

APPLICATION FOR EMPLOYMENT



Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation.

Please fully complete all questions. Incomplete applications may be ineligible for consideration. A personal resume may be attached as supplemental information not in lieu of application requirements. A supplemental sheet may be attached to provide detail explanation of answers to questions.

LAST NAME		FIRST NAME		MIDDLE	
ADDRESS		CITY		STATE	ZIPCODE
PHONE NUMBER		EMAIL		CELL PHONE	

DATE OF APPLICATION		POSITION APPLYING FOR	
WAGE/SALARY REQUIREMENT		DATE AVAILABLE TO START	
EMPLOYMENT STATUS REQUIRED (Check all that apply)	<input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Seasonal Part-Time	SHIFTS AVAILABLE TO WORK (Check all that apply)	<input type="checkbox"/> Daytime <input type="checkbox"/> Swing Shift <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
1. Have you previously worked for or applied for a position with South Valley Water Reclamation Facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were you referred by a SVWRF employee for this position? Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you at least 18 years old?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you eligible to work in the United States? (Proof of eligibility required upon employment)			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you work overtime and/or additional shifts if required?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you previously been employed at a water/wastewater treatment facility? Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you currently employed? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have to give notice of separation to a current employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. May we contact your present employer for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If employed by SVWRF will you be engaged in other employment, schooling, military service or business? Please Explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have on-going obligations or commitments that would affect your work schedule? Please Explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever been convicted of a felony? If yes, please provide date, location, penalty and details for each occurrence: (Criminal conviction is not an absolute bar from employment, but it will be considered in relation to specific job duties)			<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever been dismissed or asked to resign by an employer? Please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever been disciplined by an employer for tardiness and/or absenteeism?			<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you ever been refused a surety bond or ever had one cancelled?			<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you willing to submit to a drug/alcohol screening exam as a condition of employment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are you willing to submit to a medical examination, if required, as a condition of employment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Can you travel if necessary?			<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Please list in order the job benefits, other than wages, that are important to you:			
#1	#2	#3	
20. Do you have licenses, certificates, or professional affiliations related to the position applying for (please explain and attach copies of licenses):			
21. Do you have prior experience related to the position applying for (please explain):			

FOR JOBS REQUIRING DRIVERS LICENSE

22. Do you have a valid Utah Drivers License?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
23. Have you had your driver's license suspended or revoked in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Have you ever been convicted of DUI? If Yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DRIVERS LICENSE NUMBER	CLASS	EXPIRATION	DOT MEDICAL

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EDUCATION

(If position requires a degree, please attach a copy of your transcripts)

HIGH SCHOOL	Name:	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	Overall GPA:
TECHNICAL/ BUSINESS	Name:	Yrs Attended:	Overall GPA:
	Trade/Specialty:	<input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman <input type="checkbox"/> Master	Qualification Level/Grade:
COLLEGE/ UNIVERSITY	Name:	Major:	Yrs Attended:
	Location:	Minor:	<input type="checkbox"/> In Progress
	Ancillary Programs:	Degree:	<input type="checkbox"/> Graduated
COLLEGE/ UNIVERSITY	Name:	Major:	Yrs Attended:
	Location:	Minor:	<input type="checkbox"/> In Progress
	Ancillary Programs:	Degree:	<input type="checkbox"/> Graduated
GRADUATE SCHOOL	Name:	Major:	Yrs Attended:
	Location:	Minor:	<input type="checkbox"/> In Progress
	Ancillary Programs:	Degree:	<input type="checkbox"/> Graduated

ADDITIONAL TRAINING OR EXPERIENCE

TRAINING/ EXPERIENCE	Please list any additional training or experience you may have whether or not it is related to the position:
JOB-RELATED SKILLS	Do you have proficient skill of the following (check all that apply): Typing/Data Entry <input type="checkbox"/> ___wpm <input type="checkbox"/> Ten-Key <input type="checkbox"/> Dictation ___wpm <input type="checkbox"/> Email <input type="checkbox"/> Internet Computer Hardware <input type="checkbox"/> PC <input type="checkbox"/> MAC <input type="checkbox"/> IPAD or similar <input type="checkbox"/> Other _____ Computer Software <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> Accounting <input type="checkbox"/> SCADA Office Equipment <input type="checkbox"/> Copier <input type="checkbox"/> Fax <input type="checkbox"/> Printer/Scanner <input type="checkbox"/> Switchboard Equipment Operation <input type="checkbox"/> Forklift <input type="checkbox"/> Backhoe <input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Crane Language(s) other than English: _____

EMPLOYMENT HISTORY

(Please list in chronological order with the most current employer first)

PRESENT EMPLOYER NAME	SUPERVISOR NAME	ADDRESS	PHONE
Employed From: To:	Ending Wage/Salary:	Job Title:	
Reason(s) for leaving:			
Main Duties:			
<input type="checkbox"/> DO NOT CONTACT this employer at this time <input type="checkbox"/> You MAY contact this employer for reference			
EMPLOYER NAME	SUPERVISOR NAME	ADDRESS	PHONE
Employed From: To:	Ending Wage/Salary:	Job Title:	
Reason(s) for leaving:			
Main Duties:			
EMPLOYER NAME	SUPERVISOR NAME	ADDRESS	PHONE
Employed From: To:	Ending Wage/Salary:	Job Title:	
Reason(s) for leaving:			
Main Duties:			

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PERSONAL REFERENCES

Please list name, relationship, and phone number of persons, except supervisors or relatives, who can provide information about you and your qualifications for this position.

NAME	RELATIONSHIP TO YOU	PHONE NUMBER

QUALIFICATION STATEMENT

PLEASE STATE WHY YOU FEEL YOU ARE QUALIFIED FOR THIS POSITION:

ADDITIONAL INFORMATION

Use this space to explain Yes answers to questions

- RESUME ATTACHED
- COPIES OF LICENSES, CERTIFICATES AND/OR TRANSCRIPTS ATTACHED
- RECOMMENDATION LETTERS ATTACHED
- REFERENCES ATTACHED

APPLICANT'S STATEMENT

I certify that the information given herein is true and complete to the best of my knowledge. I authorize South Valley Water Reclamation Facility (SVWRF) to contact former employers, schools, references, etc. to obtain information pursuant to my qualification for employment and the position applied for. I understand that omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal. I hereby authorize former employers, persons, schools, firms, businesses, and personal references listed herein, or included in attachments, including SVWRF, to answer any and all questions, and to disclose information related to this application. I agree to release from liability and hold harmless any and all persons or entities for offering or disclosing truthful information within their knowledge and records. I understand this is a preliminary application and not a contract for employment. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated by myself at any time or by SVWRF in accordance with SVWRF policies and procedures.

APPLICANT SIGNATURE:

DATE:

For Office Use Only

Date Received:

Mail or Delivery Fax Hand Delivered Email