



Mapleton City Administration Offices  
 125 West 400 North  
 Mapleton, Utah 84664  
 (801) 806-9106 Fax (801) 489-5657  
 www.mapleton.org

**APPLICATION FOR EMPLOYMENT**

Position You are Applying For:		Date:
Last Name:	First Name:	Middle Initial:
Address:	Apt. #:	City: State: Zip Code:
Home Phone:	Other Phone:	Email Address:
Do you have a valid Drivers License: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you authorized to work and remain in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Were you ever discharged or forced to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:
Have you ever been employed by Mapleton City? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, from _____ to _____
Position: _____ Department: _____
Are you related to any Mapleton City employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name: _____
Relationship: _____ Department: _____ City Position: _____
Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Branch: _____
Date Entered Active Duty: _____ Date Released Active Duty: _____

EDUCATION:				
High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Institution	Field of Study	Did You Graduate?	List type of Degree	
Vocational or Special Training		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Professional License or Certificate, If Required	Type	Serial Number	Date Issued	Expiration Date

**EMPLOYMENT HISTORY:**

Beginning with your present or most recent experience, account for all employment during the past ten (10) years. To elaborate, a supplemental sheet or resume may be attached, but cannot be substituted for a completed application. Include military service if applicable.

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Ending Salary Per Month: \_\_\_\_\_

Dates of Employment: (list mo. and yr.) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Ending Salary Per Month: \_\_\_\_\_

Dates of Employment: (list mo. and yr.) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Ending Salary Per Month: \_\_\_\_\_

Dates of Employment: (list mo. and yr.) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inquiry may be made of your current and former employers/schools you attended.

May we contact your present employer? [ ] Yes [ ] No

May we contact your former employers? [ ] Yes [ ] No

PERSONAL REFERENCES (other than relatives and past employers)			
Full Name	Present Business or Home Address (Street, City, State, Zip)	Business or Occupation	Telephone Number(s)

**APPLICANT'S STATEMENT AND AUTHORITY TO RELEASE INFORMATION**  
(Required for ALL Positions)

I understand that this employment application and any other city documents are not contracts of employment, and any person hired may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by a prospective or existing employee. I understand that Mapleton City may modify, change, or revoke any of its employment policies, pay practices, and benefits without my agreement. I hereby state that all answers on this application are true and understand that falsifying this information can lead to termination if hired. I UNDERSTAND THAT IN ACCORDANCE WITH CITY POLICY, FINAL CANDIDATES ARE SUBJECT TO AN ALCOHOL / DRUG TEST AS A CONDITION OF EMPLOYMENT.

I hereby authorize any and all persons, companies, or agencies to release any and all background information, of a confidential or privileged nature, including criminal history, relevant to this application and any pertinent information they may have to the hiring authorities of Mapleton City. I release all such parties from all liability of every kind as the result of furnishing the same to Mapleton City. This information is to be used to assist the City in determining my qualifications and fitness for the position I am seeking. I hereby release Mapleton and its officers, agents and employees from any liability for the use of any and all of the foregoing information, in consideration for being reviewed for the aforesaid position.

Should there be any questions regarding the validity of this release, you may contact me as indicated below.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_.

\_\_\_\_\_  
Full Name (SIGNATURE)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Full Name (PRINT)

\_\_\_\_\_  
Phone Number

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The following information we are soliciting is strictly voluntary. This form will be kept separate and confidential from the application. Information provided on this form will not be considered in any employment decision but is for statistical purposes only.

TITLE OF POSITION APPLIED FOR:

DATE:

NAME:

AGE:

GENDER:

Male

Female

RACE/ETHNIC ORIGIN (check ONLY one):

**White (not of Hispanic origin):** Persons having origins in any of the original people of Europe, North Africa, or the Middle East.

**Black (not of Hispanic origin):** Persons having origins in any of the black racial groups of Africa.

**Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins regardless of race.

**Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native:** Persons having origins in any of the original people of North American and who maintain cultural identification through tribal affiliation or community recognition.

How did you learn about this position?

Employment Office  City Employee  School  Newspaper  Internet

Career Fair  Walk-In  Other \_\_\_\_\_

Do you have any physical or mental disabilities which may limit your ability to perform essential functions of this job or which would require any special accommodations?  Yes  No

If yes, please explain briefly:

The Administration office will make reasonable efforts in the examination process to accommodate disabled applicants.  
If you have special needs, please call: 801-806-9106.