



SOUTHEAST UTAH HEALTH DEPARTMENT

149 E 100 S – Price, UT 84501 - 435-637-3671

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Position Applied for: _____

Date Available: _____ Desired Salary: _____

Available to work: Full-Time Part-Time Temporary Shift Work

If referred by a current employee, please list full name of employee: _____

List any names of any relatives actively employed by the SEU Health Department: _____

Education

High School Graduate? Yes No If no, indicate highest grade completed. (1-12) _____

College, Business or Trade Schools (Name and City)	Major or Vocational Subjects	Length of time Degree-Certificate

Professional References

Please list three persons not related to you whom you have known at least one year.

NAME	RELATIONSHIP	TELEPHONE

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Additional Qualifications and Skills

List any Trade or Professional Licenses, Certifications or Registrations: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Also, I authorize verification of all statements made in this application.

Signature: _____ Date: _____