



30 North 100 West
Hyrum, Utah 84319
435-245-7634
www.hyrumcity.com

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position Applied for: _____ Date of Application: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

| | Yes | No |
|--|--------------------------|--------------------------|
| Are you currently employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| May we contact your present employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| What time are you available to respond? _____ | | |
| Do you have a valid Driver's License? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a valid CDL License? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any Fire Certs? (Fire I, Fire II, Hazmat Awareness, Hazmat Ops.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please explain _____ | | |
| Do you have any EMS Certs? (EMT, AEMT, Paramedic, NREMT, NRAEMT) | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, Please explain _____ | | |

Education

High School: _____ Date from/to: _____

Graduate: _____ Diploma: _____

College: _____ Date from/to: _____

Graduate: _____ Degree: _____

Other: _____ Date from/to: _____

Graduate: _____ Degree: _____



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Job History

Company: _____ Supervisor: _____

Address: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Duties: _____

Company: _____ Supervisor: _____

Address: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Duties: _____

References

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____



Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge, I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date