

City of Parowan

PO Box 576 35 East 100 North Parowan, UT 84761 Phone: (435) 477-3331

Employment Application (A Separate Application is Required for Each Position)

Title of position app	lied for				
Type of employment	desired: 🗖 Full-Tir	me 🛭 Part-Time	e 🛘 Seasonal		
Date available for employment:					
APPLICANT II	NFORMATION				
Name:					
Address:	Street (or Box)		State	Zip Code	
Telephone Number:	,	J	State	Zip Code	
	Home	Mobile		Work	
Do you have any relatives working for the City of Parowan? ☐ No ☐ Yes					
If Yes, Please List: _					
Have you ever been	employed by the City	y of Parowan? 🗖	No □ Yes		
If Yes, Year & Position	on:				

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? \square No \square Yes

All Applicants will be required to undergo drug testing as a condition of employment.

Applicants requiring accommodations to the application and/or interview process should contact a representative of the City of Parowan.

THE CITY OF PAROWAN IS AN EQUAL OPPORTUNITY EMPLOYER

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 a City Application. **Applications which include wording such as "see resume" will be rejected.** Copies of college transcripts or other official documents may be requested when claiming college credit and/or specialized training. 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 City of Parowan and cannot be returned.

Certificates: List job related professional or trade licenses, certificates, or registrations					
Do you have a valid CDL? ☐ No ☐ Ye	s, Class	Nun	nber		
Computer Skills: List all comput	er software pro	grams in wh	aich you are pro	ficient.	
EDUCATION AND TRAINI	NG				
	Credits C	Credits Completed		Degree,	
College, Business, Trade, School or Special Training	Semester Hours	Quarter Hours	Major	Certificate, or # Years Attended	

EXPERIENCE

ON THE FOLLOWING PAGES, PLEASE LIST ALL EMPLOYMENT BEGINNING WITH THE PRESENT/MOST RECENT EXPERIENCE, including military service, if applicable. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but this section must be completed. If adding additional sheets to list additional work experience, please use the same format as follows:

Employer:	From To			
Complete Address:	month/year month/year — Full-Time — Part-time			
Phone Number:				
Job Title:	Hourly Salary:			
Supervisors Name: Duties				
Reason for Leaving:				
May we contact your current employer	r regarding your qualifications? 🗖 No 🗖 Yes			
Employer:	From To			
Complete Address:	month/year month/year ☐ Full-Time ☐ Part-time ☐ Volunteer ☐ Apprenticeship			
Phone Number:				
Job Title:	Hourly Salary:			
Supervisors Name: Duties				
Reason for Leaving:				
May we contact this employer regarding	ng your qualifications? □ No □ Yes			
Employer:	From To month/year month/year			
Complete Address:	7.5			
Phone Number:	Hours per Week:			
Job Title:	Hourly Salary:			
Supervisors Name: Duties				
Reason for Leaving:				
May we contact this employer regarding	ng your qualifications? ☐ No ☐ Yes			

Employer:	From To
Complete Address:	month/year month/year ☐ Full-Time ☐ Part-time ☐ Volunteer ☐ Apprenticeship
Phone Number:	Hours per Week:
Job Title:	Hourly Salary:
Supervisors Name: Duties	· · · · · · · · · · · · · · · · · · ·
Reason for Leaving:	
May we contact this employer regardin	g your qualifications? 🗖 No 🗖 Yes
Employer:	From To
Complete Address:	month/year month/year □ Full-Time □ Part-time □ Volunteer □ Apprenticeship
Phone Number:	Hours per Week:
Job Title:	Hourly Salary:
Supervisors Name: Duties	
Reason for Leaving:	
May we contact this employer regardin	g your qualifications? 🗖 No 🗖 Yes
Employer:	
Complete Address:	□ 17-1t □ Λ
Phone Number:	Hours per Week:
Job Title:	Hourly Salary:
Supervisors Name: Duties	
May we contact this employer regarding	g your qualifications? No Yes

MEMBERSHIPS/PROFESSIONAL ORGANIZATIONS					
List membership in any relevant professional, trade, or civic organizations:					
REFERENCES					
	o are not related to you position for which you a	and who have definite ka	nowledge of your		
Full Name	Business or Occupation	Current Telephone Number	Alternate Telephone Number		
CERTIFICATIO	N OF APPLICAN	 Iጥ			
		AGRAPHS CAREFULL	Y BEFORE SIGNING		
Parowan any and all is to my ability to perfor	nformation of whatever m the duties of the pos ability for the use of t	kind in either written or sition for which I am app	nd release to the City of verbal form which relates lying. I release the City of dering and reviewing my		
the utility department		nts where public funds a	ce for certain positions in are involved, by obtaining		
of employment and th I certify that all state	at any oral or written s ments made in this a ntation of material fac	tatements to the contrary pplication are true and o	cuments are not contracts are expressly disavowed. complete and understand during an interview may		
Signature:		Date:			