

**EMPLOYMENT APPLICATION
MILLARD COUNTY, UTAH**

**MILLARD COUNTY, UTAH IS AN EQUAL OPPORTUNITY EMPLOYER
and an AT-WILL EMPLOYER (as defined herein)**

I. Applicant Information

POSITION TITLE: _____ DATE: _____

NAME: _____ / _____ / _____
 Last First Middle Social Security Number

ADDRESS: _____ / _____
 Street/P.O. Box City State Zip Code Home Phone Work Phone

1. Are you a current Millard County government Employee? Yes No

2. How did you become aware of the position for which you are applying?

3. If employed, are you willing to accept the approved salary for the position? Yes No

II. Training and Education You must complete all applicable items in this section. The information you give regarding your training and education will be used to determine if you meet minimum qualifications.

Have you graduated from High School or received a High School Equivalency Diploma (GED)?
Yes No *If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name and Location of College or University	Dates	Credits Completed	Major/Minor	Did you Graduate	Type of Degree	Date of Degree

Submit copies of official college transcripts if you wish to receive credit for education.

Professional License or Certificate, if Required

Type	Serial Number	Date Issued	Expiration Date

Submit copies of certifications if you wish to receive credit for education.

Language(s) you speak other than English: _____

List additional qualifications, skills or activities which can be related to this application:

III. Work History or Experience: Begin with present or most recent. List your three most significant employers.

Employer's Name and Phone Number	
Complete Address:	
Your title:	From: _____ To _____ Mo. Yr. Mo. Yr.
<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	Hours Per Week _____ Last Pay \$ _____ per _____
Supervisor's Name, Title, and Phone Number:	
Duties:	
Reason for leaving or seeking other employment:	

Employer's Name and Phone Number	
Complete Address:	
Your title:	From: _____ To _____ Mo. Yr. Mo. Yr.
<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	Hours Per Week _____ Last Pay \$ _____ per _____
Supervisor's Name, Title, and Phone Number:	
Duties:	
Reason for leaving or seeking other employment:	

Employer's Name and Phone Number	
Complete Address:	
Your title:	From: _____ To _____ Mo. Yr. Mo. Yr.
<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	Hours Per Week _____ Last Pay \$ _____ per _____
Supervisor's Name, Title, and Phone Number:	
Duties:	
Reason for leaving or seeking other employment:	

Certification of Applicant: Please read the statement carefully before signing, making sure that you understand completely all of the sections of this statement.

I certify that all statements made in this application are true and correct, and that any misrepresentation of material facts may subject me to disqualification or dismissal. Also, I authorize verification of all education and experience and to check credit information. I understand that should I be hired by Millard County, it will also be necessary for me to provide information for compliance with the *Immigration Reform and Control Act*. Where required by the specific job description, I understand that employment may depend upon the results of physical examinations, drug tests or other types of preemployment (post offer) tests.

Further, I understand that Millard County is an at-will employer and as such I understand and agree that my possible employment with Millard County will be entered into voluntarily and that I may resign at any time. Similarly, my employment may be terminated for any reason and at any time without previous notice. It is also understood by me that this employment application and any related documents do not constitute a contract with Millard County.

Signature _____ Date _____