

Western Region  
250 West Berger Lane  
Salt Lake City, UT 84107  
TEL: 801 270-2140  
FAX: 801 281-2880



Eastern Region  
2519 White Hall Road  
Crozet, VA 22932  
TEL: 434 823-2065  
FAX: 434 823-2067

## Employment Application

We are an equal opportunity employer.

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

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

-

Phone: \_\_\_\_\_ Mobile/FAX: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Have you been convicted of a crime in the past? Yes No

If yes, please explain: \_\_\_\_\_

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Are you legally eligible for employment in this country? Yes No

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc. \_\_\_\_\_

\_\_\_\_\_

U.S. MILITARY SERVICE Branch of Service \_\_\_\_\_ From/To \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

Training/Experience Received \_\_\_\_\_

## Education

Type	Name/Location	Course of Study	No. Years Completed	Diploma
Elementary/Jr. High				
High School				
College				
Technical / Other				

# Work Experience

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor		Nature of the work & Responsibilities	
Reason for Leaving		Hourly / Salary	

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Job Title		Address	
Immediate Supervisor		Nature of the work & Responsibilities	
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From	To	Employer	Phone
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Immediate Supervisor		Nature of the work & Responsibilities	
Reason for Leaving		Hourly / Salary	

**REFERENCES (Do Not Include Relatives)**

**Name/ Occupation/ Years/ Known Address**

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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## **APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_