

EDUCATION AND TRAINING

College, Business or Trade School or Special Training	CREDITS COMPLETED		Major	Degree Certificate or Years Attended
	SEMESTER HOURS	QUARTER HOURS		

Have you graduated from high school or received a high school equivalency diploma? (GED) Yes No

If no, circle the highest grade complete
1 2 3 4 5 6 7 8 9 10 11 12

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:					

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:					

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:					

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:					

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

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 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

197 E. Tabernacle, St. George, UT 84770

(435) 652-5878

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: _____