



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)	Social Security Number XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	Phone Number ()
Address		City	State	Zip	How Long
Former Address		City	State	Zip	How Long
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, proof of age required		Can you, at the time of employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have reason to doubt that you could perform the physical aspects of the job?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Position(s) Applying for:	Job #	Would you work? <input type="checkbox"/> FT or <input type="checkbox"/> PT (please check)
1.	/ /	Rate of pay expected? \$ _____
2.	/ /	Have you applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____
3.	/ /	Please list relatives working here: _____
4.	/ /	_____
5.	/ /	Referred by: _____
6.	/ /	Is this an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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

Employer	Dates Employed		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	From	To	
Address			
City, State, Zip	Telephone ()	Salary	
		Starting \$	Final \$
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	From	To	
Address			
City, State, Zip	Telephone ()	Salary	
		Starting \$	Final \$
Job Title	Supervisor		
Reason for Leaving			

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Employer		Dates Employed		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Address		From	To		
City, State, Zip	Telephone ()	Salary			
Job Title	Supervisor	Starting \$	Final \$		
Reason for Leaving					

Employer		Dates Employed		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Address		From	To		
City, State, Zip	Telephone ()	Salary			
Job Title	Supervisor	Starting \$	Final \$		
Reason for Leaving					

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 _____



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