Last name First MI							Date of Birth	Date of Application
Street Address							Driver License # & State	Social Security Number
City State Zip							Home Telephone	Email
Answer yes or no. Any yes answer requires a separate sheet with a full explanation	A Any criminal arrest No	B Drug/alcohol arrest or abuse No	C Revoked or suspended driver license No	D Pending court action No	E Seized wages or property No	F Filed any claim against an employer No	G List current physician & phone	H Insurance Co. & #

*Position you are applying for:*_____

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for one (1) year from the date of application. You may submit a new application at any time. You may attach a one page resume to this application if you so desire. Any false information, or information requested which is left blank will result in the non-acceptance of your application. All applications are the property of the Utah County Sherif's Office once filed with the office. Appointments are generally made after completion of an investigation and an interview is conducted.

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well. The present employer is sufficient if you have been continuously employed at that location for the last five years. Include any volunteer employment.

Last or present company	Type of Business	Type or classification of job
Street address	Phone Number	Brief description of job duties
City State	ZIP Code	
Supervisor's name	Phone Number	
Base Salary	Dates worked From To	
Reason for leaving		
Last or present company	Type of Business	Type or classification of job
Street address	Phone Number	Brief description of job duties
City State	ZIP Code	
Supervisor's name	Phone Number	
Base Salary	Dates worked From To	
Reason for leaving		

Educational History

School Name	Location (City, State)	Major course or subject	Dates attended From	To	Graduated Yes	No	Degree
High School					○	◉	
Technical/trade (after high school)					○	◉	
					○	◉	
College (list all attended)					○	◉	
					○	◉	
					○	◉	
Other education/training					○	◉	
					○	◉	

Outside Activities

Include any certificates which may apply to rescue skills

Professional memberships, certificates or licenses held
Past and present civic or cultural activities - include offices held
Hobbies

Special Skills

To be completed by applicant for outdoor or rescue skills		Classes or training in each area	
Technical Climbing	○ Yes ◉ No		Years Experience
Medical	○ Yes ◉ No		
Other Skills	○ Yes ◉ No		
Please list other skills and/or equipment/language experience you have acquired		Identify any previous teams or rescue work you have performed	
		Previous team membership ○ Yes ◉ No	Name:

Military Record

Branch of Service	From	To
Present Military affiliation: ◉ None ○ Reserve (active) ○ Reserve (inactive)		
Kinds of training and duty while in service		

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying

Name	Title/Relationship	Address (Street, City, State, Zip)	Phone Number (Include area code)	Occupation

May we contact your present employer ◉ Yes ○ No

Physical limitations

Date Available

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the departments service, if employed. I understand that my employment may be contingent upon receipt of a credit check, background investigations, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself. I hereby give permission to representatives of the Utah County Sheriff's Office or Utah County Sheriff's Office Search & Rescue to obtain and review my credit history. I agree to hold harmless the Sheriff's Office, employees and quasi-employees for all inquiries and investigations into my fitness and qualification for appointment as a volunteer employee. I understand that employment with the Sheriff's Office may place me in a position of receipt of confidential material from time to time. I agree to keep confidential those matters and all matters during my employment with the Sheriff's Office. I agree to notify the Division Commander of any change in my status involving all of the above referenced questions during my employment with the Sheriff's Office. While so employed I will maintain all required personal and automobile insurance in accordance with state laws.

Signature_____ Date_____

If any of your educational or employment records are under other than the above name, please provide other names.

Utah County Sheriff's Emergency Services Division
3075 North Main, Spanish Fork, Utah 84660
Office: 801-851-4140