

— 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 B

EMPLOYMENT APPLICATION

TEMPORARY / SEASONAL

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:			Early Mornings Weekends
PERSONAL INFORMATION		Days		weekellus
Name:				
Address: Telephone No: Home:				
E-Mail Address: Do you have any relatives working for				
If yes, please list their name	2:			
Are you a US Citizen? No ` If naturalized, please provid	de date of			
citizenship & country of bir				
Do you have a valid Utah Driver's Lic		CDL: No _	Yes	
Have you ever been employed here If yes, please give date(s): _	before? No Yes			

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EDUCATION AND TRAINING

	Name of School	City and State	Major Subject / Degree	Degree / Diploma & Numbe 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
Awards, Scholarships, Ho	onors, etc. received:		

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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.

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

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REFERENCES

Name:	
Phone:	Relationship:
Employer / Position:	
Address (City and State):	
Name:	
Phone:	Relationship:
Employer / Position:	
Address (City and State):	
, ,	
Name:	
	Relationship:
Employer / Position:	
Address (City and State):	
Address (city and state).	
• • • • • • • • • • • • • • • • • • • •	's active files only until the position for which it was ne applicant must complete a new application to be
any misstatement of material fact may subject me agree to allow the City to obtain criminal and othe previous employers to provide information about	on and attachments are true and complete and that e to disqualification or immediate termination. I also er job related information about me, and I authorize my work history. I also understand that I may be n request and that I have the right to respond to any
Signature	

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