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www.northogdencity.com

Exhibit C

EMPLOYMENT APPLICATION

POLICE DEPARTMENT

NORTH OGDEN CITY IS AN EQUAL OPPORTUNITY EMPLOYER

We appreciate your interest in working at North Ogden City. As an equal opportunity employer, our employment practices are in accordance with the laws that prohibit discrimination due to race, sex, sexual orientation, age, disability, or national origin. This application form was designed for use by persons applying for various types of positions – professional, technical, clerical, and administrative. Please answer only the questions that apply. All information will be treated confidentially (additional information may be provided by attaching a resume).

Title of Position Applying for: Date:	
Wage Desired: \$ (MM/DD/YY)	
Shift Available to Work: Evenings Early Mornings Days Weekends	
Employment Status Applying for: Full-Time Part-Time Shift Work Temporary	
PERSONAL INFORMATION	
Name:	
Current Address:	-
Previous Address:	_
Telephone No: Home: Work: Cell:	_
E-Mail Address:	_
Do you have any relatives working for the City? No Yes	
If yes, please list their name:	
Are you a US Citizen? No Yes	
If naturalized, please provide date of citizenship & country of birth.	
List any other names used:	
Do you have a valid Utah Driver's License? No Yes CDL: No Yes	
Driver's License Number:	
Have you filed an application with us before? No Yes	
If yes, please give date(s):	_

PERSONAL INFORMATION CONTINUED

EDUCATION AND TRAINING

	Name of School	City and State	Major Subject / Degree	Degree / Diploma & Number of Years attended / Year graduated
Elementary School				
High School				
College / University				
College / University				
Trade School / Special Training				

LICENSES / CERTIFICATES – PLEASE ATTACH COPIES OF CERTIFICATIONS

License / Certification	Expiration Date	In Progress	Completion Date
t Awards, Scholarships, Hono	rs atc received:		
t Awarus, scholarships, Hullu	13, Etc. IECEIVEU		

UTAH PEACE OFFICER STANDARDS AND TRAINING (POST) - Please check all that apply

Certification	Graduation	Enrolled	Currently Attending
			(Include Expected Date of Graduation)
Utah POST Category II (Special Functions Officer Certification)			Graduations
Utah POST Category I (Peace Officer Certification)			

I qualify for the Utah POST waiver program? ___ No ___ Yes If yes, please attach confirmation letter from Utah POST verifying you qualify for the waiver program.

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND/OR WRITE

	Fluent	Good	Fair
Speak			
Read			
Write			

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRACURRICULAR ACTIVITES INCLUDING THOSE AQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:				
SPECIALIZED SKILLS - Please chec	ck all that apply			
SPECIALIZED SKILLS - Please chec	k all that apply Calculator	ASP Tactical E	aton	
		ASP Tactical E P.B.T.	aton	
Personal Computer	Calculator	P.B.T.	aton	
Personal Computer MS Word Emergency Vehicle Operation	Calculator	P.B.T.	daton	
Personal Computer MS Word Emergency Vehicle Operation	Calculator Fax Radar / Lidar	P.B.T Intoxilyzer		
Personal Computer MS Word Emergency Vehicle Operation Taser Other:	Calculator Fax Radar / Lidar	P.B.T Intoxilyzer		
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Personal Computer MS Word Emergency Vehicle Operation Taser Other:	Calculator Fax Radar / Lidar	P.B.T Intoxilyzer		

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EMPLOYMENT HISTORY

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list full and part-time jobs, summer or volunteer work during the last 10 years. Include periods of military service, self-employment, and unemployment. Please leave no unexplained gaps. Attach a separate sheet if necessary.

Address:		
Phone Number:	Employed From: (MM/YYYY)	to:
May we contact this Employer? _	No Yes	
Supervisor's Name:	Title:	
Job Title:	Salary: Start: \$	Last: \$
Reason for leaving:		
Describe your work:		
Previous Employer:		
Address:	Employed From: (ММ/ҮҮҮҮ)	
Address: Phone Number: May we contact this Employer? _	Employed From: (MM/YYYY) No Yes	to:
Address: Phone Number: May we contact this Employer? _ Supervisor's Name:	Employed From: (MM/YYYY) No Yes	to:
Address: Phone Number: May we contact this Employer? _ Supervisor's Name: Job Title:	Employed From: (MM/YYYY) No Yes Title: Salary: Start: \$	to: Last: \$
Address: Phone Number: May we contact this Employer? _ Supervisor's Name: Job Title: Reason for leaving:	Employed From: (MM/YYYY) No Yes Title:	to: Last: \$

Address		
Phone Number:	Employed From: (MM/YYYY)	to:
May we contact this Employe	er? No Yes	
Supervisor's Name:	Title:	
Job Title:	Salary: Start: \$	Last: \$
Reason for leaving:		
Describe your work:		
Previous Employer:		
Previous Employer: Address:		
Previous Employer:	Employed From: (MM/YYYY)	
Previous Employer: Address: Phone Number: May we contact this Employe	Employed From: (MM/YYYY)	to:
Previous Employer: Address: Phone Number: May we contact this Employe Supervisor's Name:	Employed From: (MM/YYYY) er? No Yes	to:
Previous Employer: Address: Phone Number: May we contact this Employe Supervisor's Name: Job Title:	Employed From: (MM/YYYY) er? No Yes Title:	to:

LIST ANY PROFESSIONAL, TRADE, BUSINI CERTIFICATION AND NUMBERS:	ESS OR CIVIC ACTIVIIES, OFFICES HELD, CURRENT STATE
REFERENCES	
Phone:	Relationship:
Employer / Position:	
Address (City and State):	
Name:	
	Relationship:
Employer / Position:	
Address (City and State):	
Name:	
	Relationship:
Employer / Position:	
Address (City and State):	

This application will be kept in North Ogden City's active files only until the position for which it was submitted is filled. If the applicant is not hired, the applicant must complete a new application to be considered for employment.

•	ation and attachments are true and complete and that
•	t me to disqualification or immediate termination. I also
previous employers to provide information ab	other job related information about me, and I authorize out my work history. I also understand that I may be itten request and that I have the right to respond to any
Signature	Date