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| Logo_symbol_BW_HiresDWS-WDD 305  Rev. 08/2021 | State of Utah  Department of Workforce Services |
|  | EMPLOYMENT APPLICATION |

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| Employer: | | | | |  | | | | | | Date: | |  | | | |
| Name: | |  | | | | | |  |  | | | | | | | |
|  | | | Last | | | | |  | First, Middle Initial | | | | | | | |
| Street Address: | | | | | | |  | | | | | | | | | |
|  | City: | | |  | | | | State: | |  | | | | ZIP: |  | |
| Home phone: | | | | | |  | | Work phone: | | |  | | | | | |
| Email address: | | | | | | |  | | | | | Are you a veteran? | | | | Yes  No |

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| List the positions you are interested in by specific title (typist, carpenter, auto mechanic) | | | | | | | | | | | | | | |
| 1st choice: | | |  | | | | 2nd choice: | |  | | | | | |
| Available to work: | | | | | Full time | Temporary | | Part time | | | | | Shift work | |
| Date you can start: | | | |  | | | | | Desired salary: | | |  | | |
| Are you employed now? ……………………………………………………………………. | | | | | | | | | | | | | | Yes  No |
|  | If yes, may we contact your present employer? ………………………………………. | | | | | | | | | | | | | Yes  No |
| Have you applied to this company before? ………………………………………..…….. | | | | | | | | | | | | | | Yes  No |
|  | | Where? |  | | | | | | | When? |  | | | |
| Trade or professional licenses, certificates or registrations: | | | | | | | | | | | | | | |
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| **References**: Three persons not related to you whom you have known for at least one year: | | |
| **Name** | **Address** | Telephone/Business/Occupation |
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| **Education:** | | | | |
| Are you a high school graduate? ……………………………………………………..……. | | | Yes  No | |
| If no, indicate highest grade completed (1—12): ……………………………………………….…. | | | |  |
| **College, Business or Trade Schools (Name and Location)** | **Major or Vocational Subjects** | Length of TimeDegree/Certificate | | |
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| Continued on other side | | | | |

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| **Work History:** Beginning with the present or most recent, list your three most significant employers. If you wish to elaborate, you may attach a supplemental sheet or resume. Include military service, if applicable. |

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| Firm name: | | |  | | | Dates of employment: | | |  | |
| Street Address: | | | |  | | | | | | |
|  | City: |  | | | | State: |  | ZIP: | |  |
| Job title, responsibilities and duties: | | | | |  | | | | | |
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| Firm name: | | |  | | | Dates of employment: | | |  | |
| Street Address: | | | |  | | | | | | |
|  | City: |  | | | | State: |  | ZIP: | |  |
| Job title, responsibilities and duties: | | | | |  | | | | | |
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| Firm name: | | |  | | | Dates of employment: | | |  | |
| Street address: | | | |  | | | | | | |
|  | City: |  | | | | State: |  | ZIP: | |  |
| Job title, responsibilities and duties: | | | | |  | | | | | |
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| **Additional qualifications and skills:** (machines, equipment, tools used, related activities, etc.) |
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| **Certification of Applicant:**  I certify that all statements made in this application are true and correct and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize verification of all statements made in this application. | | | | |
| Signature: |  | Date: |  |



***Equal Opportunity Employer/Program***

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals

who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.