



TOWN OF STOCKTON
 18 North Johnson Street
 P.O. Box 240
 Stockton, Utah 84071
 Phone: (435) 882-3877
 Fax: (435) 833-9031

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 Town Application. Applications which include wording as "see" resume will be rejected.

Copies of college transcripts or other official documents are required when claiming college credit and must accompany your application. 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 the Town.

Applicants may be required to undergo drug testing and a background checks as a condition of employment.

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

Title of position applied for: _____ Date _____

Date available for employment: _____ Desired salary: _____

How did you hear about this job? _____ Over the age of 18? No Yes

APPLICANT INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City _____ State _____ Zip code _____

Telephone number: (____) _____ Email: _____

Do you have any relatives working for the Town? No Yes, please name: _____

Have you ever been employed by the Town? No Yes, dates: _____

Briefly describe your long-term goals: _____

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

Are you legally eligible for employment in the United States of America? No Yes

Have you ever been convicted of a felony? No Yes

If yes, please attach explanation including dates, details and penalties for each occurrence, including dates of any probationary periods. Note: Each conviction will be judged in relation to time, seriousness, circumstances, and relationship to the position sought, and will not necessarily bar you from employment.

VETERANS PREFERENCE

Are you a veteran? No Yes Do you claim "Disabled Veteran" Preference? No Yes
 If yes, please provide a copy of your DD-214 showing dates of service.

EDUCATION

HIGH SCHOOL

Name of High School: _____ Address: _____

Did you graduate? No Yes If no, last year completed: 9 10 11 12

Do you have a GED?

COLLEGE

Have you attend college? No Yes

Name of College: _____ Address: _____

Phones: _____ Years Completed: _____

Did you graduate? No Yes Degree type: _____ Major: _____

Name of College: _____ Address: _____

Phones: _____ Years Completed: _____

Did you graduate? No Yes Degree type: _____ Major: _____

Special Courses – list any additional training you have received, including military training, apprenticeship programs, vocational training, certificates and etc.

License/Certification	State	License Number	Date Expires

OFFICE SKILLS:

Typing Speed: _____ wpm (please attach certification)

Please list all other experience/skills you have that would be beneficial in an office setting:

EMPLOYMENT HISTORY

Start with your present or most recent employer.

Employer: _____ From: _____ To: _____

Address: _____ Phone Number: _____

Reason for Leaving: _____ May we contact this employer? No Yes

Job Title: _____ Supervisor: _____

Duties: _____

Employer: _____ From: _____ To: _____

Address: _____ Phone Number: _____

Reason for Leaving: _____ May we contact this employer? No Yes

Job Title: _____ Supervisor: _____

Duties _____

Employer: _____ From: _____ To: _____

Address: _____ Phone Number: _____

Reason for Leaving: _____ May we contact this employer? No Yes

Job Title: _____ Supervisor: _____

Duties: _____

Employer: _____ From: _____ To: _____

Address: _____ Phone Number: _____

Reason for Leaving: _____ May we contact this employer? No Yes

Job Title _____ Supervisor: _____

Duties: _____

REFERENCES

Please list three references who are not related to you and knowledge of your qualifications pertaining to this position.

Full Name	Address	Phone Number	Association and number of years known

APPLICANT’S STATEMENT & AGREEMENT

I understand that any offer of employment may be contingent upon my passing tests for the presence of drugs and alcohol in my system. I understand that at any time after I am hired, Town of Stockton may require me to submit to a drug/alcohol screen if I am employed in a safety sensitive position or a job requiring testing pursuant to the Department of Transportation guidelines. To the extent permitted by law, I consent to the disclosure of the results of drug/alcohol screens to Town of Stockton.

I authorize Town of Stockton to conduct a background check on me. The background check will evaluate my suitability for the position to which I have applied and may include, but is not limited to: investigating my criminal record which will require that I be fingerprinted (if age 18 or over) and provide Town of Stockton with a copy of my criminal background report for each State I have lived in for the past 10 years (additional years may be evaluated based on the position), verifying and investigating the information contained in this application, to make such further investigation as it deems proper (whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted), and to obtain an investigative consumer report (credit report for jobs dealing with financial matters). I understand that if I ask Town of Stockton, in writing, whether such a report has been obtained, and it has been, Town of Stockton will provide me with the name, address, & telephone number of the consumer-reporting agency making the report. I understand that I may request and promptly receive a copy of the report obtained from a consumer reporting agency.

I further understand that Town of Stockton may contact my previous employers and I authorize those employers to disclose to Town of Stockton all records and information pertinent to my employment with them. In addition, I authorize the persons named herein as references to provide Town of Stockton with any pertinent information they may have about me. I hereby fully waive any rights or claims I have or may have against my former employers, their employees and representatives, as well as other persons or firms who release or disclose information to Town of Stockton, and release them from any and all liability, claims or damages that may directly or indirectly result from the use or disclosure of any such information.

I understand that Town of Stockton will make reasonable accommodations for employees with disabilities and that I should notify them of my needs. I understand that Town of Stockton is an Equal Opportunity Employer and does not discriminate in regards to disabilities, race, religion, sex, age, national origin, or color.

I understand that, and agree that, Town of Stockton reserves the right to develop, enforce, or modify city personnel guidelines/policies as necessary and that such changes will replace any previous applicable processes and/or procedural applications.

I certify that all the information provided by me in this application, in any other documents supplied by me in connection with my employment, and in any interview is true and correct. I have not withheld anything that would, if disclosed, affect the application unfavorably. I understand that furnishing information which is found to be false in any respect or omitting unfavorable information, is grounds for the rejection of this application or for my discharge at any time during my employment

Signature: _____ Date: _____