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PERSONAL INFORMATION

Name (Last, First, Middle Initial)					Social Security Number - -		
Street Address				City		State	Zip
Home Phone ()		Work Phone ()			Message Phone ()		
Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB	Place of Birth	City	County	State	Height	Weight
Scars, Marks, Tattoos					Eyes	Hair	
U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>		If Naturalized Citizen, Naturalization #			Race		

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MARITAL INFORMATION

Marital Status							
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>			
If You Have Ever Been Married, Complete the Following About Your Spouse(s)							
Name			Maiden Name			DOB	
Date of Marriage		City and State of Marriage		Date of Divorce		City and State of Divorce	
Name			Maiden Name			DOB	
Date of Marriage		City and State of Marriage		Date of Divorce		City and State of Divorce	
Name			Maiden Name			DOB	
Date of Marriage		City and State of Marriage		Date of Divorce		City and State of Divorce	
Name			Maiden Name			DOB	
Date of Marriage		City and State of Marriage		Date of Divorce		City and State of Divorce	
Spouse's Employment							
Name of Company			Occupation			Position	
Address				Phone #		Salary (Monthly)	

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RESIDENCE HISTORY

From	To	Street Address	City	State	Zip Code
From	To	Street Address	City	State	Zip Code
From	To	Street Address	City	State	Zip Code
From	To	Street Address	City	State	Zip Code
From	To	Street Address	City	State	Zip Code
From	To	Street Address	City	State	Zip Code

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REFERENCES: List four persons not related to you who have known you at least five years. DO NOT LIST FORMER EMPLOYERS

Name		Address		State	Zip Code
Known How Long?	Occupation		Home Phone		Work Phone
Name		Address		State	Zip Code
Known How Long?	Occupation		Home Phone		Work Phone
Name		Address		State	Zip Code
Known How Long?	Occupation		Home Phone		Work Phone
Name		Address		State	Zip Code
Known How Long?	Occupation		Home Phone		Work Phone

EMPLOYMENT HISTORY

Account for all times, including when unemployed, attending school, or other activity. Start with your present position and work backward.

Company Name			Supervisor's Name		
Company Address				Phone # ()	
Position/Title	Starting Wage	Ending Wage	Starting Date	Ending Date	

Reason for Leaving

Company Name			Supervisor's Name		
Company Address				Phone # ()	
Position/Title	Starting Wage	Ending Wage	Starting Date	Ending Date	

Reason for Leaving

Company Name			Supervisor's Name		
Company Address				Phone # ()	
Position/Title	Starting Wage	Ending Wage	Starting Date	Ending Date	

Reason for Leaving

Company Name			Supervisor's Name		
Company Address				Phone # ()	
Position/Title	Starting Wage	Ending Wage	Starting Date	Ending Date	

Reason for Leaving

Company Name			Supervisor's Name		
Company Address				Phone # ()	
Position/Title	Starting Wage	Ending Wage	Starting Date	Ending Date	

Reason for Leaving

Company Name			Supervisor's Name		
Company Address				Phone # ()	
Position/Title	Starting Wage	Ending Wage	Starting Date	Ending Date	

Reason for Leaving

Company Name			Supervisor's Name		
Company Address				Phone # ()	
Position/Title	Starting Wage	Ending Wage	Starting Date	Ending Date	

Reason for Leaving

Company Name			Supervisor's Name		
Company Address				Phone # ()	
Position/Title	Starting Wage	Ending Wage	Starting Date	Ending Date	

Reason for Leaving

Do you object to any of your former employers being contacted? If "YES", identify employer and reason: YES NO

Employer/Reason

6 SUPPLEMENTAL INCOME SOURCES (List other sources of income. DO NOT INCLUDE SPOUSE'S EMPLOYMENT ALREADY LISTED)

Source	Amount
Source	Amount
Source	Amount

7 MILITARY SERVICE

Have you ever been in the Military? (including the Reserves, National Guard, ROTC) If "YES", complete the following: YES NO

Branch	Serial Number	Rank Achieved	Specialty
Entry Date	Discharge or Separation Date	Type of Discharge	
Branch	Serial Number	Rank Achieved	Specialty
Entry Date	Discharge or Separation Date	Type of Discharge	

Were you ever the subject of military discipline pursuant to the Uniform Code of Military Justice or Service Regulation? If "YES", complete the following: YES NO

Date	Charge	Disposition
Date	Charge	Disposition
Date	Charge	Disposition

Are you currently a member of the U.S. Military Reserves or National Guard? If "YES", complete the following: YES NO

Branch	Base/Post	Address		
Entry Date	Serial Number	Rank/Grade	Commander/Supervisor	Phone #
Component	Specialty	Reserve Obligation ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/>		

8 DRIVER'S LICENSE INFORMATION

Supply the following information regarding *any* Driver's License you *have held or now hold*

License Type	State of Issue	Number (if known)	Expiration Date	Restrictions
License Type	State of Issue	Number (if known)	Expiration Date	Restrictions
License Type	State of Issue	Number (if known)	Expiration Date	Restrictions
License Type	State of Issue	Number (if known)	Expiration Date	Restrictions

Has your license to drive ever been REVOKED or SUSPENDED If "YES", give details: YES NO

Details

9 DRIVING HISTORY

List all DRIVING CITATIONS you have received (exclude parking tickets)

Date	Charge	State	Disposition
Date	Charge	State	Disposition
Date	Charge	State	Disposition
Date	Charge	State	Disposition

List all TRAFFIC ACCIDENTS in which you have been involved

Date	City & State	Circumstances	Were you cited? YES <input type="checkbox"/> NO <input type="checkbox"/>
Date	City & State	Circumstances	Were you cited? YES <input type="checkbox"/> NO <input type="checkbox"/>
Date	City & State	Circumstances	Were you cited? YES <input type="checkbox"/> NO <input type="checkbox"/>

Date	City & State	Circumstances	Were you cited? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever had AUTOMOBILE INSURANCE withdrawn, cancelled, or revoked? If "YES", provide the following:			YES <input type="checkbox"/> NO <input type="checkbox"/>
Date	Name of Company	Reason	
Date	Name of Company	Reason	

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ARREST HISTORY

Have you ever been ARRESTED or CONVICTED of a Felony? If "YES", provide the following:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date	Charge	State	Arresting Agency	Disposition
Date	Charge	State	Arresting Agency	Disposition
Have you ever been ARRESTED or CONVICTED of a crime of Dishonesty? If "YES", provide the following:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date	Charge	State	Arresting Agency	Disposition
Date	Charge	State	Arresting Agency	Disposition
Have you ever been ARRESTED or CONVICTED of a crime of Physical Violence? If "YES", provide the following:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date	Charge	State	Arresting Agency	Disposition
Date	Charge	State	Arresting Agency	Disposition
Have you ever been ARRESTED or CONVICTED of a crime of Unlawful Sexual Conduct? If "YES", provide the following:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date	Charge	State	Arresting Agency	Disposition
Date	Charge	State	Arresting Agency	Disposition
Have you ever been ARRESTED or CONVICTED of a crime involving the Unlawful Use, Sale, or Possession of a controlled substance? If "YES", provide the following:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date	Charge	State	Arresting Agency	Disposition
Date	Charge	State	Arresting Agency	Disposition
Have you ever been ARRESTED or CONVICTED of the offense of Driving Under the Influence? If "YES", provide the following:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date	Charge	State	Arresting Agency	Disposition
Date	Charge	State	Arresting Agency	Disposition
Do you have any Criminal or Civil complaints pending against you? If "YES", explain:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Explanation				
Are you on probation or parole for any crime for which you have been convicted or any crime held in abeyance or subject to a diversionary program through a court of law? If "YES", explain:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Explanation				
Are you now, or have you ever been, a member associated with a group or organization which advocates or encourages violence, or has attempted to overthrow the government of the United States or any State Government? If "YES", explain:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Explanation				
Have you ever committed any act which, if made public, could be embarrassing to you or an agency employing you? If "YES", explain:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Explanation				
Have any of your or your spouse's immediate relatives ever been arrested for a felony? If "YES", provide the following:			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name		Relation	Address	
Date	Charge	State	Disposition	

Name		Relation		Address	
Date	Charge		State	Disposition	
Name		Relation		Address	
Date	Charge		State	Disposition	

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MEDICATION AND DRUG HISTORY

Are you currently taking any medication(s)? If "YES", provide the following: YES NO

Medication	Date Started	Doctor	Reason
Medication	Date Started	Doctor	Reason
Medication	Date Started	Doctor	Reason
Medication	Date Started	Doctor	Reason
Medication	Date Started	Doctor	Reason

Have you used any of the following drugs other than those prescribed for you while under the care of a licensed physician?

Drug	Slang	Yes	No	How often did you use the drug?	When did you last use the drug?
Cocaine, Crack, or derivative	Snow, Powder, Nose Candy, Toot, Blow, Rock, Girl	<input type="checkbox"/>	<input type="checkbox"/>		
LSD	Acid	<input type="checkbox"/>	<input type="checkbox"/>		
PCP	Tea, Crystal Tea, Angel Dust	<input type="checkbox"/>	<input type="checkbox"/>		
Opium		<input type="checkbox"/>	<input type="checkbox"/>		
Heroin	Smack, Horse, Boy	<input type="checkbox"/>	<input type="checkbox"/>		
Psilocybin Mushrooms	Shrooms	<input type="checkbox"/>	<input type="checkbox"/>		
MDMA	Ecstasy, XTC	<input type="checkbox"/>	<input type="checkbox"/>		
Barbiturates	Barb, Yellow Jacket, Downers, Phennies	<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines	Dexies, Bennies, Speed, Uppers, Cross Tops	<input type="checkbox"/>	<input type="checkbox"/>		
Psychotoxic Chemicals	Glue, Paint, Solvents, Butane, Scotch Guard, etc. (Huffing)	<input type="checkbox"/>	<input type="checkbox"/>		
Quaaludes	Ludes	<input type="checkbox"/>	<input type="checkbox"/>		
Methamphetamine	Crank, Crystal, Ice	<input type="checkbox"/>	<input type="checkbox"/>		
Cannabis or any derivative	Marijuana, Hashish, Hash Oil	<input type="checkbox"/>	<input type="checkbox"/>		
Steroids	Human Performance Drugs, HGH	<input type="checkbox"/>	<input type="checkbox"/>		
Prescription Drugs or Narcotics	Specify Drugs	<input type="checkbox"/>	<input type="checkbox"/>		

Do you drink alcoholic beverages? YES NO

Have you ever been told that your use of alcohol has influenced your job? If "YES", explain: YES NO

Explanation

Has it been brought to your attention that your use of alcohol has caused problems with your family or associates? If "YES", explain: YES NO

Explanation

If you answered "YES" to the two previous questions, describe what course of action you took to alleviate the problem. Provide dates, etc.:

Explanation

Have you ever been identified as being an alcoholic? If "YES", explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Explanation	
Are you currently engaged in the illegal use of drugs? If "YES", explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Explanation	
Are you a recovering substance abuser?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you participating in a "supervised rehabilitation program" now or have you ever? If "YES", explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Give name and addresses of programs	
Have you successfully completed a "supervised drug rehabilitation program"? If "YES", explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Explanation	
Have you engaged in the use of illicit drugs since your treatment? If "YES", explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Explanation	
What drugs are you addicted to? Explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Explanation	
Has the use of drugs or narcotics substantially limited a major life activity for you? If "YES", explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Explanation	
As a result of the use of these substances have you been diagnosed as an addict? If "YES", explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Who rendered the diagnosis (Names, addresses & phone #)	
Since being diagnosed as an addict have you used these substances? If "YES", explain:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Explanation	

Are you currently taking these substances or any related substance group?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever used anabolic steroids? If "YES", explain why you used this substance:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Explanation	
How were the steroids administered? Orally <input type="checkbox"/> Injected <input type="checkbox"/> When were the steroids last used?	Date

12 PROFESSIONAL LICENSE AND CERTIFICATIONS

List the professional licenses and certificates you hold.

Type	Number	Type	Number
Type	Number	Type	Number
Type	Number	Type	Number

Have you ever been, or are you currently, involved in any court action; civil or criminal? YES NO

Date	Type	Number
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Reason/Explanation

Date	Type	Number
------	------	--------

Reason/Explanation

13 EDUCATION – Indicate the various schools you have attended

High School(s)

School Name	Address	From	To	Diploma YES <input type="checkbox"/> NO <input type="checkbox"/>
School Name	Address	From	To	Diploma YES <input type="checkbox"/> NO <input type="checkbox"/>
School Name	Address	From	To	Diploma YES <input type="checkbox"/> NO <input type="checkbox"/>

Universities, Colleges, Trade Schools

School Name	Address	From	To	Major
School Name	Address	From	To	Major
School Name	Address	From	To	Major
School Name	Address	From	To	Major
School Name	Address	From	To	Major
School Name	Address	From	To	Major

If you did not graduate from high school, do you have a G.E.D.? YES NO

Have you ever been suspended, expelled, or denied entrance to a school? If "YES", explain: YES NO

Reason/Explanation

Do you speak any other language(s), including "sign"? If "YES", indicate language and degree of proficiency: YES NO

14 MISCELLANEOUS

Have you ever filed bankruptcy? If "YES", state where and date, explain reason for bankruptcy. YES NO

In making application for employment with Tremonton City, I certify that I am a High School graduate or equivalent, and have never been convicted of a felony or other offense except as noted on this questionnaire. I certify that the information supplied in this questionnaire is true and correct to the best of my belief and knowledge. I understand that false or misleading information and/or omissions of requested information may be cause for denial or termination of employment with Tremonton City, or any of its divisions, and may be considered a violation of Section 76-8-511, Utah Code Annotated, Falsification of Government Record.

Signature of Applicant

Date

