APPLICATION FOR EMPLOYMENT LAST NAME, FIRST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*FILL IN ALL THE BLANKS AS ACCURATELY AS POSSIBLE. FALSE OR MISLEADING

STATEMENTS WILL BE CAUSE FOR REJECTION OR FOR DISMISSAL AFTER EMPLOYMENT\*\*

THIS APPLICATION WILL BE HELD FOR 60 DAYS.

After which you must re-apply to be considered for employment

|  |  |  |
| --- | --- | --- |
| Last Name MI First Name (Maiden Name)  |  | Phone Number( ) |
| Address   | City | State | Zip | How Long |
| Former Address | City | State | Zip | How Long |
| Are you 18 years of age or older? 🞎 Yes 🞎 NoIf No, proof of age required | Can you, at the time of employment, submit verification of your legal right to work in the United States? 🞎 Yes 🞎 No |
| Do you have reason to doubt that you could perform the physical aspects of the job? 🞎 Yes 🞎 No  |

|  |  |  |
| --- | --- | --- |
| Position(s) Applying for: | Job # | Would you work? 🞎 FT or 🞎 PT (please check)Have you applied with us before? 🞎 Yes 🞎 No When? \_\_\_\_\_\_\_\_Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is this an employee? 🞎 Yes 🞎 No  |
| 1. |  / / |
| 2. |  / / |
| 3. |  / / |
| 4. |  / / |
| 5. |  / / |
| List Personal References: (no relatives)Name Address Daytime Phone ( )  |
| Name Address Daytime Phone ( ) |

|  |
| --- |
| Have you ever been convicted of a crime, other than minor traffic offenses or an offense that has been expunged or part of a diversion program. A conviction will not necessarily disqualify applicant. 🞎 Yes 🞎 No If yes, explain: |
| Have you ever used any names or Social Security Numbers other than those listed above? 🞎 Yes 🞎 No If yes, explain: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDUCATION** | **NAME** | **LOCATION** | **DATES ATTENDED** | **YEARS COMPLETED** | **DIPLOMA/DEGREE** |
| HIGH SCHOOL / GED |  |  |  | 9 / 10 / 11 / 12 |  |
| COLLEGE / UNIVERSITY |  |  |  | 1 / 2 / 3 / 4 |  |
| BUSINESS SCHOOL |  |  |  | 1 / 2 / 3 / 4 |  |
| GRADUATE / PROFESSIONAL |  |  |  | 1 / 2 / 3 / 4 |  |

**work experience** (List Last Employer First) Work Performed

|  |  |  |  |
| --- | --- | --- | --- |
| ➊ | Employer | Dates Employed | 🞎 Full Time 🞎 Part Time  |
| From | To |
| Address |  |
| City, State, Zip | Telephone( ) | Salary |  |
| Starting $ | Final $ |
| Job Title | Supervisor |  |
| Reason for Leaving |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ➋ | Employer | Dates Employed | 🞎 Full Time 🞎 Part Time  |
| From | To |
| Address |  |
| City, State, Zip | Telephone( ) | Salary |  |
| Starting $ | Final $ |
| Job Title | Supervisor |  |
| Reason for Leaving |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ➌ | Employer | Dates Employed | 🞎 Full Time 🞎 Part Time  |
| From | To |
| Address |  |
| City, State, Zip | Telephone( ) | Salary |  |
| Starting $ | Final $ |
| Job Title | Supervisor |  |
| Reason for Leaving |  |

**IF YOU HAVE ADDITIONAL WORK EXPERIENCE, LIST ON THE REVERSE SIDE OF THIS PAGE AND CHECK HERE 🞎**

|  |  |  |  |
| --- | --- | --- | --- |
| **In Case of Emergency** | **Notify** | **Address** | **Telephone ( )** |
| **Notify** | **Address** | **Telephone ( )** |

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.

I understand that all employees of the Golden Spike Tower and Visitor Center must qualify for a Fidelity Bond, and understand that should it become apparent at any time that I will not qualify for a Fidelity Bond I will not be hired, or if hired, will be subject for dismissal.

I authorize and instruct any person or consumer reporting agency to make inquiries and compile such reports as may be requested by Golden Spike Tower and Visitor Center and also authorize Golden Spike Tower and Visitor Center to make whatever inquiries and investigations necessary in connection with my application for employment. I am aware that pursuant to the Fair Credit Reporting Act, I may make a written request within a reasonable time for disclosure of any information received from a consumer reporting agency as authorized hereby.

In consideration for my employment and my being considered for employment. I agree to conform to the rules of the organization including, but not limited to, the organization’s drug policy. I further acknowledge that my employment may be terminated, and any offer of employment, if such has been made, may be withdrawn, with or without cause and with or without prior notice, and that nothing in this application or any policy of the organization constitutes a contract or guarantee of employment.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**“An Equal Opportunity Employer”**

**![SPKE_LogoFinal[1]]()**