## MANTI CITY CORPORATION 50 South Main, Manti 435-835-2401 or Fax 435-835-2632

## **Employment Application**

Applicant Information				
Position Applied for:		Date	Date:	
Full Name: _	Last	First	M.I.	
Address:	Street Address			
	City	State	Zip Code	
Telephone #:		E-mail Address:		
Social Security #:		Date Available:		
Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No Have you ever worked for Manti City? Yes No If yes, when?  Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify applicant from employment)  If yes explain:				
Are you employed now? Yes \( \subseteq \text{No} \subseteq \text{If yes may we contact your present employer: Yes \subseteq \text{No} \subseteq Are you available to work: Full Time \subseteq \text{Part Time \subseteq Temporary \subseteq \text{Temporary \subseteq \subseteq \text{Temporary \subseteq \simeq \text{Temporary \simeq \text{Temporary \simeq \text{Temporary \siny \text{Temporary \simeq \text{Temporary \simeq \text{Te				
		Education		
High School: From:	To:	Address: Did you graduate? Yes ☐ No ☐		
College: From:	То:	Did you graduate? Yes□No□	Degree:	
Other: From:	To:	Did you graduate? Yes□No□	Degree:	
		Military Service		
Branch: Rank at discharge: If other than honorable, explain:		From: Type of Discharge:	To:	

	References
– Please list three professional refero	ences:
Full Name:	Relationship:
Company:	Telephone #:
Address:	•
Full Name:	Relationship:
Company:	Telephone #:
Address:	
Full Name:	Relationship:
Company:	Telephone #:
Address:	relephone ".
14410351	
	Previous Employment
Company:	Telephone #:
Address:	Supervisor:
Job Title:	-
Responsibilities:	
From: To:	Reason for leaving:
May we contact your previous supe	ervisor for a reference? Yes \( \square\) No \( \square\)
Company:	Telephone #:
Address:	Supervisor:
Job Title:	
Responsibilities:	
From: To:	Reason for leaving:
May we contact your previous supe	ervisor for a reference? Yes \( \square\) No \( \square\)
Company:	Telephone #:
Address:	Supervisor:
Job Title:	•
Responsibilities:	
From: To:	Reason for leaving:
May we contact your previous supe	ervisor for a reference? Yes \( \square\) No \( \square\)
	Disclaimer and Signature
I certify that my answers are true as	nd complete to the best of my knowledge.
If this application leads to employn application or interview may result	ment, I understand that false or misleading information in my in my release.
Signature:	Date:
Digitature.	Dutc.