

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 appli	ied for			
Type of employment	desired: 🗆 Full-Time	e □ Part-Time □ Se	easonal	
Date available for em	ployment:			
APPLICANT IN	IFORMATION			
Name:				
Address:				
	Street (or Box)	City	State	Zip Code
Telephone Number:				
	Home	Mobile		Work
Email Address:				
Do you have any rela	atives working for th	ne City of Parowan	? □ No □ Yes	
If Yes, Please List:				
Have you ever been e	employed by the City	y of Parowan? 🗆 N	o □ Yes	
If Yes, Year & Positio	n:			

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

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

Languages: If job related, list languages you speak, read and write other than English:			
Do you have a valid CDL? No Yes, Class Number			
Computer Skills: List all computer software programs in which you are proficient.			

EDUCATION AND TRAINING

	Credits Completed			Degree,
College, Business, Trade, School or Special Training	Semester	Quarter	Major	Certificate, or # Years
	Hours	Hours		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 □ Volunteer □ Apprenticeship
Phone Number:	Hours per Week:
Job Title:	Hourly Salary:
Supervisors Name: Duties	Last Monthly Salary:
Reason for Leaving:	
May we contact your current employe	r regarding your qualifications? No Yes
Employer:	From To month/year month/year
Complete Address:	
Phone Number:	Hours per Week:
Job Title:	Hourly Salary:
Supervisors Name: Duties	Last Monthly Salary:
Reason for Leaving:	
May we contact this employer regardi	ng your qualifications? No Yes
Employer:	From To month/year month/year
Complete Address:	□ Full-Time □ Part-time □ Volunteer □ Apprenticeship
Phone Number:	Hours per Week:
Job Title:	Hourly Salary:
Supervisors Name: Duties	Last Monthly Salary:
Reason for Leaving:	
May we contact this employer regardi	ng your qualifications? □ No □ Yes

Employer:			
Complete Address:	month/year month/year		
Phone Number:			
Job Title:	_		
Supervisors Name: Duties	Last Monthly Salary:		
Reason for Leaving:			
May we contact this employer regarding your qua	alifications? No Yes		
Employer:	From To		
Complete Address:	month/year month/year		
Phone Number:	Hours per Week:		
Job Title:	——— Hourly Salary:		
Supervisors Name:			
Reason for Leaving: May we contact this employer regarding your qua			
Employer:	From To month/year month/year		
Complete Address:	□ Full-Time □ Part-time □ Volunteer □ Apprenticeship		
Phone Number:	Hours per Week:		
Job Title:	—— Hourly Salary:		
Supervisors Name: Duties	——— Last Monthly Salary:		
Reason for Leaving:			
May we contact this employer regarding your qua	alifications? No Yes		

	-	AL ORGANIZATIO trade, or civic organizati	
		and who have definite kn	owledge of your
Full Name	osition for which you a Business or Occupation	Current Telephone Number	Alternate Telephone Number
PLEASE READ THE		GRAPHS CAREFULL	Y BEFORE SIGNING
any and all information ability to perform the d	on of whatever kind in luties of the position for	either written or verbal which I am applying. I r	form which relates to my elease the City of Parowan viewing my application for
utility departments or		nere public funds are inv	for certain positions in the olved, by obtaining credit,
of employment and the I certify that all statem	at any oral or written st nents made in this appl	atements to the contrary ication are true and com	cuments are not contracts are expressly disavowed. plete and understand that interview may subject me

Signature: _____ Date: _____

to disqualification or dismissal.