

Application For Employment

Town of Hatch
P.O. Box 625
Hatch, Utah 84735

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Town Board.

Position(s) applied for _____ Date of Application _____

Name _____ Social Security _____

Address _____
Street City State Zip

Telephone # _____ Mobile #/Other Phone # (____) _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If No, please explain.....

Have you ever been employed here before? If Yes, give dates and positions. Yes No

Are you legally eligible for employment in this country?..... Yes No

Date available for workWhat is your desired salary range?

Type of employment desired? Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of this position?Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes No

If yes, please provide dates and details.....

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job functionState

Employment History

Provide the following information for your past (2) employers, assignments or volunteer activities – starting with the most recent.

FROM _____ TO _____ JOB TITLE _____

EMPLOYER _____ ADDRESS _____

TELEPHONE # _____ HOURLY RATE/SALARY \$ _____ PER _____

IMMEDIATE SUPERVISOR _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

OVER PLEASE

FROM _____ TO _____ JOB TITLE _____
EMPLOYER _____ ADDRESS _____
TELEPHONE # _____ HOURLY RATE/SALARY \$ _____ PER _____
IMMEDIATE SUPERVISOR _____
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

Educational Background

Please give Name and Location:

High School _____ Graduate Yes No

College _____ Graduate Yes No

Other _____ Graduate Yes No

References

Please give Name, address and phone #

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Skills and Qualifications

I certify that I have answered these questions to the best of my ability and that the information presented by me is true.

Signature of Applicant _____ Date _____