

City of St. George Department of Human Resources 175 East 200 North St. George, Utah 84770 (435) 627-4670 www.sgcity.org

Employment Application (A Separate Application is Required for Each Position)

Title of position applied for:					
Type of employment desired:	☐ Full-Time	☐ Part-Time	☐ Seasonal		
Date available for employment:			Lowest Acceptable Annual Salary:		
APPLICANT INFORMA	ATION				
Name:					
Address:					
Street	Apt.	#	City	State	Zip Code
Telephone Number:					
Day		Evening	Cell		Work
E-mail Address:					
Do you have any relatives working for	or the City of St.	George? □ No	☐ Yes, Please List:_		
Have you ever been employed by the	City of St. Geor	ge?	Yes, Year & Dep	t.:	
If the position for which you are apple equipment or hazardous materials, ar			· ·	vorking with	n or around heavy
Have you ever been convicted of a mattach explanation including dates, do Note: Each conviction will be judge and will not necessarily bar you from	letails and penalt ed in relation to	ies for each occu	rrence, including dates	of any prol	
Veteran's Preferences					
Are you a veteran? \square No \square Y	es I	Oo you claim Dis	abled Veteran Preference	ce 🗆 No	☐ Yes
If you are claiming veteran or disable each application submitted.	ed veteran status,	please provide a	copy of your DD-214 sl	howing date	es of service with
All Applicants will be r	equired to un	dergo drug to	esting as a condition	n of emp	oyment.

Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resources Department.

THE CITY OF ST. GEORGE IS AN EQUAL OPPORTUNITY EMPLOYER

Read this Application carefully. Type or print clearly in ink. You must sign and date this application and include all information requested. If more space is needed, attach an addendum using the same application format. Resumes may be submitted as an attachment but will not be accepted in lieu of a City Application. **Applications which include wording such as "see resume" will be rejected.** Copies of college transcripts or other official documents may be requested when claiming college credit and/or specialized training. False statements, evidence of fraud or deceit in connection with this application will disqualify you from the selection process, and if discovered after employment, are grounds for discharge. This application and all attached documents are official records of the City of St. George and cannot be returned.

Certificates: List job related professional or trade licenses, certificates, or registrations				
Languages: If job related, list langua	nges you speak, re	ad and write o	other than English:	
Do you have a valid Driver's License?	□ No □ Yes	State		
Do you have a valid CDL?	□ No □ Yes	Class	State	
Typing/Keyboarding Speed Net Words/Minute Have you certified this speed within the last 12 months? No Yes				
Computer Skills: List all computer	software progran	ns in which yo	ou are proficient.	
EDUCATION AND TRAIN		DECENTED.	A WICH SQUOOL FOLW	
HAVE YOU GRADUATED FROM HIGGED)? \square No \square Yes	GH SCHOOL OR	RECEIVED	A HIGH SCHOOL EQUIV	ALENCY DIPLOMA
	CREDITS C	OMPLETED		DEODEE
COLLEGE, BUSINESS, TRADE SCHOOL OR SPECIAL TRAINING		QUARTER HOURS	MAJOR	DEGREE, CERTIFICATE, OR YEARS ATTENDED

EXPERIENCE

ON THE FOLLOWING PAGES, PLEASE LIST ALL EMPLOYMENT FOR THE LAST 5 YEARS BEGINNING WITH THE PRESENT/MOST RECENT EXPERIENCE. Include all military service if applicable. There can be no unexplained gaps of more than one month. If you were unemployed, you must list the period and indicate the reason (school, between jobs, etc.). If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, but this section must be completed. If using additional sheets to list further work experience, please use the same format as follows:

Current	Т
Employer:	From To month/year month/year
Complete Address:	•
	☐ Volunteer ☐ Apprenticeship
Phone Number:	Hours per Week:
Job Title:	Last Monthly Salary:
Supervisors Name:	
Duties	
Reason for Leaving:	
May we contact your current employer regarding your qualifications?	□ No □ Yes
Employer:	From To
	month/year month/year
Complete Address:	
	☐ Volunteer ☐ Apprenticeship
Phone Number:	
Job Title:	
Supervisors Name:	<u></u>
Duties	
Reason for Leaving:	
Employer:	From To
	month/year month/year
Complete Address:	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Phone Number:	
Job Title:	
Supervisors Name:	
Duties	
Reason for Leaving:	

Employer:		From	To month/year
Complete Address:		month/yea	
Phone Number:			Week:
Job Title:			hly Salary:
Supervisors Name:			
Duties			
Reason for Leaving:			
REFERENCES			
List three persons who are not relate which you are applying.	ed to you and who have defi	nite knowledge of your qualifi	cations for the position for
FULL NAME	BUSINESS OR OCCUPATION	CURRENT TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
CERTIFICATION OF A	APPLICANT		
PLEASE READ THE FOLLO		CAREFULLY BEFORE S	SIGNING
I hereby authorize any previous empof whatever kind in either written of am applying. I release the City of my application for the available pos	r verbal form which relates St. George from any liabilit	to my ability to perform the d	uties of the position for which
I also agree to allow St. George Cit the departments where funds are inv			
I understand that this employment oral or written statements to the con			cts of employment and that any
I certify that all statements made material fact in this document or du			
Signature:		Date:	



CITY OF ST. GEORGE

EMPLOYMENT APPLICATION

Part 2

The City of St. George is an Equal Opportunity Employer

The City of St. George adheres to a policy of Equal Employment Opportunity for all applicants and employees. Employment decisions are made in a non-discriminatory manner without regard to race, color, religion, sex, national origin, age, marital status, medical condition, disability, handicap, or any other legally protected classification.

The City of St. George complies with Equal Employment Opportunity government reporting requirements and is required to obtain information and keep applicable records as a result of this compliance. Please provide us with the information below for the sole purpose of recordkeeping, reporting, and other legal obligations. Providing this information is voluntary. This information will be kept strictly confidential and separate from the application and employment records. We appreciate your cooperation.

PLEASE PRINT ALL INFORMATION				
	Date:			
Name: MI	Last			
Title of position applied for	_			
Please check one:Under 40 years of age	Over 40 years of age			
Please check one of the following race/ethnic groups:				
Hispanic or Latino (01)	Black or African American (02)			
White (03)	Asian (04)			
Native Hawaiian or Other Pacific Islander (05)				
American Indian or Alaska Native (06)				
Two or More Races (07)				
Please check any of the following that apply:				
Vietnam Era Veteran	Disabled Veteran			