

APPLICATION FOR EMPLOYMENT  
(Please Print)  
(To be completed by applicant)

## I. Personal Information

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) Within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: \_\_\_\_\_

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by the Ash Creek Special Service District?

3. How were you referred to the Ash Creek Special Service District?

## II. Educational History

School Name/Location	Years Completed Degree/Diploma
Elem/Jr. High	
High School	
College	
Tech. Training	
Other	

## III. Employment Record

Please include all employment for the last five years.

- |   |                       |
|---|-----------------------|
| Company Name (current/most recent employer) | Position Held         |
| Address                                     | Date employed From To |
| Manager/Supervisor                          | Telephone Wage/Salary |
| Reason for Leaving                          |                       |
- |                    |                       |
|--------------------|-----------------------|
| Company Name       | Position Held         |
| Address            | Date employed From To |
| Manager/Supervisor | Telephone Wage/Salary |
| Reason for Leaving |                       |
- |                    |                       |
|--------------------|-----------------------|
| Company Name       | Position Held         |
| Address            | Date employed From To |
| Manager/Supervisor | Telephone Wage/Salary |
| Reason for Leaving |                       |

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

Employer's Name	Reason
Employer's Name	Reason

**IV. References** Please do not include relatives or former employers.

1.	_____	_____ Name
		Years Known _____
Address	_____	Telephone _____
	Occupation _____	
2.	_____	_____ Name
	Years Known _____	
Address	_____	Telephone _____
	Occupation _____	
3.	_____	_____ Name
		Years Known _____
Address	_____	Telephone _____
	Occupation _____	

**V. Work Availability**

1. If your application received favorable consideration, when will you be available to begin work?

\_\_\_\_\_

2. Do you have any objections to working overtime?

( ) Yes ( ) No

3. Can you work overtime without prior notice?

( ) Yes ( ) No

4. Can you work on Saturday?

( ) Yes ( ) No

5. Can you work on Sunday?

( ) Yes ( ) No

6. Can you travel if required by this position?

( ) Yes ( ) No

**V. Salary/Hourly Rate Requirements**

1. If your application receives favorable consideration, what salary/ hourly rate would you desire?

\$ \_\_\_\_\_ Per \_\_\_\_\_

**VII. Other information, skills, or awards you feel would be of benefit to the Ash Creek Special Service District**

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We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability.

The information contained on this application is true and correct to the best of my knowledge. I understand that if this information is found to be false or incorrect in any way, the application will be rejected or if I am hired based on this information, that I could be terminated of employment.

I understand that a pre-employment drug test will be administered. Employment is contingent on passing said drug test and future drug tests. I understand that I could be terminated if drug tests are positive.

Signed:

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PLEASE ATTACH A RESUME IF AVAILABLE

RE: RELEASE OF INFORMATION AUTHORIZATION

SIRS:

# Right of Access Provider Waiver

Hurricane City Police

90 S 700 W, Hurricane, UT 84737

## Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann. §53-10-108) and may only be released to me by this agency if I appear in person with valid photo identification. This agency is not authorized to retain a copy of this record without my expressed permission.

Please Print Clearly:

NAME: _____ (Last) (First) (Middle)			Date of Birth: ____/____/____ (Month) (Day) (Year)		
Previously Used Name(s) (Maiden, Alias, etc): _____					
Physical Address: _____ (Street) (City) (State) (ZIP)					
Social Security #: _____			Driver License Number: _____ State: _____		

Initials	Please Initial the Box which MOST applies:
	I wish to obtain a copy of my Utah Criminal History Record to take with me today. This agency may NOT retain a copy for any purpose.
	I authorize a release of my Utah Criminal History record, or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed *Application to Challenge Criminal History Records* with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use ONLY:

Identification Verified: \_\_\_\_\_ Criminal History Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials) (Signature)