

Moab City Corporation

Application for Employment

IDENTIFICATION - Please Print or Type					
Last name		First Name		Middle Name	
Mailing Address (Street Number & Name)			City	State	Zip Code
Home Phone	Cell Phone	Emergency Contact (Name & Phone)		If UNDER 18 years of age please state Date of Birth:	
EMPLOYMENT DESIRED					
Position Desired			Date Available for work	Salary Desired	
Are you employed now?	May we inquire with your present employer?	Current Supervisor's Name and Contact Number			
Have you applied with the City of Moab before?	Position applied for	Date applied			
EDUCATION					
Circle highest grade completed:					
High School 8 9 10 11 12 or GED		College 1 2 3 4 5		Graduate School 1 2 3 4	
Schools	Graduate	Name & Location	Miscellaneous Information		
High School	Yes				
	No				
College	Yes				
	No				
Graduate	Yes				
	No				
Other	Yes				
	No				
GENERAL					
Subjects of Special Study:					
Special Skills:					
Activities:					

First EPA Green Power Community in the Nation

EMPLOYMENT HISTORY

Please list last three employers, starting with the most current.

Current or Last Employer		Address		Full Time/Part Time	
Job Title	Dates Employed From: To:	Supervisor's Name	Contact Number(s)		
Reason For Leaving		May we contact this employer? Yes No		Salary \$ Per	
Duties:					

Employer		Address		Full Time/Part Time	
Job Title	Dates Employed From: To:	Supervisor's Name	Contact Number(s)		
Reason For Leaving		May we contact this employer? Yes No		Salary \$ Per	
Duties:					

Employer		Address		Full Time/Part Time	
Job Title	Dates Employed From: To:	Supervisor's Name	Contact Number(s)		
Reason For Leaving		May we contact this employer? Yes No		Salary \$ Per	
Duties:					

Employer		Address		Full Time/Part Time	
Job Title	Dates Employed From: To:	Supervisor's Name	Contact Number(s)		
Reason For Leaving		May we contact this employer? Yes No		Salary \$ Per	
Duties:					

VETERAN'S PREFERENCE - IN ACCORDANCE WITH THE VETERAN'S PREFERENCE ACT

ARE YOU A VETERAN? Yes No	ARE YOU ANY OF THE FOLLOWING? Yes No
If you answered yes, please complete the following:	1. A disabled veteran with any percentage of disability
Did you serve on active duty for more than 180 consecutive days?	2. A Purple Heart Recipient
Yes No	3. A retired member of armed forces, below the rank of major or equivalent
Were you a member of a reserve component who served in a campaign for which a campaign medal has been authorized?	4. An unmarried widow or widower of a veteran
Yes No	Did you separate under honorable conditions? Yes No

I certify that the above information is true and complete to the best of my knowledge. I understand that any false information may cause my application to be rejected, and that if I am employed my employment may be terminated.

Signature of Applicant:	Date:
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