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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: \$ _____ Starting Date: _____ (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

Have you ever been employed here before? ___ No ___ Yes

If yes, please give date(s): _____

Are you currently on "lay-off" status and subject to recall? ___ No ___ Yes

Can you travel if a job requires it? ___ No ___ Yes

Have you been convicted of a misdemeanor or felony? ___ No ___ Yes

If yes, please explain: _____

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

List Awards, Scholarships, Honors, etc. received: _____

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)			
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 ACTIVITIES INCLUDING THOSE ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

SPECIALIZED SKILLS - Please check all that apply

- Personal Computer Calculator ASP Tactical Baton
 MS Word Fax P.B.T.
 Emergency Vehicle Operation Radar / Lidar Intoxilyzer
 Taser Other: _____

State any additional information you feel would be helpful to us in considering your application:

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.

1) Present Employer: _____

Address: _____

Phone Number: _____ Employed From: _____ to: _____
(MM/YYYY)

May we contact this Employer? ___ No ___ Yes

Supervisor's Name: _____ Title: _____

Job Title: _____ Salary: Start: \$_____ Last: \$_____

Reason for leaving: _____

Describe your work: _____

2) Previous Employer: _____

Address: _____

Phone Number: _____ Employed From: _____ to: _____
(MM/YYYY)

May we contact this Employer? ___ No ___ Yes

Supervisor's Name: _____ Title: _____

Job Title: _____ Salary: Start: \$_____ Last: \$_____

Reason for leaving: _____

Describe your work: _____

3) Previous Employer: _____

Address: _____

Phone Number: _____ Employed From: _____ to: _____
(MM/YYYY)

May we contact this Employer? ___ No ___ Yes

Supervisor's Name: _____ Title: _____

Job Title: _____ Salary: Start: \$ _____ Last: \$ _____

Reason for leaving: _____

Describe your work: _____

4) Previous Employer: _____

Address: _____

Phone Number: _____ Employed From: _____ to: _____
(MM/YYYY)

May we contact this Employer? ___ No ___ Yes

Supervisor's Name: _____ Title: _____

Job Title: _____ Salary: Start: \$ _____ Last: \$ _____

Reason for leaving: _____

Describe your work: _____

LIST ANY PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES, OFFICES HELD, CURRENT STATE CERTIFICATION AND NUMBERS:

REFERENCES

Name: _____
Phone: _____ **Relationship:** _____
Employer / Position: _____
Address (City and State): _____

Name: _____
Phone: _____ **Relationship:** _____
Employer / Position: _____
Address (City and State): _____

Name: _____
Phone: _____ **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.

I certify that all statements made in this application and attachments are true and complete and that any misstatement of material fact may subject me to disqualification or immediate termination. I also agree to allow the City to obtain criminal and other job related information about me, and I authorize previous employers to provide information about my work history. I also understand that I may be informed of their contents by submitting a written request and that I have the right to respond to any findings which I believe to be incorrect.

Signature

Date