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)

1st choice: _____ 2nd 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.