
VETERAN'S PREFERENCE

Are you a veteran? Yes No Do you claim Disabled Veteran Preference? No Yes
If you are claiming veteran or disable veteran status, please provide a copy of your DD-214 showing dates of service.

CERTIFICATES

List job related professional or trade licenses, certificates, or registrations:

Type	State	Number
_____	_____	_____
_____	_____	_____

Languages: List languages you speak, read and write (other than English): _____

Do you have a valid Driver's License? No Yes, State and Number _____
Do you have a valid CDL License? No Yes, Class _____ Number _____

Typing speed _____ Net words per minute _____ Have you
certified your typing speed with Workforce Services within the last 12 months: No Yes

EDUCATION AND TRAINING

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

If no, circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

College, Business, Trade School or Special Training	Credits Completed	Major	Degree/ Certificates	Years Attended
--------------------------------------------------------	----------------------	-------	-------------------------	-------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXPERIENCE

Beginning with the present or most recent experience, list all related employment including military service, if applicable. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but **THIS SECTION MUST BE COMPLETED**. If adding sheets to list additional work experience, please use same application format.

Employer: _____ From: _____ To: _____

Complete Address: _____ Full-time Part-time
_____ Volunteer Apprenticeship

Phone Number: _____ Hours per week: _____

Job Title: _____ Supervisor's Name: _____

Duties: _____

Reason for Leaving: _____ Last monthly salary: _____

May we contact your current employer regarding your qualifications? No Yes

Employer: _____ From: _____ To: _____

Complete Address: _____ Full-time Part-time
_____ Volunteer Apprenticeship

Phone Number: _____ Hours per week: _____

Job Title: _____ Supervisor's Name: _____

Duties: _____

Reason for Leaving: _____ Last monthly salary: _____

May we contact your current employer regarding your qualifications? No Yes

Employer: _____ From: _____ To: _____

Complete Address: _____ Full-time Part-time
_____ Volunteer Apprenticeship

Phone Number: _____ Hours per week: _____

Job Title: _____ Supervisor's Name: _____

Duties: _____

Reason for Leaving: _____ Last monthly salary: _____

May we contact your current employer regarding your qualifications? No Yes

REFERENCES

List three persons who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying.

FULL NAME	PRESENT ADDRESS	BUSINESS OR QUALIFICATION	PHONE#

CERTIFICATION OF APPLICANT

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING

I hereby authorize any previous employer and references to give and release to Heber City 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 Heber City from any liability for the use of this information in considering and reviewing my application for the available position.

I also agree to allow Heber City to determine my competence for certain positions in the Police 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 City 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.

Applicant Will Be Required To Undergo Drug Testing As A Condition Of Employment

Heber City provides reasonable accommodation to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

Signature: _____ Date: _____

HEBER CITY IS AN EQUAL OPPORTUNITY EMPLOYER