



## WELLINGTON CITY APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should notify a representative of the Personnel Office.

WELLINGTON CITY (referred to as “the CITY”) only employs those individuals authorized to work in the United States. This application is subject to the Certification and Agreement on page 4.

***Applicants selected for employment with the CITY may be required to pass a physical examination and pre-employment drug screen. Applicants will also be required to satisfactorily pass a criminal background check. Additional background checks may be required depending on the position.***

### Information Regarding Social Security Number Disclosure

\*Privacy Act Notice: As an applicant, disclosure of your social security number is voluntary and will not disqualify you from applying for a position. If you are hired, Section 6109 of the Internal Revenue Code requires you to give your valid social security number to persons who must file information returns with the IRS to report certain information such as earnings and payroll taxes. The CITY confidentially maintains your social security number for identification purposes and appropriate uses related to document matching and administering benefits. THE CITY will provide information to the IRS, to any third party who provides this information to the IRS on behalf of THE CITY and may provide this information to other agencies only if required to comply with federal or state laws.

THE CITY is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion, age, national or ethnic origin, disability, marital status, veteran status, or any other classification prohibited by federal, state, or local law. THE CITY adheres to and upholds the mandate set by the Utah Right to Work Law in that the right of persons to work for the CITY “shall not be denied or abridged on account of membership or non-membership in any labor union, labor organization or any other type of association.” The exercise of this right to work is “protected and maintained free from undue restraints and coercion.” (Utah Code Ann. §§ 34-34-1 to -17)

THE CITY is a smoke-free environment and, as such, prohibits smoking in all facilities and vehicles.

THE CITY is a drug-free workplace.

This application is merely an application for employment and not an employment agreement and should not be construed as such. Additionally, the statements in the applications should not be construed to impose any contractual obligation on THE CITY

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**PERSONAL INFORMATION**

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Are you legally eligible for employment in the United States?

*PLEASE PRINT AND COMPLETE APPLICATION IN FULL*

Position(s) applied for: _____			Date of application: _____	
Last Name		First Name		Middle
Address				
Street		City		State
			Zip	
Home Telephone		Work Telephone		Other

Have you ever been employed by The City? \_\_\_\_\_

If referred by a current employee, please list full name of employee: \_\_\_\_\_

List any names of any relatives actively employed by The City: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Available: \_\_\_\_\_

\_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Temporary

Desired Shift \_\_\_ Days \_\_\_ Rotation

Should the position require on call status, would you be able to fulfill the request? \_\_\_ Yes \_\_\_ No

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**JOB SKILLS**

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Professional licenses, registrations, and certifications.				
Lic/Reg/Cert/Type	License #	State	Expiration Date	Trade or professional organization membership

**EDUCATION**

Do you have a high school diploma or equivalency \_\_\_\_ Yes \_\_\_\_ No

Higher Education	Name and Locations	Graduate? - Degree?	Major/Subjects of Study
College or University			
Specialized Training, Trade School, etc.			
Other Education			

**EMPLOYMENT HISTORY**    May we contact your current employer? \_\_\_\_ Yes \_\_\_\_ No

1	Employer Name and Address			
	Supervisor Name, Title		Supervisor Phone Number	
	Duties of Responsibilities	Date Employed		Wage Salary
		From:	To:	
Reason for no longer working for this employer				

2	Employer Name and Address			
	Supervisor Name, Title		Supervisor Phone Number	
	Duties of Responsibilities	Date Employed		Wage Salary
		From:	To:	
Reason for no longer working for this employer				

3	Employer Name and Address			
	Supervisor Name, Title		Supervisor Phone Number	
	Duties of Responsibilities	Date Employed		Wage Salary
		From:	To:	
Reason for no longer working for this employer				

## REFERENCES

Provide three additional work- related references who are <b>NOT</b> related to you.			
1.	Name	Occupation	Years Known
	Organization Name		Daytime Phone
2.	Name	Occupation	Years Known
	Organization Name		Daytime Phone
3.	Name	Occupation	Years Known
	Organization Name		Daytime Phone

## CERTIFICATION AND RELEASE OF INFORMATION WAIVER

I certify that the information I provided in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts in this application disqualifies me from further consideration.

I authorize WELLINGTON CITY to investigate all statements contained in this application and understand that I may be required to provide verification (diploma, license, transcripts, etc.) of information contained in this application. I understand that the CITY may perform a criminal history background check as necessary for the sole purpose of assisting the qualified person to make employment or promotion decisions about me. I understand that to be considered as a formal applicant, the position for which I am applying must be specifically identified as open, and recruitment for the position going on at the time this application is received by the CITY RECORDER. Further, I understand that I have the right to review and respond to any information obtained by the CITY pursuant to this release and that I must make a written request to review and/or respond to this information.

I understand that any employment offer is contingent upon the following: (1) producing documents establishing my eligibility to work in the United States; (2) satisfactorily passing criminal background and reference checks, and (3) complying with the CITY'S pre-employment application procedures. I hereby release THE CITY, CITY Council, and any other agents or agencies representing THE CITY from any damages of, or resulting from furnishing the information described above. By signing my name and submitting this application to THE CITY, I acknowledge that I have read the certification and release for information and agree to abide by its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VETERAN'S PREFERENCE

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This information is voluntary; however, disclosure of this information is required if you wish to be given preference:

Have (1) you served (a) in active duty in the armed forces for more than 180 consecutive days, or, (b) were you a member of a reserve component in which you served in a campaign or expedition for which a campaign medal has been authorized, and (2) were you honorably discharged?      Yes      No

Are you a veteran with a disability (percentage of disability is irrelevant)?      Yes      No

Are you the spouse or unmarried widow or widower of a veteran?      Yes      No

Are you a purple heart recipient?      Yes      No

Are you a retired member of the armed of the armed forces?      Yes      No

**If you answered yes to any of the questions above, please attach a copy of the veteran's honorable discharge paperwork (such as a DD-214) showing the dates of service. A spouse or unmarried widow or widower must also submit a copy of a marriage certificate.**