



IVINS CITY
55 North Main
Ivins, UT 84738
435-628-0606 Office
435-674-5486 Fax

EMPLOYMENT APPLICATION

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 the wording such as "see resume" will be rejected. False statements, evidence of fraud or deceit in connection with this application will disqualify you from the selection process, and if discovered after employment, are grounds for discharge. This application and all attached documents are official records of Ivins City and cannot be returned.

Title of position applying for: _____

Type of employment desired: Full Time Part Time Shift Work Seasonal

Date available for employment: _____ Lowest acceptable wage \$_____ per hour

How did you hear of this position? City Website Spectrum Workforce Services Other

APPLICANT INFORMATION

Name: _____

Mailing Address: _____
Street City State Zip

Physical Address: _____
Street City State Zip

Telephone number: _____ Email Address: _____

Do you have any relatives working for Ivins City? No Yes Name/Relation: _____

Have you ever been employed by Ivins City? No Yes Year & Dept: _____

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

VETERAN'S PREFERENCES

Are you a veteran? No Yes. Do you claim Disabled Veteran Preference? No Yes.
If you are claiming veteran or disable veteran status, please provide a copy of your DD-214 showing dates of service.

Employer: _____ From: _____ To: _____
 Complete Address: _____ Full-time Part-time
 _____ Volunteer Apprenticeship
 Phone Number: _____ Hours per week: _____
 Job Title: _____ Supervisor's Name: _____
 Duties: _____

Reason for Leaving: _____ Last monthly salary: _____
 May we contact this employer regarding your qualifications? No Yes

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.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS	BUSINESS OR OCCUPATION	TELEPHONE#

CERTIFICATION OF APPLICANT

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING

I hereby authorize any previous employer and references to give and release to Ivins City 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 Ivins City from any liability for the use of this information in considering and reviewing my application for the available position.

I also agree to allow Ivins City to determine my competence for certain positions in the fire or police departments or in departments where funds are involved, by obtaining credit, 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.

Applicant may be required to undergo drug testing, a criminal background check, and submit a driving record as a condition of employment.

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

IVINS CITY IS AN EQUAL OPPORTUNITY EMPLOYER

Signature: _____ **Date:** _____