

# WASHINGTON COUNTY EMPLOYMENT APPLICATION



197 E. Tabernacle  
St. George, UT 84770  
(435) 652-5878

## PART TIME/SEASONAL POLL WORKER APPLICATION 2022

You will be required to attend training sessions at the Washington County Administration Building. We will inform you of the date and time of training. If you have any questions, please contact us at (435)986-3399.

### I. APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Day Evening Work

Email: \_\_\_\_\_ Voting Precinct (if known): \_\_\_\_\_

Will you be available for the following elections?

**June 28, Primary**  YES  NO **November 8, General**  YES  NO

Are you related to someone currently employed by Washington County?  Yes  No

If yes, name of county employee: \_\_\_\_\_ Relationship: \_\_\_\_\_

Relative's county department: \_\_\_\_\_

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

Have you ever been employed by Washington County?  Yes  No Year & Dept. \_\_\_\_\_

#### WASHINGTON COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Washington County Government to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, national origin, sex, age (over 40), qualified disability, religion, veteran status, genetic testing or any other characteristic protected under applicable federal, state or local law. The County provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

**II. SKILLS & EXPERIENCE:** You must complete all applicable items in this section, or your application may be rejected. The information you give regarding your training and experience will be used to determine if you meet minimum qualifications.

On a scale of 1-5, How familiar are you with working with computer technology? 1 2 3 4 5

**LANGUAGES:** List languages you speak, read, and write other than English: \_\_\_\_\_

**TYPE SPEED** \_\_\_\_\_ Net words per minute

**CURRENT OR MOST RECENT EMPLOYMENT:**

Employer's Name and Phone Number:			
Complete Address:			
Your Title:		From:	To:
Full Time	Part Time	Volunteer	Other
		Hours per week	Last monthly pay
		\$	
Supervisors Name, Title and Phone Number:			
Duties:			
Reason for leaving or seeking other employment:			

**Related Activities, Additional Qualifications and Skills:** *Machines, Equipment, Tool Used, etc.*

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**III. REFERENCES:** List three persons who are not related to you and who have definite knowledge of your qualification for this position for which you are applying.

Full Name	Present Business or Home Address (Street, City, State, Zip)	Business or Occupation	Phone Number

Yes No 1. Have you ever been discharged or forced to resign? If yes, please explain on a separate sheet.

Yes No 2. Do you have any physical limitations that would prohibit you from sitting and/or standing for up to 16 hours?

If yes, please describe limitations or requested accommodations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes No 3. Are you at least 18 years of age?

Yes No 4. Are you a citizen by birth, or a naturalized citizen of the U.S.?

Yes No 5. If no, are you eligible to work in the U.S.?

Yes No 6. Are you willing to have your current employer contacted regarding your employment record?

**IV. VETERAN STATUS:** Circle any that apply.

- Veteran with honorable discharge.
- Disabled veteran or Purple Heart recipient.
- Spouse or unmarried widow/widower of veteran with honorable discharge.
- Spouse or unmarried widow/widower of disabled veteran of Purple Heart recipient.

**V. READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT**

I hereby authorize any current or previous employer to give and release to Washington County any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release Washington County from any liability for the use of this information in considering and reviewing my application for the available position.

I also agree to allow Washington County to determine my competence by obtaining credit, criminal and other job related information about me.

I understand that this employment application and any other County documents are not contracts of employment and that any oral or written statements to the contrary are hereby expressly disavowed.

I certify that all statements made in this application are true and complete, and understand that any misrepresentation of material fact may subject me to disqualification or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO: [ELECTIONS@WASHCO.UTAH.GOV](mailto:ELECTIONS@WASHCO.UTAH.GOV)**

**FOR ANY QUESTIONS, PLEASE CALL THE ELECTIONS STAFF AT 435-986-3399.**