

**EMPLOYMENT APPLICATION  
MILLARD COUNTY, UTAH**

**MILLARD COUNTY, UTAH IS AN EQUAL OPPORTUNITY EMPLOYER  
and an AT-WILL EMPLOYER (as defined herein)**

**I. Applicant Information**

POSITION TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ / / \_\_\_\_\_  
                     Last                    First                    Middle                    Social Security Number

ADDRESS: \_\_\_\_\_ / \_\_\_\_\_  
                     Street/P.O. Box                    City                    State                    Zip Code                    Home Phone                    Work Phone

1. Are you a current Millard County government Employee?      Yes   No

2. How did you become aware of the position for which you are applying?  
 \_\_\_\_\_

3. If employed, are you willing to accept the approved salary for the position?      Yes   No

**II. Training and Education** You must complete all applicable items in this section. The information you give regarding your training and education will be used to determine if you meet minimum qualifications.

Have you graduated from High School or received a High School Equivalency Diploma (GED)?

Yes   No \*If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name and Location of College or University	Dates	Credits Completed	Major/Minor	Did you Graduate	Type of Degree	Date of Degree

Submit copies of official college transcripts if you wish to receive credit for education.

Professional License or Certificate, if Required

Type	Serial Number	Date Issued	Expiration Date

Submit copies of certifications if you wish to receive credit for education.

Language(s) you speak other than English: \_\_\_\_\_

List additional qualifications, skills or activities which can be related to this application:

\_\_\_\_\_

**III. Work History or Experience:** Begin with present or most recent. List your three most significant employers.

Employer's Name and Phone Number	
Complete Address:	
Your title:	From: _____ To _____ Mo. Yr. Mo. Yr.
<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	Hours Per Week _____ Last Pay \$ _____ per _____
Supervisor's Name, Title, and Phone Number:	
Duties:	
Reason for leaving or seeking other employment:	

Employer's Name and Phone Number	
Complete Address:	
Your title:	From: _____ To _____ Mo. Yr. Mo. Yr.
<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	Hours Per Week _____ Last Pay \$ _____ per _____
Supervisor's Name, Title, and Phone Number:	
Duties:	
Reason for leaving or seeking other employment:	

Employer's Name and Phone Number	
Complete Address:	
Your title:	From: _____ To _____ Mo. Yr. Mo. Yr.
<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	Hours Per Week _____ Last Pay \$ _____ per _____
Supervisor's Name, Title, and Phone Number:	
Duties:	
Reason for leaving or seeking other employment:	

**Certification of Applicant:** Please read the statement carefully before signing, making sure that you understand completely all of the sections of this statement.

I certify that all statements made in this application are true and correct, and that any misrepresentation of material facts may subject me to disqualification or dismissal. Also, I authorize verification of all education and experience and to check credit information. I understand that should I be hired by Millard County, it will also be necessary for me to provide information for compliance with the *Immigration Reform and Control Act*. Where required by the specific job description, I understand that employment may depend upon the results of physical examinations, drug tests or other types of preemployment (post offer) tests.

Further, I understand that Millard County is an at-will employer and as such I understand and agree that my possible employment with Millard County will be entered into voluntarily and that I may resign at any time. Similarly, my employment may be terminated for any reason and at any time without previous notice. It is also understood by me that this employment application and any related documents do not constitute a contract with Millard County.

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

## Authorization To Release Information

To Previous Employer, School, etc.:

As an applicant for a position with Millard County, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize Millard County to investigate my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications. I agree to cooperate in such investigation and release from all liability or responsibility all persons and corporations requesting or supplying such information.

This authorization shall be valid for three months from the date of my signature below.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

# Right of Access Provider Waiver

Millard County Sheriff's Office

765 S Hwy 99, Fillmore, UT 84631

## Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann. §53-10-108) and may only be released to me by this agency if I appear in person with valid photo identification. This agency is not authorized to retain a copy of this record without my expressed permission.

**Please Print Clearly:**

Name: _____ <small>(Last) (First) (Middle)</small>	Date of Birth: ____/____/____ <small>(Month) (Day) (Year)</small>
Previously Used Name(s) (Maiden, Alias, etc.): _____	
Physical Address: _____ <small>(Street) (City) (State) (Zip)</small>	
Social Security #: _____	Driver License Number: _____ State: _____

Initials	Please Initial the Box which MOST applies:
	I wish to obtain a copy of my Utah Criminal History record, or take with me today. This agency may NOT retain a copy for any purpose.
	I authorize a release of my Utah Criminal History record or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed *Application to Challenge Criminal History Records* with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use ONLY:**

Identification Verified: \_\_\_\_\_ Criminal History Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials) (Signature)