ATTENTION ALL JOB APPLICANTS:

ILLEGAL DRUGS ARE NOT WELCOME AT THIS COMPANY.

IF YOU USE OR DEAL IN DRUGS PLEASE DO NOT APPLY FOR WORK HERE.

JOB APPLICANTS MAY BE ASKED TO TAKE A STANDARD MEDICALLY APPROVED SUBSTANCE ABUSE SCREENING TEST.

ANY PERSON WHO REFUSES OR FAILS TO PASS WILL NOT BE ELIGIBLE FOR EMPLOYMENT.

Notice prepared by Industrial Relations Council, Salt Lake City, Utah.
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME: ____________________  LAST  FIRST  MIDDLE

PRESENT ADDRESS: ____________________ STREET  CITY  STATE  ZIP

PERMANENT ADDRESS: ____________________ STREET  CITY  STATE  ZIP

PHONE NUMBER: (____) __________  SOC. SEC. #: __________

STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY ____________________ REFERRED BY: ____________________

EMPLOYMENT DESIRED:

POSITION: ____________________  DATE YOU CAN START: __________  SALARY DESIRED: __________

ARE YOU CURRENTLY EMPLOYED? ____________________  MAY WE CONTACT YOUR EMPLOYER? ____________________

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _________  WHERE? ____________________  WHEN? __________

EDUCATION:

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>NAME AND LOCATION</th>
<th>GRADUATED</th>
<th>MAJOR SUBJECTS</th>
<th>GPA</th>
</tr>
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<tbody>
<tr>
<td>GRAMMAR SCHOOL</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
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<tr>
<td>HIGH SCHOOL</td>
<td></td>
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<tr>
<td>COLLEGE</td>
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<td>OTHER (SPECIFY)</td>
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SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

________________________________________________________________________

________________________________________________________________________

SPECIAL TRAINING:

________________________________________________________________________

________________________________________________________________________

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.)

________________________________________________________________________

________________________________________________________________________

(CONTINUED ON OTHER SIDE)
**FORMER EMPLOYERS:** LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

<table>
<thead>
<tr>
<th>DATE MONTH AND YEAR</th>
<th>NAME AND ADDRESS OF EMPLOYER</th>
<th>SALARY</th>
<th>POSITION</th>
<th>REASON FOR LEAVING</th>
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<tbody>
<tr>
<td>FROM</td>
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**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>BUSINESS</th>
<th>YEARS ACQUainted</th>
</tr>
</thead>
<tbody>
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<td>3.</td>
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</table>

IN CASE OF EMERGENCY, NOTIFY: 

NAME: ______________________  PHONE: ______________________  DATE: __________

ADDRESS: ______________________  PHONE: ______________________  DATE: __________

AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE OR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES UNLESS SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNED: ______________________  DATE: __________

---

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: ______________________  DATE: __________

REMARKS: ______________________

REMARKS: ______________________

ABILITY:

HIRED: ______________________  DEPT: ______________________  POSITION: ______________________  START DATE: __________  SALARY: ______________________

APPROVALS:

1. ______________________  EMPLOYMENT MANAGER
2. ______________________  EMPLOYMENT HEAD
3. ______________________  GENERAL MANAGER

REDFORM 9G285
(Revised 11/90)