



LONE PEAK PUBLIC SAFETY DISTRICT - POLICE DEPT.
APPLICATION FOR EMPLOYMENT

5400 West Civic Center Drive # 3
 Highland, Utah 84003
 (801) 756-9800

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE COMPLETE, PRINT AND SUBMIT WITH COVER LETTER AND RESUME TO THE LONE PEAK POLICE DEPARTMENT)

Position(s) applied for:	Date of application:
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How did you learn about us?			
Advertisement	Recruitment	Friend	Walk-in
Employment Agency	Social Media	Relative	Other

Last Name	First Name	Middle Name
Address (Number and Street)		City
		State
		Zip Code
Telephone Number	Driver License Number	State
		Social Security Number
Alternative Telephone Number	E-Mail Address(s)	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No
 If Yes, who? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? Date: _____

What crossing guard shift are you interested in? : Permanent Substitute

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a misdemeanor or a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education: (Please provide a copy of any diplomas or certificates).

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other				

Indicate any foreign languages you can speak, read and/or write (including ASL):

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra curricular activities:

Describe any job related training received:

Additional Information

Other Qualifications:

Summarize special skills and qualifications acquired from employment or other experience::

State any additional information you feel would be helpful to us in considering your application.:

Note to the Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or application is attached:

Yes

No

References

1.		
	Name	Phone #
	Full Address	Years Known
2.		
	Name	Phone #
	Full Address	Years Known
3.		
	Name	Phone #
	Full Address	Years Known

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities, offices held, current state certifications and numbers. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.</p>
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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 1 (one) year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

NOTES:

Right of Access Provider Waiver

LONE PEAK POLICE DEPARTMENT

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: _____ (Last) (First) (Middle)		Date of Birth: ____ / ____ / ____ (Month) (Day) (Year)	
Previously Used Name(s) (Maiden, Alias, etc): _____			
Physical Address: _____ (Street) (City) (State) (ZIP)			
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 to 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)



Lone Peak Public Safety District POLICE DEPARTMENT



WAIVER FOR INFORMATION RELEASE

TO WHOM IT MAY CONCERN:

I hereby give authorization to any representatives of the Lone Peak Public Safety District to check into and view my credit history, academic records, driving history, criminal history, or with past and present employers, including personnel files, to obtain information from these records in connection with my application for employment with the Lone Peak Public Safety District - Police Department.

Furthermore, any individual, business, or governmental body providing information to the Lone Peak Public Safety District pursuant to a pre-employment investigation will not be held liable.

Printed Name of Applicant Date

Signature of Applicant Date of Birth (Optional)

Address City State Zip Code

Social Security number of Applicant (optional)

Subscribed and sworn to me before this the _____ day of _____, _____.

Notary Public

My commission expires _____

DRUG TESTING CONSENT

I understand that Lone Peak Public Safety District requires drug testing as a part of its selection and hiring process. I also understand that such drug testing will consist of the taking of urine, or any other medically recognized test designated to detect traceable amounts of drugs in the body. I further understand that if such testing indicates the presence of drugs in my body in any detectable amount, I will be disqualified from further hiring consideration. I hereby give my consent to the Lone Peak Public Safety District to administer any or all of the above drug testing procedures to me, and to use the results thereof in further determining my employability with the Lone Peak Public Safety District. I understand that this is not a contract for employment and that even if employed, I will remain terminable at will and free to resign at any time I wish.

I represent that I am currently not using illegal drugs or taking illegal drugs. I hereby certify that this information is correct to the best of my knowledge, and understand that falsification or omission in any detail is grounds for disqualification from further consideration or for dismissal from employment at the time Lone Peak Public Safety District discovers the omission or falsification.

Applicant's Signature

Date