



SOUTHEAST UTAH HEALTH DEPARTMENT

28 S 100 E – Price, UT 84501
435-637-3671

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Shift Work

List any Trade or Professional Licenses, Certifications or Registrations:

Education

High School Graduate? ☐ Yes ☐ No If no, indicate highest grade completed. (1-12) _____

College, Business or Trade Schools (Name and City)	Major or Vocational Subjects	Length of time Degree/Certificate

References

Please list three persons not related to you whom you have known at least one year.

NAME	ADDRESS	TELEPHONE/OCCUPATION/BUSINESS

Previous Employment

Company: _____ **Phone:** _____
Address: _____ **Supervisor:** _____
Job Title: _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Company: _____ **Phone:** _____
Address: _____ **Supervisor:** _____
Job Title: _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Company: _____ **Phone:** _____
Address: _____ **Supervisor:** _____
Job Title: _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Additional Qualifications and Skills

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Also, I authorize verification of all statements made in this application.

Signature: _____ **Date:** _____