



Working for Healthy Communities

70 Westview Drive
Richfield, UT 84701
(435)896-5451

APPLICATION FOR EMPLOYMENT

Instructions:

1. Please type or print clearly.
2. Complete all sections of this application.
3. Fill out all applicable information and sign on the last page.
4. Return to CUPHD Administration office in Richfield.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

JOB INFORMATION

Position Applied For:	Date of Application:
Referral Source: ___ Walk-In ___ Newspaper ___ CUPHD Employee ___ CUPHD Website ___ Other (Specify)	
<i>(Check One)</i> _____	

PERSONAL INFORMATION

Name (First, Middle, Last):			
Email Address:	Day Phone:	Cell. Phone:	Evening Phone:
Mailing Address:	City:	State:	Zip:

Answer each of the following questions:

- Yes No 1. May we contact you at work? If yes, give the best time to contact you. _____
- Yes No 2. Have you ever filed an application with CUPHD? If yes, give date(s). _____
- Yes No 3. Have you ever been employed with CUPHD? If yes, give date(s). _____
- Yes No 4. Are you related to a CUPHD employee? If yes, Name / Relationship. _____
- Yes No 5. Are you eligible to work in the United States of America & can you provide proof of eligibility to work in the U.S. (if requested)?
- Yes No 6. Do you have a valid Utah state drivers license?
- Yes No 7. Have you graduated from high school or have you received a high school equivalency diploma (GED)?
- Yes No 8. Have you ever been convicted of or imprisoned for a felony crime?
(If yes, please explain the facts and circumstances in the "Additional Information" section provided on page 5).

EDUCATION & TRAINING

List the name & location of college, university, or trade school attended. *(Please submit a copy of your college/university transcripts with this application.)*

Name & Location of School	Course of Study	Type of Degree	Date of Degree

Professional License or Certification (if required):

Type	License/Certificate #	Date Issued	Expiration Date

SKILLS & QUALIFICATIONS

Please list any skills or specialized training which may assist you in performing the job for which you are applying; including any **languages** you may speak & **computer programs** you may use proficiently.

VETERAN'S PREFERENCE

Central Utah Public Health Department provides qualifying veterans with preference in employment. Qualifying veterans may obtain preference by submitting as verification of eligibility, a copy of the Certificate of Release or Discharge from Active Duty (Form DD-214 or 215).

If you are a spouse of a veteran or unmarried widow/widower & wish to claim veteran's preference, please submit a copy of either your marriage license or DD-1173 card & the DD-214 or 215 forms.

This information is voluntary; however, *disclosure of the information is required if you wish to be given preference.*

Do you claim Veteran's Preference?

- Yes
- No

If yes, choose one of the following:

- Veteran
- Spouse, unmarried widow/widower of a veteran

Do you claim Disabled Veteran's Preference?

- Yes
- No

If yes, choose one of the following:

- Disabled Veteran
- Spouse, unmarried widow/widower of a disabled veteran.

Central Utah Public Health Department is an equal opportunity employer.

EMPLOYMENT HISTORY

Please begin with your present or most recent job & describe all periods of employment, such as paid (full or part-time). Include volunteer, self-employment, and/or military service. If you have any additional comments about your employment history, please use the "Additional Information" section on page 5 or attach a separate sheet of paper.

Employer				Job Title	
Mailing Address		City		State	
Zip					
Supervisor's Name				Telephone #	
Dates Employed From To		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	Final Pay Rate	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
List your specific job duties					
Reason for leaving					

Employer				Job Title	
Mailing Address		City		State	
Zip					
Supervisor's Name				Telephone #	
Dates Employed From To		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	Final Pay Rate	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
List your specific job duties					
Reason for leaving					

EMPLOYMENT HISTORY (continued)

Employer				Job Title	
Mailing Address		City		State	Zip
Supervisor's Name				Telephone #	
Dates Employed From To		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	Final Pay Rate	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
List your specific job duties					
Reason for leaving					

Employer				Job Title	
Mailing Address		City		State	Zip
Supervisor's Name				Telephone #	
Dates Employed From To		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Worked Per Week	Final Pay Rate	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
List your specific job duties					
Reason for leaving					

REFERENCES

List the names & telephone numbers of three business/work references that are *not related* to you.

Name	Relationship	Telephone Number	Years Known
1.			
2.			
3.			

ADDITIONAL INFORMATION

Please list any additional information that you would like us to consider below:

Please read the following policies carefully:

- You may apply for any position by submitting this application to Central Utah Public Health Department (CUPHD) Administration office.
- This application is valid for the current position for which you are applying. This application will be kept on file for six months.
- Your completed application will be used to determine your eligibility for the position for which you applied.
- Failure to complete this application in full may result in rejection of this application.
- If more space is needed to give full answers or explanations, attach additional sheets.
- If you are invited to an interview, you may be asked to provide additional documents. (resume, transcripts, etc.)
- False statements, evidence of fraud, or deceit in connection with this application will disqualify you from consideration, and, if discovered after employment, will be grounds for dismissal.
- This application and all attached documents are official records of Central Utah Public Health Department and will not be returned.
- Central Utah Public Health Department is an equal opportunity employer and does not discriminate in its employment practices. No question on this application is used for the purpose of excluding any applicant for consideration on a basis protected by law.

APPLICANT'S STATEMENT

Please read the following statements carefully, initial or sign in the areas indicated, and return this application to CUPHD.

I have read the instructions on page 1 as well as the policies section on page 4 of this application.
(please initial here) _____

I certify that the information in this application is true and correct to the best of my knowledge and I understand that any misrepresentations, falsifications, or omissions of information will result in my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment.
I have read, understand, and agree to this statement. (please initial here) _____

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
I have read, understand, and agree to this statement. (please initial here) _____

I give Central Utah Public Health Department the right to investigate all information on this application and to secure private or confidential information about me, if job related. I authorize all persons, schools, companies, corporations, and agencies to supply any information concerning the information on this application. I hereby release all such parties from any liability that may result from furnishing this information to Central Utah Public Health Department. I also release from liability Central Utah Public Health Department and its representatives for seeking information concerning my employment and education background.
I have read, understand, and agree to this statement. (please initial here) _____

Applicant's Signature _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No
Remarks: _____

Interviewer _____ Date _____

Employed: Yes No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____ Department: _____

By: _____ Date: _____
Name & Title

Notes: