

Employment Application Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Employment Desired?	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
Have you ever worked for this organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hours of work (per week) desired?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain:

(Number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, and sentence(s) imposed)

Education

High School _____ Address: _____
Did you graduate? YES NO Degree: _____

College _____ Address: _____
Did you graduate? YES NO Degree: _____

Other _____ Address: _____
Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ **Are you currently in the Armed Forces?** YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that the company may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I understand that the company may as part of the hiring process request an investigative consumer report from a third party entity or agency including information concerning my character, general reputation, personal characteristics, credit records, and mode of living. I may make a written request to the company to provide me with additional information regarding the nature and scope of any such report.

I understand that employment with your company is "at will" and nothing in the interview or hiring process, this application, or your company policies are intended to create an employment contract between myself and the company. Employment may be terminated by either party at any time for any reason with or without notice.

Signature: _____ Date: _____

Right of Access Provider Waiver

Beaver County Sheriff's Office

2270 S. 525 W. Box 391, Beaver, UT 84713

Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann. §53-10-108) and may only be released to me by this agency if I appear in person with valid photo identification. This agency is not authorized to retain a copy of this record without my expressed permission.

Please Print Clearly:

NAME: _____ (Last) (First) (Middle)		Date of Birth: ____ / ____ / ____ (Month) (Day) (Year)	
Previously Used Name(s) (Maiden, Alias, etc): _____			
Physical Address: _____ (Street) (City) (State) (ZIP)			
Social Security #: _____		Driver License Number: _____ State: _____	

Initials	Please Initial the Box which MOST applies:
	I wish to obtain a copy of my Utah Criminal History Record to take with me today. This agency may NOT retain a copy for any purpose.
	I authorize a release of my Utah Criminal History record, or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed *Application to Challenge Criminal History Records* with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: _____ Date: _____

For Office Use ONLY:

Identification Verified: _____ Criminal History Completed By: _____ Date: _____
(Initials) (Signature)