Panguitch City Job Application

1.	Applicant	Information							
	Name:								
	Last		First	Middle Initial					
	Address:	Street address							
	2.	oli del addi egg							
		City	State	Zip					
		ne:							
	Email addr	ess:	Are you a	veteran? Yes	☐ No				
	Have you even been convicted of a misdemeanor or felony? 🗌 Yes 🔲 No								
	If yes, plea	se explain:							
2.	2. Employment Interest								
	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:								
3. References (Persons not related to you who you have known at least one year.)									
Name		Name	Address	Telephone/ Business/Occupation					
	Profession	nal							
			1						
Personal									

4. Work History: List your three most significant employers, present or most recent. You may attach a supplemental sheet or resume. Include military service, if applicable. Employer: Dates of employment from: ______to: Address: Street address City Zip Supervisor's name: _____ Supervisor's phone:_____Email address: ____ Salary starting:____ ____Salary ending: Job title, responsibilities, and duties: _____ Reason for leaving: **Employer:** Dates of employment from: _____to: ____to Address: Street address Supervisor's name: Supervisor's phone:_____Email address: ____ Salary starting:_____Salary ending: May we contact this employer? □ No Job title, responsibilities, and duties: Reason for leaving: Employer: Dates of employment from: _____to: _____to: Address: Street address City Supervisor's name: Supervisor's phone:_____Email address: ____ Salary starting:_____Salary ending: May we contact this employer? □ No Job title, responsibilities, and duties:

Reason for leaving:

Last high school atter	nded (Name):				
Last high school atter Graduated or GED	nded (Location): ☐ Yes ☐ No If no, ii	ndicato highest a			
		idicate nignest g	rade completed	1 (1-12):	
College, business, tra Name					
Name	Location	Major	Dates attended	Degree/ Certificat	
Military service		и			
Dates of service	Discharge status	Scharge status Duties and specialty training in military			
Licenses and certificat					
Туре		License number		Expiration	
		7			
Special training/semina					
Name of training or workshops		Location	Dates attended	Degree/ Certificate	
Honors/awards/accomp	olishments				
Honors/awards/accomp		Location	Dates attended	Degree/ Certificate	
		Location		_	
		Location		_	
Name of organization Special job skills (words	awarding styped per minute, team		attended	Certificate	
	awarding styped per minute, team		attended	Certificate	

rganization:	Dates from:		to:	
Address:				
Street address	City		State	Zip
Email address:				
Fitle, responsibilities, and duties:				
Reason for leaving:				
Organization:		Dates from:	to:	
Address:				
Street address	City		State	Zip
Email address:		Phone:		
Fitle, responsibilities, and duties:				
Reason for leaving:				
Organization:			to:	
Address:				2,-2-
Street address	City		State	Zip
Email address:		Phone:		
Fitle, responsibilities, and duties:		<	A	
Reason for leaving:				
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