MOUNTAINLAND
ASSOCIATION OF GOVERNMENTS
*Serving Summit, Utah and Wasatch Cities & Counties*

* Please fill out application using Adobe Reader, Save as a PDF. Email PDF file to careers@mountainland.org. *

# EMPLOYMENT APPLICATION

**ATTENTION: FAILURE TO COMPLETE THIS APPLICATION FULLY MAY RESULT IN THE APPLICATION BEING SCREENED OUT OF THE RECRUITMENT PROCESS. FAILURE TO ACCEPT A JOB OR APPEAR FOR AN INTERVIEW MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION.**

1. Name:_____
   First Middle Last

2. Address:_____
   Number/Street City/State Zip

3. Phone No. Home:_____ Cell Phone:_____ Email Address:_____

4. Social Security Number:_____ 5. Date of Application:_____

6. Position you are applying for:_____ 7. Salary Expectation:_____

   NOTE: If position you have applied for requires a skill level score, verified scores from a qualified institution must be attached or application will be screened out.

8. Type of Employment Acceptable:

   Full-Time _____ Part-Time _____ Temporary _____ Shiftwork _____ On-Call _____

9. Have you been employed by Mountainland Association of Governments before? Yes _____ No _____

   If yes, what year and department _____

10. Do you have relatives currently working for Mountainland Association of Governments? Yes _____ No _____

    If yes, please indicate relationship, name, and department:_____

    _____

11. 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.)

12. Do you have a valid Utah Driver's License? Yes_____ No_____ Number_____

13. Do you have a valid commercial driver's license? Yes_____ No_____ Number_____

14. As an adult, have you ever been convicted of an offense other than a minor traffic violation? Yes_____ No_____
    If yes, please explain nature below. (Convictions are evaluated for each position and are not necessarily disqualifying.)

    _____

15. Were you ever discharged or forced to resign from any position? Yes_____ No_____
    If yes, please explain below.

    _____

    NOTE: If you wish to be considered for Veteran's preference as a veteran, a disabled veteran, or the unmarried widow or widower of a veteran, please submit proper documentation.

MOUNTAINLAND ASSOCIATION OF GOVERNMENTS
586 EAST 800 NORTH
OREM, UT 84097-4146
(801) 229-3800
FAX: (801) 229-3801

# Employment Experience

Begin with your present or last position including Mountainland Association of Governments and Military employment and work back. Be specific. If more than one position was held under the same employer, describe each position separately. Describe your duties in concise detail. Indicate responsibility, supervision, if any, reason for leaving, etc. (you may attach a resume or other relevant documents to further describe your qualifications.)

| | | |
|---|---|---|
| Dates of employment (list mo. and yr.) Hours/Week: _____<br>from: to: | Title of position | Ending salary per month |
| Name of employer Address | | Phone |
| Supervisor | Reason for leaving | |
| Describe your duties: _____ | | |

| | | |
|---|---|---|
| Dates of employment (list mo. and yr.) Hours/Week: _____<br>from: to: | Title of position | Ending salary per month |
| Name of employer Address | | Phone |
| Supervisor | Reason for leaving | |
| Describe your duties: _____ | | |

| | | |
|---|---|---|
| Dates of employment (list mo. and yr.) Hours/Week: _____<br>from: to: | Title of position | Ending salary per month |
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| | | |
|---|---|---|
| Dates of employment (list mo. and yr.) Hours/Week: _____<br>from: to: | Title of position | Ending salary per month |
| Name of employer Address | | Phone |
| Supervisor | Reason for leaving | |
| Describe your duties: _____ | | |

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

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

# Education

School Name and Location (NOTE: An official transcript may be requested.)

High School _____ Location _____
Graduate Y☐ N☐ Received GED Y☐ N☐ Highest level completed _____

Undergraduate
College/University _____ Location _____
Graduate Y☐ N☐ Degree _____ Highest level completed _____
Major_____ Minor_____

Graduate/Professional
College/University _____ Location _____
Graduate Y☐ N☐ Degree _____ Special Emphasis _____

| | |
|---|---|
| Describe any specialized training, apprenticeship, skills and extra-curricular activities. | |
| Describe any honors you have received. | |
| State any additional information you feel may be helpful to us in considering your application. | |

# References

Give name, address, and telephone number of three references who are not related to you.

1. _____

2. _____

3. _____

May we contact your references listed above? Yes _____ No _____

Comments_____

May we contact your current and previous employer? Yes _____ No _____

Comments_____

Please state below why you feel you are qualified for this position:

_____

_____

_____

_____

_____

# NEPOTISM AGREEMENT

I understand and agree that I will not be eligible for hire to any Mountainland Association of Governments Department where a member of my immediate family is employed. Immediate family will be defined as spouse, parent, sibling, child, grandchild, grandparent, sister-in-law, brother-in-law, mother-in-law, father-in-law, son-in-law, or daughter-in-law. Members of the immediate family of City and County elected officials and the Executive Director are not eligible for hire within Mountainland.

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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 release of any and all information from previous employers regarding my employment.

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 Mountainland Association of Governments rules and regulations.

I authorize the release of any and all background information concerning me, including information of a confidential or privileged nature, to the hiring authorities of Mountainland Association of Governments for the respective position for which I am submitting this application. I hereby release the providing organization from liability or damage which may result from furnishing the information requested. This information is to be used to assist the Association in determining my qualifications and fitness for the position I am seeking.

I understand that the application process may include a drug screen and that if I fail that drug screen, I will be ineligible to apply for any position within Mountainland Association of Governments for a minimum of six (6) months from the date of the screening.

SIGNATURE OF APPLICANT_____ DATE_____

NOTE: Mountainland Association of Governments is an Equal Opportunity Employer and will not make any employment decisions based on race, color, age, sex, religion, national origin, or disability.

# MOUNTAINLAND ASSOCIATION OF GOVERNMENTS
# EEO/AFFIRMATIVE ACTION

Dear Applicant,

The information that we are soliciting on this form is for statistical purposes only. Furnishing this information will be on a voluntary basis. Any information provided will not be used to influence selection or be considered in any way during the selection process.

Thank You,

Andrew Jackson
Executive Director

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| | Female | Male |
|---|---|---|
| A. White (not of hispanic origin): Persons having origins in any of the original people of Europe, North Africa, of the Middle East. | _____ | _____ |
| B. Black (not of hispanic origin): Persons having origins in any of the black racial groups of Africa. | _____ | _____ |
| C. Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Hispanic cultures or origins regardless of race. | _____ | _____ |
| D. Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. | _____ | _____ |
| E. American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. | _____ | _____ |

F. Age Group: Under 40 _____ Over 40 _____

G. Are you disabled under the Americans with Disabilities Act? Yes _____ No _____

H. Are you a veteran, a disabled veteran, or the unmarried widow or widower of a veteran? Yes _____ No _____

I. How did you learn about this position?

_____ State Employment Office _____ MAG Employee

_____ Professional Journal _____ Newspaper

_____ Bulletin Board _____ Job Hotline

_____ School _____ Other (Please Specify _____)

Position applied for _____ Date_____