



WASHINGTON COUNTY EMPLOYMENT APPLICATION

111 E. Tabernacle
St. George, UT 84770
(435) 301-7450

I. APPLICANT INFORMATION

Title of position applied for: _____

Type of employment desired: ☐ Reserve/Substitute ☐ Seasonal

Date available for employment: _____ Email Address: _____

Name: _____

Address: _____
Street City State Zip

Telephone: _____
Day Evening Work

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. TRAINING, EDUCATION AND 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.

TRAINING: When claiming college, business, armed forces or vocational school credit, you must submit transcripts or other official documents (original or photocopy) with your application.

EDUCATION AND TRAINING

| | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|------------------------------------------------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|
| Have you graduated from high school or received a high school equivalency diploma? (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If no, circle the highest grade complete 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | | | | | |
| College, Business or Trade School or Special Training | CREDITS COMPLETED | | Major | Degree Certificate or Years Attended | | | | | | | | | | |
| | SEMESTER HOURS | QUARTER HOURS | | | | | | | | | | | | |
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LANGUAGES: List languages you speak, read and write other than English: _____

TYPE SPEED _____ Net words per minute

EXPERIENCE: Begin with your present or most recent job and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self employment, and / or military service. Account for your time during any intervals of unemployment other than when attending school. Attach addendum if necessary, using the same format.

| | | | |
|-------------------------------------------------|-----------|----------------|---------------------|
| 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: | | | |
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| | | | |
|-------------------------------------------------|-----------|----------------|---------------------|
| 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: | | | |
| | | | |
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| Reason for leaving or seeking other employment: | | | |
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|-------------------------------------------------|-----------|---------------------|-------|
| 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: | | | |
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| Reason for leaving or seeking other employment: | | | |
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|-------------------------------------------------|-----------|---------------------|-------|
| 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: | | | |
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Additional Qualifications and Skills: *Machines, Equipment, Tool Used, Related Activities, etc.*

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

Yes No 2. Would accommodation/assistance be helpful to you in taking the examination for this position if one is provided? If yes, describe on a separate sheet.

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 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 for certain positions in the sheriff and corrections department or in departments where funds are involved, 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: _____

WASHINGTON COUNTY GOVERNMENT

Applicant Data Record

Office of Human Resources

111 E. Tabernacle, St. George, UT 84770

(435) 301-7450

To better help Washington County satisfy Merit System principles and meet our Equal Employment Opportunity requirements, we would appreciate your responses to the information below. The information requested on this sheet is voluntary. This information will assist the County in applicant tracking, reporting, and other legal requirements. Failure to answer will not subject applicants to disparate treatment. This form will be detached from your application during the recruitment process. If you are hired, the information will be used to assist Washington County in complying with Federal Reporting Requirements.

Your Name: _____

Position Applied For: _____

Referral Source: ☐ Newspaper
 ☐ Friend
 ☐ Washington County Employee
 ☐ Workforce Service (Job Service)
 ☐ Washington County's Web site
 ☐ Internet Search
 ☐ Other: _____

Sex: ☐ Male ☐ Female

Please check all that apply:

Race: ☐ White
 ☐ Hispanic or Latino
 ☐ Black or African American
 ☐ American Indian or Alaska Native
 ☐ Asian
 ☐ Native Hawaiian or Other Pacific Islander

Signature: _____ Date: _____