



RIVERTON CITY
12830 South 1700 West
Riverton, Utah 84065
Phone: (801) 208-3135 Fax: (801) 208-3179

EMPLOYMENT APPLICATION

Should you need any reasonable accommodation to participate in the application process (i.e., assistance in completing the application, accommodation for the interview, accommodation for any job-related tests, or any other reasonable accommodation), please let us know at the time of application, or at the time an appointment is scheduled.

Riverton City is an Equal Opportunity Employer. Race, color, religion, age, gender, disability, pregnancy, veteran status, national origin, genetics, and other categories protected by law, are not factors in employment, promotion, compensation or working conditions.

JOB INTEREST

What position are you applying for?

List your lowest acceptable hourly wage:
\$ _____

Date available to start:

PERSONAL INFORMATION

Legal Last Name _____

Legal First Name _____

Middle Initial _____

Address _____

City _____

State _____

Zip _____

Email Address _____

Daytime phone number _____

Cell phone number _____

Are you at least 18 years of age? Yes No

Do you have a legal right to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No **IF YES**, please explain: Please attach an additional sheet if necessary.

Note: A Felony conviction may not automatically disqualify you from employment.

In order to verify prior employment and education, please specify the names under which you were ever employed or enrolled if other than the name used on this application (for example: maiden name).

Former Name: _____ Institution/Employer: _____

Former Name: _____ Institution/Employer: _____

Have you ever been terminated for any reason from any previous position held within the last 10 years? Yes No
IF YES, please explain, attaching an additional sheet if necessary.

Reason _____

Start and End dates of employment _____ to _____

Position held at time _____

Please list any disabilities that would prevent you from performing the job you are applying for or that would require a reasonable accommodation.

EMPLOYMENT HISTORY

The FOLLOWING SECTION MUST BE COMPLETED EVEN IF ACCOMPANIED BY A RESUME. Starting with your most recent job, accurately list **ALL** jobs you have held in the past ten (10) years. Give correct addresses and telephone numbers and include volunteer experience.

1. _____
Name of current/most recent employer

_____ Address _____ City _____ State _____ Zip _____

Job Title: Started as _____ Final title: _____

Dates Employed: From _____ To _____ **Salary:** Starting \$ _____ Final \$ _____ Hourly Annually
(Mo//Day//Year) (Mo//Day//Year)

Job Duties: _____

Reason for Leaving: _____

Supervisor's Name and Title: _____ Telephone No: _____

If you are presently working, please check the appropriate box:

Please **DO NOT** contact this employer for references/verification of employment at this time.

You **MAY** contact this employer for references/verification of employment.

2. _____
Name of current/most recent employer

_____ Address _____ City _____ State _____ Zip _____

Job Title: Started as _____ Final title: _____

Dates Employed: From _____ To _____ **Salary:** Starting \$ _____ Final \$ _____ Hourly Annually
(Mo//Day//Year) (Mo//Day//Year)

Job Duties: _____

Reason for Leaving: _____

Supervisor's Name and Title: _____ Telephone No: _____

3. _____
Name of current/most recent employer

_____ Address _____ City _____ State _____ Zip _____

Job Title: Started as _____ Final title: _____

Dates Employed: From _____ To _____ **Salary:** Starting \$ _____ Final \$ _____ Hourly Annually
(Mo//Day//Year) (Mo//Day//Year)

Job Duties: _____

Reason for Leaving: _____

Supervisor's Name and Title: _____ Telephone No: _____

EDUCATION INFORMATION

School	Name and Location	Major Course of Study	Graduated	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical/Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any certification and job-related professional trade, business or civic activities, organizations and associations in which you participated or of which you are a member. (You may omit those which indicate Race, color, religion, age, gender, disability, pregnancy, veteran status, national origin, genetics, and other categories protected by law.)

JOB-RELATED SKILLS

Mark your current job-related skills and abilities (may be subject to examination):

Keyboard _____ WPM

Computer Skills: Yes No List software with which you are competent: _____

Additional Skills: _____

Do you have a Commercial Driver's License? Yes No

Mark the equipment and machinery you can operate (your skills may be tested).

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Asphalt Roller | <input type="checkbox"/> Fork Lift | <input type="checkbox"/> Trencher |
| <input type="checkbox"/> Asphalt Laydown | <input type="checkbox"/> Standard Pickup | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Asphalt Cutter | <input type="checkbox"/> Backhoe | <input type="checkbox"/> Rodder |
| <input type="checkbox"/> Bucket Truck | <input type="checkbox"/> Front-end Loader | <input type="checkbox"/> Water Pumps |
| <input type="checkbox"/> Snow Plow | <input type="checkbox"/> Street Sweeper | <input type="checkbox"/> Vac Truck |
| <input type="checkbox"/> 10-Wheel Dumptruck | <input type="checkbox"/> Tapping Machines | <input type="checkbox"/> Grader |

Other: _____

OTHER JOB-RELATED TRAINING/EXPERIENCE

Please list any specialized training that would qualify you for the position for which you are applying that you have not already listed on this application.

REFERENCES

Please provide the names, addresses, and telephone numbers of at least THREE (3) PROFESSIONAL REFERENCES who are not related to you.

1. _____ Name	_____	_____	_____
Address	City	State	Telephone Number
2. _____ Name	_____	_____	_____
Address	City	State	Telephone Number
3. _____ Name	_____	_____	_____
Address	City	State	Telephone Number

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM BELOW:

I hereby authorize Riverton City to verify all information provided on this application. I further authorize my current and former employer(s) to disclose to Riverton City any and all information related to my work records without giving me prior notice of such disclosures.

I understand that nothing contained in the application or conveyed during an interview, which may be granted, is intended to create an employment contract, express or implied, between me and Riverton City. In addition, I understand and agree that if I am employed; my employment is at-will until I successfully complete the specified six (6) month probationary status. Prior to the date I successfully complete my probationary status, I understand that my employment is for no definite or determinable period.

I understand that if I am employed I will be required to comply with Riverton City's Personnel Policies and Procedures. I understand that these policies and procedures may be changed, interpreted, withdrawn, or added to by Riverton City at the discretion of Riverton City and without prior notice to me.

I understand it is the policy of Riverton City to comply with the Drug-Free Workplace Act of 1988. Riverton City believes that alcohol and illegal drugs in the workplace are unhealthy and dangerous, not only to the employee involved, but to other employees. The unlawful manufacture, distribution, dispensing, possession, use, or being under the influence of alcohol and illegal drugs is prohibited on City premises, in City vehicles, in employee's vehicles, or at any time the employee is representing the City. **I understand** I will be subject to all the procedures and requirements for drug and alcohol testing.

I understand that if offered employment my employment by Riverton City will be contingent on my passing a pre-employment drug screen, a background check and a Human Performance Evaluation (Lift Test). I understand the results of these tests may preclude me from being employed with Riverton City.

I understand that if the position requires driving in the course of work, I will be required to possess a valid Utah driver's license and understand that I will be required to provide a copy of my official driving record. I also understand that any offer of employment is contingent on my ability to be covered by Riverton City's auto insurance.

IMMIGRATION REFORM AND CONTROL ACT (IRCA 1986): Riverton City complies fully with the Immigration Reform and Control Act of 1986. You are required to establish your identity and eligibility to work in the United States by completing INS Form I-9 not later than the third day after beginning work. Failure to meet this requirement within the time specified will result in termination of employment.

PRIVACY ACT NOTICE: As an applicant, disclosure of your social security number is voluntary, but helpful to identify and match your application information. If you are hired, section 6109 of the Internal Revenue Code requires you to give your correct social security number to persons who must file returns with the IRS to report certain information. Riverton City confidentially maintains your social security number for identification purposes and routine uses, such as facilitating document matching, and administering benefits. Riverton City will provide this information to the IRS, to any third party that provides this information to the IRS on behalf of Riverton City, and may provide this information to other agencies to carry out federal or state law. Providing your social security number at this time will facilitate these uses if you become an employee.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

PRINT/TYPE NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: _____
(Mo//Day/Year)

HOW DID YOU LEARN OF THE POSITION

- | | |
|--|--|
| <input type="checkbox"/> Visit to City Hall | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> Riverton City Website | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Newspaper | |

Thank you for your interest in employment with Riverton City.

Please submit this application by one of the following ways:

Email: hr@rivertoncity.com

or

Submit here:

or

Fax:

801-208-3179

or

Mail:

**Riverton City
Human Resource Dept.
12830 South 1700 West
Riverton, UT 84065**

A copy of the application is NOT automatically saved to your computer. If you want to save a copy, please save it manually BEFORE you close the application window.

12-2013