

JUAB COUNTY - EMPLOYMENT Application

160 NORTH MAIN STREET
NEPHI, UT 84648-1412
(435)623-3410

PLEASE READ INSTRUCTIONS ON PAGE 5 BEFORE COMPLETING APPLICATION

I. APPLICANT INFORMATION

Position Title _____

Name _____ Soc. Sec. No. _____

Other names previously used _____

Address _____

Phone: home _____

How did you become aware of the position for which you are applying? _____

Are you related to someone currently employed by JUAB COUNTY? *- yes - no

*Name _____ Relationship _____

1.

Updated: 07-2004

If employed, are you willing to accept the approved salary for the position? - yes - no

II. VETERAN'S PREFERENCE is determined by active military service for more than 180 consecutive days, or a member of a reserve component who served in a campaign or expedition for which a campaign medal has been authorized. Disabled veteran's preference is determined by active military service with any percentage of disability incurred in the line of duty, whether or not the person completed more than 180 days of active duty. Persons claiming veteran's preference must submit a photocopy of their honorable discharge (such as a DD-214) showing the dates of service with each application form. Veterans who have received a purple heart, as evidenced on the form DD-214, will receive the same preference as a disabled veteran whether or not they completed 180 days of active duty. A retired member of the armed forces who retired below the rank of major or its equivalent is eligible for veteran's preference.

This information is voluntary. However, DISCLOSURE OF THE INFORMATION IS REQUIRED IF YOU WISH TO BE GIVEN PREFERENCE.

Do you claim Veteran's Preference?
(circle one)

If Yes, "X" one of the following: -

___ 1. As a veteran

___ 2. As an unmarried widow or widower of a veteran

- YES - NO

JUAB COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of JUAB COUNTY Government to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age or disability. The County provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

III. TRAINING, EDUCATION AND EXPERIENCE: You must complete all applicable items in this section, or your application will be rejected. The information you give regarding your training and experience will be used to determine if you meet minimum qualifications, and part or all of your examination score may be based on your training and experience.

TRAINING: When claiming college, business, armed forces or vocational school credit, you must submit transcripts or other official documents (original or photocopy) with your application:

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA (GED)

- YES - *NO

*If no, circle highest year completed: 1 234567891011 12

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	FROM TO		SEMESTER HOURS	QUARTER HOURS	MAJOR/MINOR	DID YOU GRADUATE	TYPE OF DEGREE	DATE OF DEGREE
						YES / NO		
						YES / NO		
						YES / NO		
						YES / NO		

2.
PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED

Serial Number

Date Issued

Expiration Date

Type

LANGUAGES: List languages you speak, read and write other than English _____

EXPERIENCE: Begin with your present or most recent job and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Account for your time during any intervals of unemployment other than when attending school. Attach addendum if necessary, using the same format. RESUMES WILL NOT BE ACCEPTED.

EMPLOYER'S NAME AND PHONE NUMBER:			
COMPLETE ADDRESS:			
YOUR TITLE:	FROM	TO	
	MO. YR.	MO. YR.	
FULL TIME - PART TIME - VOLUNTEER - OTHER -	HOURS PER WEEK	LAST MONTHLY PAY \$	
SUPERVISORS NAME, TITLE, AND PHONE NUMBER:			
DUTIES:			
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:			
EMPLOYER'S NAME AND PHONE NUMBER:			
COMPLETE ADDRESS:			
YOUR TITLE:	FROM	TO	
	MO. YR.	MO. YR.	
FULL TIME - PART TIME - VOLUNTEER - OTHER-	HOURS PER WEEK	LAST MONTHLY PAY \$	
SUPERVISORS NAME, TITLE, AND PHONE NUMBER:			
DUTIES:			
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:			
EMPLOYER'S NAME AND PHONE NUMBER:			
COMPLETE ADDRESS:			
YOUR TITLE:	FROM	TO	
	MO. YR.	MO. YR.	
FULL TIME - PART TIME - VOLUNTEER - OTHER-	HOURS PER WEEK	LAST MONTHLY PAY \$	
SUPERVISORS NAME, TITLE, AND PHONE NUMBER:			
DUTIES:			
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:			

IV. REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying.

Full NAME	PRESENT BUSINESS OR HOME ADDRESS (STREET, CITY, STATE, ZIP)	BUSINESS OR OCCUPATION	PHONE NUMBER
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- YES - NO 1. Have you ever been discharged or forced to resign? If yes, please explain on a separate sheet.
- YES - NO 2. Would accommodation/assistance be helpful to you in taking the examination for this position? If yes, describe on a separate sheet.
- YES - NO 3. If the position for which you are applying requires driving a vehicle (see posted job announcement), do you possess a current driver's license? If yes, specify state issued: _____ type: _____
- YES - NO 4. If the position for which you are applying is hazardous in nature, including but not limited to working with or around heavy equipment or hazardous material (see posted job announcement), are you 18 years of age or older?
- YES - NO 5. Have you ever been employed by JUAB COUNTY Government? If yes, please explain on a separate sheet. Include the following information: when; where; name of supervisor; and reason for termination.
- YES - NO 6. Are you a citizen by birth or a naturalized citizen of the U.S.?
- YES - NO 7. If no, are you eligible to work in the U.S.?
- YES - NO 8. Are you willing to have your current employer contacted regarding your employment record? (This question does not apply to current County Employees)

V. READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT: I affirm that this application contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected or, if employed by a JUAB COUNTY agency, I may be terminated from employment. **I further authorize any of my employers (subject to my answer to the previous question regarding current employer) or references to give the Director of Personnel or any hiring County Agency any private or confidential information concerning my employment record.** Finally, I authorize that copies of this form may be furnished to hiring County agencies.

SIGNATURE OF APPLICANT (original, not photocopy)

DATE

VI. COMPLETE THIS SECTION ONLY FOR LAW ENFORCEMENT RELATED POSITIONS

- YES - NO Are you currently POST (Peace Officer Standards and Training) certified in this State or another State?

If yes, specify state: _____ Type of Certification: _____

- YES - NO Are you 21 years of age or older? (Law Enforcement/Corrections only)

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS STATEMENT: Having made application for employment with JUAB COUNTY Government for the position of _____ I hereby authorize JUAB COUNTY Government to conduct a detailed background investigation and understand that all information pertaining to such application and investigation will be kept confidential and released to only authorized individuals. I understand that should any investigation disclose any misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from the eligibility list, and if already appointed, I may be dismissed. I also understand that certain information or offenses may preclude me from further consideration or result in termination. I hereby release your organization or any other agency involved in releasing this information from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State and County statutes.

SIGNATURE OF APPLICANT (original, not photocopy)

DATE

APPLICANT DATA RECORD

JUAB COUNTY Government is an equal opportunity employer, and complies with government regulations, including affirmative action responsibilities where applicable. It is illegal for any agency or organization to discriminate in hiring based on race, color, sex, religion, national origin, age or disability.

THE INFORMATION REQUESTED ON THIS SHEET IS VOLUNTARY. *This information will assist JUAB COUNTY Government in applicant tracking, reporting, and other legal requirements. Failure to answer will not subject applicants to disparate treatment.*

We would appreciate your cooperation in filling out this information to help us comply with government regulations. This data will be maintained in a separate, private research file.

Date _____ Referral Source _____

Position applied for _____

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____

EQUAL EMPLOYMENT INFORMATION

(Please check applicable information)

Sex: Female Male

Age: Under 40 40 or Over

Please mark one or more of the following five (5) racial categories which apply to you.

WHITE: A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST, OR NORTH AFRICA

BLACK OR AFRICAN AMERICAN: A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA

ASIAN: A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.

AMERICAN INDIAN OR ALASKA NATIVE: A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA), AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.

Please mark the following ethnicity category that applies to you:

HISPANIC OR LATINO: A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.

NOT HISPANIC OR LATINO

* TO BE SEPARATED BY PERSONNEL OFFICE ONLY *

JUAB COUNTY GOVERNMENT EMPLOYMENT APPLICATION INSTRUCTIONS TO APPLICANTS

- **Complete an official JUAB COUNTY employment application for every position for which you are applying.** If more space is needed, attach an addendum using the same application format. **RESUMES WILL NOT BE ACCEPTED.** Sign your application and return it to the Personnel Office by 5:00 p.m. (MST) on or before the closing date. **NO POSTMARKS.**

- **Attach a copy of your transcripts or other official documents (original or photocopy) to receive credit for any college, business, armed forces or vocational school credit.**

- Attach a copy of your form DD-214 to be considered for veteran's preference.

- If applicable, attach a Job Service Verification Card for required testing.

OTHER INFORMATION REGARDING APPLYING FOR A JUAB COUNTY GOVERNMENT POSITION

1. Applicants may be required to undergo drug testing as a condition of employment.
2. False statements, evidence of fraud or deceit in connection with this application will disqualify you from examination or appointment, and if discovered after employment is grounds for discharge. This application and all attached documents are official records of JUAB COUNTY Government and cannot be returned.
3. Your completed application will be used to determine your eligibility for the position for which you are applying.
4. Competitive Career Service positions may require an examination by JUAB COUNTY Government. Examination can consist of one or a combination of the following methods: written examination, oral examination, performance examination. If you are applying for a position that requires one of the examination methods, you will be notified of the time and place of your examination.
5. All county employees hired on or after November 7, 1986: Federal law now requires supervisors/employers to review documents verifying your identity and eligibility to work in the United States, and complete Form 1-9 (Employment Eligibility Verification). Your supervisor (or designee) will be requesting you to provide this documentation. Supervisors/employers are in violation of the law if the documents are not reviewed and Form 1-9 is not completed.
6. If employed, the Personnel Office will require a copy of your current Social Security Card to ensure County employment forms match the name on the Social Security Card.
7. Your application will not be rejected because of your race, color, national origin, religion, sex, age, or disability, except as legally required and indicated on the vacancy notice.
8. No person shall be disqualified for JUAB COUNTY Government employment solely because of prior conviction for a crime. However, a person may be denied JUAB COUNTY Employment if the prior criminal conviction is directly related to the position of employment sought.
9. If you are invited to a hiring interview, it is your responsibility to provide the selection official with additional documents (resume, transcripts, etc.) as requested.
10. If you desire further information regarding JUAB COUNTY employment, application, examination, classification, or pay, you should contact the JUAB COUNTY Personnel Office.

ADDENDUM TO JUAB COUNTY EMPLOYMENT APPLICATION - WORK EXPERIENCE: List jobs and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Account for your time during any intervals of unemployment other than when attending school. RESUMES WILL NOT BE ACCEPTED.

EMPLOYER'S NAME AND PHONE NUMBER:	
COMPLETE ADDRESS:	
YOUR TITLE:	FROM _____ TO _____ MO. YR. MO. YR.
FULL TIME - PART TIME - VOLUNTEER - OTHER -	HOURS PER WEEK LAST MONTHLY PAY \$
SUPERVISORS NAME, TITLE, AND PHONE NUMBER:	
DUTIES:	
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:	
EMPLOYER'S NAME AND PHONE NUMBER:	
COMPLETE ADDRESS:	
YOUR TITLE:	FROM _____ TO _____ MO. YR. MO. YR.
FULL TIME - PART TIME - VOLUNTEER - OTHER-	HOURS PER WEEK LAST MONTHLY PAY \$
SUPERVISORS NAME, TITLE, AND PHONE NUMBER:	
DUTIES:	
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:	
EMPLOYER'S NAME AND PHONE NUMBER:	
COMPLETE ADDRESS:	
YOUR TITLE:	FROM _____ TO _____ MO. YR. MO. YR.
FULL TIME - PART TIME - VOLUNTEER - OTHER-	HOURS PER WEEK LAST MONTHLY PAY \$
SUPERVISORS NAME, TITLE, AND PHONE NUMBER:	
DUTIES:	
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:	