input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam Era Veteran
ETHNIC GROUP (check one only)	
<input type="checkbox"/> = White: (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	
<input type="checkbox"/> = Black: (Not of Hispanic Origin) All persons having origins in any Black racial groups of Africa.	
<input type="checkbox"/> = Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race.	
<input type="checkbox"/> = Asian-Pacific Islander: A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic and Samoa; and, on the Indian Subcontinent, includes India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan.	
<input type="checkbox"/> = American Indian-Alaskan Native: A person with origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or has community recognition as an American Indian or Alaskan Native.	
<b>HOW DID YOU LEARN OF THE POSITION</b>	
<input type="checkbox"/> = Visit to City Hall	
<input type="checkbox"/> = West Jordan Website	
<input type="checkbox"/> = Recruitment Agency	(Name) _____
<input type="checkbox"/> = Community Agency	(Name) _____
<input type="checkbox"/> = Newspaper / Trade Journal	(Name) _____
<input type="checkbox"/> = Conference Job Fair	(Name) _____
<input type="checkbox"/> = Employee Referral	(Name) _____
<input type="checkbox"/> = Other	(Specify) _____

**PLEASE READ THE FOLLOWING CAREFULLY  
BEFORE SIGNING THIS APPLICATION FORM BELOW:**

I understand that if I am employed, I will be required to wear or use all protective clothing or devices required by the City of West Jordan and to comply with all safety policies and procedures.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I hereby certify that I, the undersigned applicant, have personally completed this application, or noted the name of the individual assisting me in the completion of this application. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

I hereby authorize the City of West Jordan to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. I understand that the City of West Jordan conducts pre-employment, random and "for cause" drug testing. I authorize the City of West Jordan to conduct a pre-employment drug screen and background check if I am presented with a job offer. I understand that results of these tests may preclude me from being employed with the City of West Jordan. I further authorize my former employer(s) to disclose to the City of West Jordan any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosures. In addition, I hereby release the City of West Jordan, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims demands, or liabilities arising, or that may arise, out of, or in any way related to, such investigation or disclosure.

As part of this application, I understand that if I am employed I will be required to comply with the City of West Jordan's policies and procedures for employees. I understand that these policies and procedures may be changed, interpreted, withdrawn, or added to by the City of West Jordan at the City of West Jordan's discretion and without prior notice to me. I acknowledge and agree that this application will be considered by the City of West Jordan for no longer than 90 days from the date it was made.

I understand that nothing contained in the application or conveyed during any interview, which may be granted, is intended to create an employment contract between the City of West Jordan and myself. In addition, I understand and agree that if I am employed, my employment is at-will until I successfully complete the specified one year probationary status. Prior to the date I successfully complete my probationary status, I understand that my employment is for no definite or determinable period. Furthermore, I understand that I may be terminated at any time, with or without prior notice, and for any reason or no reason, at the option of either the City of West Jordan or myself. Part-time, temporary, seasonal and intern employees serve in an on-going probationary status, without limit of time. I understand that promises or representatives contrary to the foregoing, or given at any time in the future, are not binding on the City of West Jordan unless made in writing and signed by myself and the City of West Jordan's designated representative. The City of West Jordan's designated representative is defined to mean the City Manager.

I understand it is the policy of the City of West Jordan to comply with the Drug-Free Workplace Act of 1988.

"PRIVACY ACT NOTICE: As an applicant, disclosure of your social security number is voluntary, but helpful to identify and match your application information. If you are hired, section 6109 of the Internal Revenue Code requires you to give your correct social security number to persons who must file information returns with the IRS to report certain information. The City of West Jordan confidentially maintains your social security number for identification purposes and routine uses, such as facilitating document matching, and administering benefits. The City of West Jordan will provide this information to the IRS, to any third party that provides this information to the IRS on behalf of the City of West Jordan, and may provide this information to other agencies to carry out federal or state law. Providing your social security number at this time will facilitate these uses if you become an employee."

PRINT NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If this application has been completed by **an individual other than the above applicant**, please print name here:

\_\_\_\_\_