

# KEARNS OQUIRRH PARK FITNESS CENTER

Oquirrh Recreation and Parks District

5624 South 4800 West, Kearns, UT 84118

(801) 966-5555, FAX (801) 966-3670

## ***JOB APPLICATION***

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### **Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
Street Apt #  
City State Zip

Are You 15 or Older?  Yes  No

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### **Work Preference**

Type of Work Desired: \_\_\_\_\_ Salary or Pay Desired: \_\_\_\_\_

Describe Your Prior Experience in the Type of Work You Are Applying For: \_\_\_\_\_

Describe Any Formal Schooling or Training for this Work: \_\_\_\_\_

List Any Licenses, Security or Bonding Clearance, or Certifications You Have: \_\_\_\_\_

Skills & Qualifications (Typing, Machine Operation, Etc.): \_\_\_\_\_

Do You Speak Any Foreign Languages?: \_\_\_\_\_ If So, Please Indicate Foreign Languages You Speak: \_\_\_\_\_

How Did You Find Out About This Position?:  Friend  Relative  Employment Agency  Newspaper  
 Job Postings at the Fitness Center  Other—State Name of Agency/Individual: \_\_\_\_\_

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### **Availability for Work**

Date Available for Work: \_\_\_\_\_  Full-Time  Part-Time  Temporary

Shifts or Times You Are Available To Work (Check All That Apply):  Early Morning  Day  Afternoon  Evening  
 Graveyard  Rotating  Saturday  Sunday  Holidays

Will You Work Overtime On Occasion if Necessary?  Yes  No

Do You Plan To Work Elsewhere or Attend School While Working?  Yes  No

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### **Personal Health**

If offered a position, your employment may be conditioned upon the results of a medical examination, drug test, and/or job-related tests.

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### **Prior Events**

Have You Ever Worked For This Organization Before?  Yes  No

Have You Ever Been Convicted of a Felony?  Yes  No

If Yes, Please Explain (Use Additional Sheets if Necessary): \_\_\_\_\_

Have You Ever Been Discharged For Cause?  Yes  No

Do You Have Any Family/Friends Working For This Organization? \_\_\_\_\_, If Yes, Whom: \_\_\_\_\_

Hobbies/Interests? \_\_\_\_\_

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HR Review \_\_\_\_\_

**Education & Training**

(Even if this information is included on an attached resume, please include it here)

Do You Have Current CPR and First Aid Certifications? { } Yes { } No If Yes, Type (Professional, Community, Etc.): \_\_\_\_\_

High School

Name(s) of High School Attended: \_\_\_\_\_ Location(s): \_\_\_\_\_

Circle Highest Year Completed: 7 8 9 10 11 12

Special Courses (typing, technical, etc.): \_\_\_\_\_

College or University

Name(s): \_\_\_\_\_ Location(s): \_\_\_\_\_

Years Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Major Subjects: \_\_\_\_\_

Other (Graduate, Trade School, Correspondence Schools, Etc.)

Name(s): \_\_\_\_\_ Location(s): \_\_\_\_\_

Length of Course: \_\_\_\_\_ Was Course Completed? \_\_\_\_\_ Date: \_\_\_\_\_

Subject(s): \_\_\_\_\_

**Employment History**

(Complete this section even if you have attached a resume. Give a complete account of your employment, including military service. Begin with your most recent position and work backwards.)

1. Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Main Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Leaving Pay: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_ May We Contact This Employer As A Reference? { } Yes { } No

2. Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Main Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Leaving Pay: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_ May We Contact This Employer As A Reference? { } Yes { } No

3. Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Main Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Leaving Pay: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_ May We Contact This Employer As A Reference? { } Yes { } No

**References**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

***Certificate of Applicant***

All information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause me to be terminated. I authorize any employer accepting this application and any person, organization, former employer, or other entity listed in this application to ask or answer any and all questions about me and I agree not to sue and to hold harmless any person or entity that provides information or expresses an opinion about me or my performance. I understand that this document is an application for employment and not an offer for employment. I understand that if I am employed, my employer may terminate me at any time without reason or explanation. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment. If hired, I agree that the value of any advance payment, property issued me, or other debt I owe my employer shall be due upon termination of my employment and may be deducted from wages or other payments owed me at the time of such termination.

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ Date