



## WEBER COUNTY EMPLOYMENT APPLICATION

WEBER COUNTY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER  
2380 WASHINGTON BLVD., SUITE 340 OGDEN, UTAH 84401 (801) 399-8623

1. Position(s) applied for: \_\_\_\_\_  
  
Have you read the job announcement and description for the position applied for?  Yes  No  
Are you able and willing to perform all the essential functions of the position for which you are applying?  Yes  No
2. Name: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
Street City State zip  
Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
3. If you have ever been employed by Weber County, fill in following information:  
Department: \_\_\_\_\_ Position Title: \_\_\_\_\_ Dates: \_\_\_\_\_
4. Are you related to anyone presently employed by Weber County?  No  Yes, who: \_\_\_\_\_
5. Type of appointment you will accept:  
 Full Time  Part Time  Temporary  Night Shifts  Rotating Shifts (Including Weekends)  Summer Only  
  
Some positions require rotating shifts including nights and weekends of up to three months in duration.
6. Weber County requires all new employees to take a drug test prior to reporting to work. Are you willing to be drug tested?  Yes  No
7. What is the lowest starting salary you will accept: \_\_\_\_\_
8. From what source did you learn of this position: \_\_\_\_\_
9. Have you ever been convicted of violating any law other than minor traffic violation?  Yes  No  
(If yes, explain fully on another sheet of paper. A conviction will only be considered as it relates to the job being sought.)
10. If required by the position for which you are applying, do you have a valid Utah driver's license?  Yes  No  
Utah C.D.L.?  Yes  No
11. Are you legally able to work in the United States?  Yes  No  
Proof will be required upon hire.
12. High School Graduate?  Yes  No  
If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED?  Yes  No

**Education**

College or University:	Hours Credit:	OR	Graduate	9Yes	9No
_____	Quarter: _____			Major: _____	
_____	Semester: _____			Minor: _____	
_____				Degree: _____	

College or University:	Hours Credit:	OR	Graduate	9Yes	9No
_____	Quarter: _____			Major: _____	
_____	Semester: _____			Minor: _____	
_____				Degree: _____	

College or University:	Hours Credit:	OR	Graduate	9Yes	9No
_____	Quarter: _____			Major: _____	
_____	Semester: _____			Minor: _____	
_____				Degree: _____	

Graduate School:	Graduate	9 Yes	9 No
_____	Major: _____		
_____	Minor: _____		
_____	Degree: _____		

Vocational School:

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

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

Subject: \_\_\_\_\_

9 Full Time 9 Part Time

Length of course (weeks, months, etc.) \_\_\_\_\_

Was Course Completed? 9 Yes 9 No When? \_\_\_\_\_

Professional or Trades Licenses, certificates, or Registrations:

Type: \_\_\_\_\_ State: \_\_\_\_\_

Number: \_\_\_\_\_

POST, Engineer, Sanitation, Nurse, Etc.

If qualified, fill in the following:

Net Typing Speed Per Minute: \_\_\_\_\_ Ten Key Speed \_\_\_\_\_

Other office machines you can operate: \_\_\_\_\_

13. If you request Veteran's Preference check here and attach official documents certifying honorable veteran's status. 9

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. References (do not use relatives):

Name:	Address:	Telephone:	Years Known:

## Employment History

16. Begin with your present or last employment and list in reverse order. Be brief, but specific. Give complete statement of every position you have had since you first began to work. Complete fully or form may not be accepted.

1. From (Month/Year) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ 1. \_\_\_\_\_  
 Name of Employer  
 2. Full Time: Years \_\_\_\_\_ Months \_\_\_\_\_ 2. \_\_\_\_\_  
 Number. Street  
 3. Part Time: Average Hours Per Week \_\_\_\_\_ 3. \_\_\_\_\_  
 City, State  
 4. Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_ 4. \_\_\_\_\_  
 Title & Duties  
 5. Reason For Leaving: \_\_\_\_\_ 5. \_\_\_\_\_  
 Name, Title & Phone # of Supervisor

1. From (Month/Year) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ 1. \_\_\_\_\_  
 Name of Employer  
 2. Full Time: Years \_\_\_\_\_ Months \_\_\_\_\_ 2. \_\_\_\_\_  
 Number. Street  
 3. Part Time: Average Hours Per Week \_\_\_\_\_ 3. \_\_\_\_\_  
 City, State  
 4. Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_ 4. \_\_\_\_\_  
 Title & Duties  
 5. Reason For Leaving: \_\_\_\_\_ 5. \_\_\_\_\_  
 Name, Title & Phone # of Supervisor

1. From (Month/Year) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ 1. \_\_\_\_\_  
 Name of Employer  
 2. Full Time: Years \_\_\_\_\_ Months \_\_\_\_\_ 2. \_\_\_\_\_  
 Number. Street  
 3. Part Time: Average Hours Per Week \_\_\_\_\_ 3. \_\_\_\_\_  
 City, State  
 4. Starting: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_ 4. \_\_\_\_\_  
 Title & Duties  
 5. Reason For Leaving: \_\_\_\_\_ 5. \_\_\_\_\_  
 Name, Title & Phone # of Supervisor

17. Have you ever been known by any other name(s) that we might need to check your work references?  Yes  No  
 Please List: \_\_\_\_\_

You may contact my present or past employers:  Yes  No

I hereby authorize the Weber County Personnel Office, or the hiring department or its agent to make such investigations and inquiries of my personal, employment, or financial and other related matters as may be necessary in arriving at an employment decision concerning my application for employment. I release Weber County of any liability for the use of this information in considering and reviewing my application for employment.

I hereby certify that all statement made in this application are true, and I understand and agree that any false statement of material fact herein may cause forfeiture of all my rights to employment. I hereby authorize any previous or current employer to give and release to the Weber County Personnel Office or to the hiring department or its agent any and all information in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release any previous or current employer from any liability for the use of any or all information given to the Weber County Personnel Office or the hiring department or its agent in considering my application and reviewing my application for the position applied for. I understand that I am required to abide by all rules and regulations of Weber County Corporation.

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

### RETURN TO:

WEBER COUNTY PERSONNEL DEPARTMENT 2380 WASHINGTON BLVD., SUITE 340 OGDEN, UTAH 84401 (801) 399-8623

**IMPORTANT INFORMATION:** You must submit a complete application for each position. Failure to submit all necessary information by 5:00 p.m. on the closing date may disqualify you from consideration for appointment. The education and experience sections will be used to determine whether you meet the minimum qualifications for the position for which you are applying. You will not be given credit for education which you do not have documented on the application. You may not be given a personal interview, so be sure to submit all previous related work history and formal training. If you wish to elaborate on your work experience, attach a supplemental sheet or resume to the application. Include military service if applicable. The evaluation method may include combination of the following: oral examination, written examination, performance test or rating of education and/or experience. If a rating of education and/or experience is done, it will be based only on your application. Be certain it is complete. If a written or oral examination is the evaluation method, you will be notified by telephone of the date, time and place of the exam. You may telephone the Personnel Office to determine where you placed on the register or if you did not qualify.

## Affirmative Action Information

To better help the Weber County Corporation satisfy Merit System principles and meet our Equal Employment Opportunity Affirmative Action Program goals, we would appreciate your response to the information below. This form is for Personnel Department use and will be used for survey purposes only.

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F

Marital Status      Single \_\_\_      Married \_\_\_      Divorced \_\_\_      Widowed \_\_\_

Number of Children \_\_\_\_\_

Race            \_\_\_      White  
                  \_\_\_      Black  
                  \_\_\_      Hispanic  
                  \_\_\_      Asian or Pacific Islander  
                  \_\_\_      American Indian or Alaskan Native

I certify that the above statements are complete and accurate.

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

### Weber County is an Equal Employment Opportunity Employer

Return to:      Weber County Personnel  
                  2380 Washington Blvd. Ste 340  
                  Ogden, Utah 84401  
                  (801) 399-8623

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For Office Use Only

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\_\_\_      Officials/Administrators  
\_\_\_      Professionals  
\_\_\_      Technicians  
\_\_\_      Protective Services  
\_\_\_      Para-professionals  
\_\_\_      Office and Clerical  
\_\_\_      Skilled Craft  
\_\_\_      Service/Maintenance

This form is strictly voluntary for statistical information purposes only

# WEBER COUNTY, UTAH

## "EMPLOYEE RELATIONS NETWORK MEMBER"

### APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give **EMPLOYEE RELATIONS NETWORK MEMBER** and **EMPLOYEE RELATIONS, INC.** (hereinafter collectively referred to as "you") the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, credit, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. I indemnify you against any liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report or other information regarding me and may consult certain files which are available. I understand that **EMPLOYEE RELATIONS, INC.** will retain the results of this investigation and a copy of my application for employment and this information may, with appropriate authorization, be disclosed in subsequent investigations to other Members of the **EMPLOYEE RELATIONS NETWORK**. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, credit, criminal background information and my driving record.

APPLICANT NAME (PRINT): \_\_\_\_\_

PHONE: \_\_\_\_\_

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

DATE OF BIRTH INFORMATION IS COLLECTED FOR THE SOLE PURPOSE OF EXPEDITING YOUR BACKGROUND INVESTIGATION; IT IS NOT A FACTOR CONSIDERED IN THE EVALUATION OF YOUR APPLICATION FOR EMPLOYMENT.

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*APPLICANT'S SIGNATURE*

**WEBER COUNTY, UTAH**

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**APPLICANT NOTIFICATION**

In conjunction with your application for employment with us, we utilize the services of EMPLOYEE RELATIONS, INC. to conduct a background investigation regarding your character, general reputation, personal characteristics, and mode of living. The investigative report may be comprehensive and include inquiry into past employment, education, and activities, including, but not limited to public records, credit history, criminal background information and driving record.

EMPLOYEE RELATIONS, INC. will, to the extent permitted by law, upon request, reasonable notice, and proper identification, provide you with information that was used in generating the report.

EMPLOYEE RELATIONS, INC. can be contacted at:

EMPLOYEE RELATIONS, INC.  
20720 VENTURA BOULEVARD, SUITE 200  
WOODLAND HILLS, CA 91364  
(818) 887-9129  
OR BY EMAIL TO: [complianceofficer@erelations.com](mailto:complianceofficer@erelations.com)

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. **You are entitled to a free file disclosure if:**
  - A person has taken adverse action against you because of information in your credit report
  - You are the victim of identity theft and place a fraud alert in your file
  - Your file contains inaccurate information as a result of fraud
  - You are on public assistance
  - You are unemployed but expect to apply for employment within 60 days.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National Banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20561 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration A775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20250 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator –GIPSA Washington, DC 20250 202-720-7051