



60 West Main Street  
Hyrum, Utah 84319  
435-245-6033  
[www.hyrumcity.com](http://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"/>
On what date would you be available for work? _____		
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"/>
Have you been convicted of a felony within the last 7 years?	<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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### References

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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### Resume

Please attach a copy of your resume to the application.

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### **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.

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Signature of Applicant

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Date