

— SETTLED 1851 ——

505 E. 2600 N. North Ogden, UT 84414 [O] 801-737-9835 | [F] 801-737-2219 E-Mail kgerard@nogden.org www.northogdencity.com

Exhibit A

EMPLOYMENT APPLICATION

FULL-TIME/PART-TIME

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: \$ Available to work: E	Evenings	
PERSONAL INFORMATION		
Name:		
Telephone No: Home: 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 CD	DL: No Yes	
Have you ever been employed with North Ogden City before? No _	Yes	
If yes, please give date(s):		

EDUCATION AND TRAINING

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

LICENSES / CERTIFICATES – PLEASE ATTACH COPIES OF CERTIFICATES

License / Certificate	Expiration Date	In Progress	Completion Date	
	•	Ü		
List Awards, Scholarships, Honors, etc. received:				

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.

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

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

REFERENCES

Name:	
Phone:	Relationship:
Employer / Position:	
Address (City and State):	
Name:	
	Relationship:
Employer / Position:	
Namo	
	Relationship:
Employer / Position:	
Address (City and State):	
•	ity's active files only until the position for which it was l, the applicant must complete a new application to be
·	ation and attachments are true and complete and that
agree to allow the City to obtain criminal and o	me to disqualification or immediate termination. I also other job related information about me, and I authorize
	out my work history. I also understand that I may be ten request and that I have the right to respond to any
mangs which i believe to be incorrect.	
Signature	 Date
Signature	Date