



**North Pointe Solid Waste Special Service District**  
 2000 West 200 South, Lindon, Utah 84042-1611 Telephone: 801.225.8538 Fax: 801.225.8640

**EMPLOYMENT APPLICATION**

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_  
 Month Day Year

NAME \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 Street City State Zip Code

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_

DID YOU GRADUATE FROM HIGH SCHOOL? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, Circle Highest Year Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Do You Have High School Equivalency? Yes \_\_\_\_\_ No \_\_\_\_\_

**COLLEGE/VOCATIONAL EDUCATION:**

	Major Subjects	Dates Attended	Did you Graduate?	Degree Earned
College or University			Yes ___ No ___	
Graduate School			Yes ___ No ___	
Vocational or Special Training			Yes ___ No ___	

HAVE YOU SERVED IN THE U.S. ARMED SERVICES? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_

Date Entered Active Duty \_\_\_\_\_ Date Released Active Duty \_\_\_\_\_

**PLEASE LIST THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:**

Name	Address / Daytime Phone Number	How Associated With This Person?
1.		
2.		
3.		

WORK EXPERIENCE

Please provide your present or most recent position, and your two other most significant employers, including military service if applicable. Be as specific as possible in describing your job duties.

Dates of Employment (list mo. and yr.) from:                      To:	Title of Position:	Ending Salary:
Employer Name:            Address:    Phone:		
Supervisor:	Reason for Leaving:	
Describe your duties and the skills you acquired:		

Dates of Employment (list mo. and yr.) from:                      To:	Title of Position:	Ending Salary:
Employer Name:            Address:    Phone:		
Supervisor:	Reason for Leaving:	
Describe your duties and the skills you acquired:		

Dates of Employment (list mo. and yr.) from:                      To:	Title of Position:	Ending Salary:
Employer Name:            Address:    Phone:		
Supervisor:	Reason for Leaving:	
Describe your duties and the skills your acquired:		

Inquiry may be made of your former employers or the last school you attended regarding your performance record. May we contact your present employer?                      Yes \_\_\_\_\_ No \_\_\_\_\_

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT, AND THAT ANY MISSTATEMENT OF MATERIAL FACTS MAY RESULT IN MY BEING DISQUALIFIED AS A CANDIDATE FOR THIS POSITION. I AUTHORIZE INVESTIGATION INTO ALL STATEMENTS MADE HEREIN. ALSO, I ACKNOWLEDGE MY UNDERSTANDING THAT THIS APPLICATION DOES NOT CONSTITUTE A CONTRACT OF EMPLOYMENT.

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