

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 90 DAYS.
AFTER WHICH YOU MUST RE-APPLY TO BE CONSIDERED FOR EMPLOYMENT

Golden Spike Tower & Visitor Center

Last Name	MI	First Name	(Maiden Name)	Phone Number ()	Cell Number ()
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			The Golden Spike Tower is a drug free zone, will you submit to random drug testing? <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			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		

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:

Position Applying for:	Available Start Date	Desired Pay Range (Hourly)	Weekly Hours Requested <input type="checkbox"/> PT <input type="checkbox"/> FT
Days/Shifts Available <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> No Preference <input type="checkbox"/> Morning Shift <input type="checkbox"/> Afternoon Shift <input type="checkbox"/> Special Events <input type="checkbox"/> No Preference			
List Personal and/or Professional References: (no relatives)			
Name	Address	Daytime Phone ()	
Name	Address	Daytime Phone ()	
Name	Address	Daytime Phone ()	

WORK EXPERIENCE (List Last Employer First)

1	Employer	Dates Employed		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Address	From	To	Job Title
	City, State, Zip	Telephone ()	Salary	
	Tasks performed	Starting \$	Final \$	Supervisor
Reason for Leaving				May we contact supervisor for reference?

2	Employer	Dates Employed		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Address	From	To	Job Title
	City, State, Zip	Telephone ()	Salary	
	Tasks performed	Starting \$	Final \$	Supervisor
Reason for Leaving				May we contact supervisor for reference?

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

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	

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”

