

# WEST BOUNTIFUL CITY EMPLOYMENT APPLICATION



Employer: WEST BOUNTIFUL CITY LAKESIDE GOLF COURSE      Date: \_\_\_\_\_

Name: \_\_\_\_\_  
                                 Last    First    M.I.

Address: \_\_\_\_\_  
                                 Street address    City    State    ZIP

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Are you a veteran?  Yes  No

List the positions you are interested in by specific title (typist, carpenter, auto mechanic)

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

Available to work:     Full time                           Temporary                           Part time                           Shift work

Date you can start: \_\_\_\_\_ Desired salary: \_\_\_\_\_

Are you employed now?  Yes  No    If yes, may we contact your present employer?  Yes  No

Have you applied to this company before?  Yes  No    Where? \_\_\_\_\_ When? \_\_\_\_\_

Trade or professional licenses, certificates or registrations: \_\_\_\_\_

**References:** Three persons not related to you whom you have known at least one year:

Name	Address	Telephone/Business/Occupation

**Education:**

Are you a high school graduate?  Yes  No    If no, indicate highest grade completed (1-12):

College, Business or Trade Schools (Name and Location)	Major or Vocational Subjects	Length of Time Degree/Certificate

**Work History:** Beginning with the present or most recent, list your three most significant employers. If you wish to elaborate, you may attach a supplemental sheet or resumé. Include military service, if applicable.

Firm name: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_

Street address

City

State

ZIP

Job title, responsibilities and duties: \_\_\_\_\_

Firm name: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_

Street address

City

State

ZIP

Job title, responsibilities and duties: \_\_\_\_\_

Firm name: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_

Street address

City

State

ZIP

Job title, responsibilities and duties: \_\_\_\_\_

**Additional qualifications and skills:** machines, equipment, tools used, related activities, etc.

**Certification of Applicant:**

I certify that all statements made in this application are true and correct and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize verification of all statements made in this application.

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

EQUAL OPPORTUNITY EMPLOYER

Auxiliary aids and services are available upon request to individuals with disabilities.