



# CITY OF HOLLADAY

4580 South 2300 East  
Holladay, UT 84117

## EMPLOYMENT APPLICATION

### JOB INTEREST

Position for which you are applying:

(Please list **ONE** position only.)

\_\_\_\_\_

Location(s): \_\_\_\_\_

Check Preferred work schedule:

Full-time

Day

Part-time

Evening

On Call

Night

Rotating Shifts

Other (Specify) \_\_\_\_\_

Date Available to start: \_\_\_\_\_

Wage/salary desired: \$ \_\_\_\_\_

Indicate if:  Per Hour  Per Month

Per Week  Per Year

### PERSONAL INFORMATION

Legal Last Name

Legal First Name

Middle Initial

Address (number, street, apartment number)

City

State

Zip

Email Address

Day telephone number

Evening telephone number

Cell phone number

Drivers License No. \_\_\_\_\_

State \_\_\_\_\_

Do you have a Commercial Drivers License? \_\_\_\_\_

Class \_\_\_\_\_

Have you been convicted of a felony?  Yes  No **IF YES**, please explain: Please attach an additional sheet if necessary.

Have you ever been terminated "for cause" from any previous position held within the last 15 years?  Yes  No **IF YES**, please explain.

Reason for Term \_\_\_\_\_ Term. From \_\_\_\_\_ Year Term \_\_\_\_\_ Position held at time of Term \_\_\_\_\_

Do you have a legal right to work in the United States?  Yes  No

In order to verify prior employment and education, please specify the names under which you were ever employed or enrolled if other than the name used on this application (for example: maiden name).

Former Name: \_\_\_\_\_

Institution/Employer: \_\_\_\_\_

Former Name: \_\_\_\_\_

Institution/Employer: \_\_\_\_\_





**OTHER JOB-RELATED TRAINING/EXPERIENCE**

Have you received any specialized training which would qualify you for the position for which you are applying that you have not already listed on this application? If so, please state what training or experience you have had.

Were you previously employed by Holladay City?  Yes  No

**IF NO**, how were you referred:

Workforce Services \_\_\_\_\_

Advertisement (Specify): \_\_\_\_\_

Employment Agency: \_\_\_\_\_

Employee Referral (Name of Employee): \_\_\_\_\_

School: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

**IF YES**, Date \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

Location: \_\_\_\_\_

List of names and departments of relatives employed by Holladay City. If additional space is needed, please list on another sheet.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

**REFERENCES**

Please provide the names, addresses, and telephone numbers of at least THREE (3) PROFESSIONAL REFERENCES who are not related to you.

1. \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address Telephone Number

2. \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address Telephone Number

3. \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address Telephone Number

**PLEASE READ THE FOLLOWING CAREFULLY  
BEFORE SIGNING THIS APPLICATION FORM BELOW:**

I understand that if I am employed, I will be required to wear or use all protective clothing or devices required by Holladay City and to comply with all safety policies and procedures.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I hereby certify that I, the undersigned applicant, have personally completed this application, or noted the name of the individual assisting me in the completion of this application. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

I hereby authorize Holladay City to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. I understand that Holladay City conducts pre-employment, random and "for cause" drug testing. I authorize Holladay City to conduct a pre-employment drug screen and background check if I am presented with a job offer. I understand that results of these tests may preclude me from being employed with Holladay City. I further authorize my former employer(s) to disclose to Holladay City any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosures. In addition, I hereby release Holladay City, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims demands, or liabilities arising, or that may arise, out of, or in any way related to, such investigation or disclosure.

As part of this application, I understand that if I am employed I will be required to comply with Holladay City's policies and procedures for employees. I understand that these policies and procedures may be changed, interpreted, withdrawn, or added to by Holladay City at Holladay City's discretion and without prior notice to me. I acknowledge and agree that this application will be considered by Holladay City for no longer than 90 days from the date it was made.

I understand that nothing contained in the application or conveyed during an interview, which may be granted, is intended to create an employment contract between Holladay City and myself. In addition, I understand and agree that if I am employed, my employment is at-will until I successfully complete the specified probationary status. Prior to the date I successfully complete my probationary status, I understand that my employment is for no definite or determinable period. Furthermore, I understand that I may be terminated at any time, with or without prior notice, and for any reason or no reason, at the option of either Holladay City or myself. Part-time employees serve in an on-going probationary status, without limit of time. I understand that promises or representatives contrary to the foregoing, or given at any time in the future, are not binding on Holladay City unless made in writing and signed by myself and Holladay City's designated representative. Holladay City's designated representative is defined to mean the City Manager.

I understand it is the policy of Holladay City to comply with the Drug-Free Workplace Act of 1988.

"PRIVACY ACT NOTICE: As an applicant, disclosure of your social security number is voluntary, but helpful to identify and match your application information. If you are hired, section 6109 of the Internal Revenue Code requires you to give your correct social security number to persons who must file information returns with the IRS to report certain information. Holladay City confidentially maintains your social security number for identification purposes and routine uses, such as facilitating document matching, and administering benefits. Holladay City will provide this information to the IRS, to any third party that provides this information to the IRS on behalf of Holladay City, and may provide this information to other agencies to carry out federal or state law. Providing your social security number at this time will facilitate these uses if you become an employee."

PRINT NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If this application has been completed by **an individual other than the above applicant**, please print name here:

\_\_\_\_\_

**APPLICATION FOR EMPLOYMENT  
UTAH STATE VETERAN'S PREFERENCE**

"Veteran" means:

- An individual who has served on active duty in the armed forces for more than 180 consecutive days and has been separated under honorable conditions.

"Disabled veteran" means:

- An individual who has been separated or retired from the armed forces under honorable conditions; and
- Established the existence of a service-connected disability or is receiving compensation, disability retirement benefits, or pension.

"Preference eligible" means:

- An individual who has served on active duty in the armed forces for more than 180 consecutive days and who has been separated under honorable conditions.
- A disabled veteran with any percentage of disability. \* The unmarried widow or widower of a veteran.
- A purple heart recipient.
- A retired member of the armed forces who retired below the rank of major or its equivalent.

For applicants who establish "preference eligibility," veteran's preference is facilitated by arranging for an employment interview after a completed application has been processed, provided the applicant meets minimum qualifications for the job. If you desire to claim veteran's preference, please sign below, enclose a photocopy of an appropriate discharge document (DD-214), and attach this addendum with enclosure to the Application for Employment.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PRINTED NAME \_\_\_\_\_  
Enclosure  
(DD-214)

**UTAH VETERAN'S AND DISABLED VETERAN'S PREFERENCE**  
Applicants claiming veteran's preference must complete the Utah State Veteran's Preference Addendum provided with this Application Form.

**IMMIGRATION REFORM AND CONTROL ACT (IRCA 1986)**  
Holladay City complies fully with the Immigration Reform and Control Act of 1986. You are required to establish your identity and eligibility to work in the United States by completing INS Form I-9 not later than the third day after beginning work. Failure to meet this requirement within the time specified will result in termination of employment.

**EQUAL OPPORTUNITY EMPLOYER**  
Holladay City is fully committed to policies of equal opportunity employment.

**POLICY ON A DRUG-FREE WORKPLACE**  
Holladay City believes that alcohol and illegal drugs in the workplace are unhealthy and dangerous, not only to the employee involved, but to other employees as well. The unlawful manufacture, distribution, dispensing, possession, use, or being under the influence of alcohol and illegal drugs is prohibited on the City premises, in City vehicles, in employee's vehicles, or any time the employee is representing the City on City business.

All employees are expected to abide by the policies noted above as a condition of employment at Midvale City.

**We appreciate your interest in employment  
with the City of Holladay.**

**Thank you, and best wishes.**

**EQUAL OPPORTUNITY EMPLOYMENT DATA FORM**

Federal and State regulations require employers to obtain certain information from each job applicant. This form is used to provide each applicant with an opportunity to furnish such information voluntarily. All information that is provided voluntarily will be used only for record keeping purposes. Further, such information will not be used for any discriminatory purpose.

|  |  |
|--|--|
| OFFICE WHERE APPLYING  | APPLICATION DATE (MONTH/DAY/YEAR)  |
| APPLICANT NAME   | DATE OF BIRTH (MONTH/DAY/YEAR)   |
| POSITION APPLYING FOR  |  |
| PLEASE CHECK ONE RESPONSE FOR EACH QUESTION  |  |
| GENDER <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE  | VETERAN STATUS<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Vietnam Era Veteran |
| ETHNIC GROUP (check one only)  |  |
| <input type="checkbox"/> =White: (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.   |  |
| <input type="checkbox"/> =Black or African American: (Not of Hispanic Origin) All persons having origins in any Black racial groups of Africa.   |  |
| <input type="checkbox"/> = Hispanic or Latino: All persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race.  |  |
| <input type="checkbox"/> =Asian: A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.   |  |
| <input type="checkbox"/> =Native Hawaiian or other Pacific Islander: A person with origins in any of the original peoples of the Hawaiian or Pacific Islands.  |  |
| <input type="checkbox"/> = American Indian-Alaskan Native: A person with origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or his community recognition as an American Indian or Alaskan Native. |  |
| <input type="checkbox"/> =Two or More Races (Not Hispanic or Latino).  |  |
| HOW DID YOU LEARN OF THE POSITION  |  |
| <input type="checkbox"/> =Visit to City Hall   |  |
| <input type="checkbox"/> = Holladay City Website   |  |
| <input type="checkbox"/> =Recruitment Agency   | (Name) _____   |
| <input type="checkbox"/> = Newspaper   | (Name) _____   |
| <input type="checkbox"/> = Employee Referral   | (Name) _____   |
| <input type="checkbox"/> = Other   | (Specify) _____  |