

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES

GIVE THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

PHYSICAL RECORD

DO YOU HAVE ANY IMPAIRMENTS, PHYSICAL, MENTAL, OR MEDICAL, WHICH WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED?

GIVE DETAILS

IN CASE OF EMERGENCY

PLEASE NOTIFY

NAME

ADDRESS

PHONE NUMBER(S)

READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS STATEMENT.

BY MAKING THIS APPLICATION, I HEREBY AUTHORIZE ANY PREVIOUS EMPLOYERS OR REFERENCES TO GIVE AND RELEASE TO THE KAMAS CITY PERSONNEL DEPARTMENT ANY AND ALL INFORMATION OF WHATEVER KIND IN EITHER WRITTEN OR VERBAL FORM WHICH RELATES TO MY ABILITY TO PERFORM THE DUTIES OF THE POSITION FOR WHICH I AM APPLYING. ANY OR ALL PREVIOUS EMPLOYERS MAY BE CONTACTED. I RELEASE KAMAS CITY FROM ANY LIABILITY FOR THE USE OF THIS INFORMATION IN CONSIDERING AND REVIEWING MY APPLICATION FOR THE AVAILABLE POSITION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACT CALLED FOR IS CAUSE FOR 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 AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

IF I AM APPLYING FOR A POSITION IN LAW ENFORCEMENT OR FOR A POSITION IN WHICH FIDUCIARY TRUST IS INVOLVED, I HEREBY AUTHORIZE KAMAS CITY TO CONDUCT A THOROUGH BACKGROUND INVESTIGATION, TO INCLUDE IDENTIFYING CRIMINAL OFFENCES OF WHICH I MAY HAVE BEEN CONVICTED. I HEREBY RELEASE KAMAS CITY OR ANY OTHER AGENCY INVOLVED IN RELEASING THIS INFORMATION FROM ANY CIVIL OR CRIMINAL LIABILITY ARISING UNDER LAW.

I UNDERSTAND THAT KAMAS CITY IS A DRUG FREE WORKPLACE CONDUCTING PRE-EMPLOYMENT, REASONABLE SUSPICION, POST ACCIDENT AND FOLLOW-UP DRUG TESTING FOR THE ILLEGAL USE OF CONTROLLED SUBSTANCES. IF THE POSITION FOR WHICH I AM APPLYING FOR IS CONSIDERED SAFETY SENSITIVE, I UNDERSTAND THAT I AM SUBJECT TO RANDOM DRUG TESTING.

SIGNATURE

DATE

PLEASE RETURN THE COMPLETED FORM TO:**KAMAS CITY HALL****170 N. MAIN****KAMAS, UT 84036****(435) 783-4630**