



TEAM MEMBER APPLICATION

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail		
Position Applied for	Desired Salary		
Date available to start work?			

Days available to work? Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Are you legally eligible to work in the U.S.? Yes No If yes, when?

Have you ever been convicted of a felony? Yes No If yes, explain.

EMPLOYMENT HISTORY

Company	From	To
Address	Phone #	
Supervisor	Responsibilities	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company	From	To
Address	Phone #	
Supervisor	Responsibilities	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company	From	To
Address	Phone #	
Supervisor	Responsibilities	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

EDUCATION

High School	Address		
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College	Address		
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other	Address		
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

REFERENCES

Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	

DISCLAIMER AND SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment.

I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment with-drawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature	Date
-----------	------

Notes:

Print > Fill > Out > Scan > eMail to: jobs@washtown.com
(PHONE PIC)

WASH TOWN OF MIDVALE
7750 S 700 E Midvale, UT 84047

WASH TOWN OF DRAPER
639 E 12300 S Draper, UT 84020