



14350 South 2200 West
Bluffdale UT 84065
P: 801.254.2200 F: 801.253.3270
www.bluffdale.com

APPLICATION FOR EMPLOYMENT

IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION.

All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is important that you answer all questions on your application fully and accurately; failure to do so may delay its consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write the letters "NA" for Not Applicable. You must sign and date this application. (Use a typewriter or print clearly in black ink).

POSITION

TITLE OR TYPE OF POSITION: _____

TYPE OF EMPLOYMENT DESIRED: Full-Time Part-Time Temporary

WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT IN ANY POSITION? \$ _____/Hour

DATE AVAILABLE: _____

PERSONAL INFORMATION

NAME: _____ SSN: _____
First Middle Last

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ OTHER PHONE: _____

ARE YOU AT LEAST 16 YEARS OF AGE? Yes No

ARE YOU A CITIZEN OF THE U.S. OR DO YOU POSSESS AN ALIEN REGISTRATION CARD? Yes No

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 10 YEARS? Yes No
If yes, explain: _____

DO YOU HAVE ANY PHYSICAL, MENTAL OR MEDICAL IMPAIRMENT THAT WOULD LIMIT OR PREVENT YOU FROM PERFORMING THE JOB YOU ARE APPLYING FOR? Yes No
If yes, explain: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No
State _____ Number _____

DO YOU HAVE A VALID UTAH CHAUFFEUR'S LICENSE? Yes No
State _____ Class _____ Number _____

EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR COMPLETED A GED OR EQUIVALENT?

Yes

No

NAME AND LOCATION OF HIGH SCHOOL: _____

CIRCLE HIGHEST YEAR COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE, BUSINESS OR TECHNICAL COLLEGE

| Name/Location | Dates Attended | Major &/or Area of Emphasis | Credit Hours Completed | Date Graduated | Degree Obtained |
|---------------|----------------|-----------------------------|------------------------|----------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OTHER EDUCATION, TRADE SCHOOL, ETC.

SKILLS & ABILITIES

CLERICAL SKILLS

Type: _____ wpm

Shorthand: _____ wpm

Copy Machine

Calculator

Transcribing Machine

Word Processor

Computer Terminal

PBX

Acting as a receptionist and answering phones

Composing correspondence, preparing reports

Filing, sorting or arranging documents

Computing with numbers

Typing tables or graphs

Typing from transcribing machine

OTHER SKILLS: _____

OPERATOR SKILLS

Asphalt Roller

Asphalt Laydown

Asphalt Cutter

Bucket Truck

Snow Plow

10-Wheel Dump Truck

High-Pressure Sewer Cleaner

Grader

Multi-Speed Transmission

Auto Transmission

Backhoe

Front-End Loader

Street Sweeper

Tapping Machines

Trencher

Welder

Rodder

Water Pumps

Other Skills: _____

EMPLOYMENT HISTORY

Answers given in this section may be verified with former employers. Please list your present or most recent position first.

| Position Title | Dates of Employment (mm/yyyy) | Hours worked per week: |
|--------------------------|-------------------------------|------------------------|
| | From: _____ To: _____ | |
| Employer Name & Address: | Your Duties: | |
| | | |
| | | |
| | | |

Reason for leaving: _____
 May we inquire of your present employer regarding your employment record: Yes No

| Position Title | Dates of Employment (mm/yyyy) | Hours worked per week: |
|--------------------------|-------------------------------|------------------------|
| | From: _____ To: _____ | |
| Employer Name & Address: | Your Duties: | |
| | | |
| | | |
| | | |

Reason for leaving: _____

| Position Title | Dates of Employment (mm/yyyy) | Hours worked per week: |
|--------------------------|-------------------------------|------------------------|
| | From: _____ To: _____ | |
| Employer Name & Address: | Your Duties: | |
| | | |
| | | |
| | | |

Reason for leaving: _____

| Position Title | Dates of Employment (mm/yyyy) | Hours worked per week: |
|--------------------------|-------------------------------|------------------------|
| | From: _____ To: _____ | |
| Employer Name & Address: | Your Duties: | |
| | | |
| | | |
| | | |

Reason for leaving: _____

CERTIFICATION

The information I have given on this application is true and correct to the best of my knowledge. Bluffdale City is authorized to make investigation to verify the information contained in this application; any misrepresentation or falsification may subject me to disqualification or dismissal.

SIGNATURE OF APPLICANT _____

DATE _____

Bluffdale City is an EQUAL OPPORTUNITY EMPLOYER and provides by city code that employment and promotion in the city government shall be based on merit and fitness, free of personal and political considerations, and shall in no way be influenced by religion, creed, color, sex, age, national origin, or ancestry.

PLEASE RETURN TO:
BLUFFDALE CITY HUMAN RESOURCES
14350 SOUTH 2200 WEST
BLUFFDALE UT 84065