

SAN JUAN COUNTY GOVERNMENT EMPLOYMENT APPLICATION INSTRUCTIONS TO APPLICANTS

1. **Complete an official San Juan County employment application for position(s) for which you are applying.** If more space is needed, attach an addendum using the same application format. Please complete all information on the application even if you will be submitting a resume, otherwise your application may not be considered for employment opportunities. Sign your application and return it with all required attachments to the Human Resource Office by 5:00 p.m. (MST) on or before the closing date.
2. **Submit college or university diploma/degree with your application if you wish to receive credit for your education.** Internet printouts and photocopies are acceptable unless otherwise specified.
3. **Public Safety application requirements:** Submit copies of your POST Pre-certification Exam or POST Certification if you wish to receive credit for your education.
4. **EMT/AEMT/PARAMEDIC application requirements:** Submit copies of your EMT/AEMT/Paramedic certification to receive credit for your training and certification.
5. **Veteran's Preference requirements:** Refer to Title 71 UCA 10 as amended for eligibility requirements for veteran's preference. Person's claiming veteran's preference must submit a photocopy of their DD-214 showing the dates of service with each application form.

OTHER INFORMATION REGARDING APPLYING FOR A SANJUAN COUNTY GOVERNMENT POSITION

1. Your completed application will be used to determine your eligibility for the position for which you are applying.
2. Applicants will be required to undergo drug testing as a condition of employment.
3. Your completed application will be used to determine your eligibility for the position for which you are applying.
4. False statements, evidence of fraud or deceit in connection with this application or attached resume will disqualify you from examination or employment, and if discovered after employment, are grounds for discharge. This application, resume and all attached documents are official records of San Juan County Government and cannot be returned.
5. Competitive Career Service positions may require an examination by San Juan County Government. Examination can consist of one or a combination of the following: written examination, oral examination, performance test, and/or other examination tools based on job requirements and designed to measure or predict likely success in the position. If you are applying for a position that requires an examination, you will be notified of the time and place of your examination.
6. Federal law requires supervisors/employers to review documents verifying your identity and eligibility to work in the United States and to complete Form I-9 (Employment Eligibility Verification). You will be required to provide this documentation. Supervisors/employers are in violation of the law if the documents are not reviewed and Form I-9 is not completed.
7. If employed, the Human Resource Office will require a copy of your current Social Security Card and Driver's License. Your Social Security Card is to ensure County employment forms match the name on the Social Security Card. The Drivers License will be used to complete a driving background check.
8. Your application will not be rejected because of your race, color, national origin, religion, sex, age, or disability, except as legally required.
9. If you desire further information regarding San Juan County employment, please refer to www.sanjuancounty.org or contact Human Resources. P. O. Box 9, 117 S. Main, Monticello, Utah 84535, call (435) 587-3225 or email requests to mmcdonald@sanjuancounty.org.

SAN JUAN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of San Juan County Government to provide and promote equal opportunity employment, compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age or disability. The County provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.

RETURN TO: San Juan County Human Resources – P. O. Box 9, 117 S. Main - Monticello, UT 84535
Email mmcdonald@sanjuancounty.org - Phone (435) 587-3225 - Fax (435) 587-3555 – www.sanjuancounty.org

SAN JUAN COUNTY EMPLOYMENT APPLICATION

Date Received in office:

PLEASE READ INSTRUCTIONS ON "PAGE 1" BEFORE COMPLETING APPLICATION:

(Updated 03/2016)

I. APPLICANT INFORMATION	Date: _____
Position Title(s) for which you are applying: _____	
Work status I am interested in: <input type="checkbox"/> Full-time only <input type="checkbox"/> Full-time or Part-time <input type="checkbox"/> Part-time only <input type="checkbox"/> Seasonal/Temporary	
FULL NAME: _____ Soc. Sec. No. <u>XXX-XX-</u> _____	
Other name(s) previously used: _____	
Address: _____	
Street/Mailing Address	City
State	Zip Code
CONTACT INFORMATION: Email: _____	
Best contact number: _____ other: _____	

II. TRAINING AND EDUCATION: The information you give regarding your training and education is to be used for minimum qualification requirements.

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA (GED)?
 YES *NO *If no, what is your highest level completed: (1-12) _____

Name and Location of College, University or Trade School	Course of Study	Type of Degree	Date of Degree

Submit copies of your college or university diploma/degree with your application if you wish to receive credit for your education.

PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED

Type	Serial Number	Date Issued	Expiration Date

If applying for an EMT position, do you have Certification? NO *YES *If yes, please list above
 If so, what EMT level are you? EMT AEMT PARAMEDIC

III. VETERAN'S PREFERENCE: Please see additional instructions on page 2 . This information is voluntary. However, DISCLOSURE OF THE INFORMATION IS REQUIRED IF YOU WISH TO BE GIVEN PREFERENCE.	
Do you claim Veteran's Preference? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please attach documentation)	
If Yes: <input type="checkbox"/> As a veteran <input type="checkbox"/> As a spouse, or as an unmarried widow or widower of a veteran	

IV. EXPERIENCE: You must complete all applicable items even if you will be submitting a resume. Begin with your present or most recent job and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Account for your time during any intervals of unemployment other than when attending school. Attach addendum if necessary, using the same format (See page 5).

EMPLOYER'S NAME AND PHONE NUMBER:			
COMPLETE ADDRESS:			
YOUR TITLE:		From (Month/Year):	to
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> OTHER
HOURS PER WEEK:		LAST PAY: \$	PER
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER:			
BRIEF DISCRPTION OF DUTIES:			
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:			

EMPLOYER'S NAME AND PHONE NUMBER:			
COMPLETE ADDRESS:			
YOUR TITLE:		From (Month/Year):	to
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> OTHER
HOURS PER WEEK:		LAST PAY: \$	PER
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER:			
BRIEF DISCRPTION OF DUTIES:			
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:			

EMPLOYER'S NAME AND PHONE NUMBER:			
COMPLETE ADDRESS:			
YOUR TITLE:		From (Month/Year):	to
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> OTHER
HOURS PER WEEK:		LAST PAY: \$	PER
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER:			
BRIEF DISCRPTION OF DUTIES:			
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:			

<p>OTHER QUALIFICATIONS – Summarize computer skills, training, ability/knowledge, or special recognition awards, or other special job-related skills and qualifications acquired from other employment or educational experiences that you consider <u>significant</u>:</p>

<p>LIST ANY LANGUAGES OTHER THAN ENGLISH THAT YOU ARE FLUENT:</p>

V. REFERENCES:

List three persons who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (STREET, CITY, STATE, ZIP)	BUSINESS OR OCCUPATION	PHONE NUMBER

- YES NO 1. Have you ever been discharged or forced to resign? If yes, please explain on a separate sheet.
- YES NO 2. If the position for which you are applying requires driving a vehicle (see posted job announcement), do you possess a current driver's license? If yes, specify state issued: _____ type: _____
- YES NO 3. If the position for which you are applying is hazardous in nature, including but not limited to working with or around heavy equipment or hazardous material (see posted job announcement), are you 18 years of age or older?
- YES NO 4. Have you ever been employed by San Juan County? If yes, give dates: _____
Reason for Leaving: _____
- YES NO 5. Would accommodation/assistance be helpful to you in taking the examination(s) for this position? If yes, describe on a separate sheet.
- YES NO 6. Are you eligible to work in the U.S.?
- YES NO 7. Are you willing to have your current employer contacted regarding your employment record?
- YES NO 8. Are you related to someone currently employed by San Juan County?
If yes, Name: _____ Department: _____ Relationship: _____

VI. READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT: I affirm that this application and my attached resume (if applicable) contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected or, if employed by San Juan County Government, I may be terminated from employment. **I further authorize any of my employers (subject to my answer to the previous question regarding current employer) or references to give San Juan County Government any private or confidential information concerning my employment record.** Finally, I authorize that copies of this application and attachments may be provided to hiring County departments.

SIGNATURE OF APPLICANT

DATE

*******COMPLETE THIS SECTION ONLY FOR LAW ENFORCEMENT RELATED POSITIONS*******

- YES NO Have you included your POST Pre-entrance exam results with this application?
- YES NO Are you currently POST (Peace Officer Standards and Training) certified in Utah or another state?
If yes, check all that apply:
 - Special Functions Specify State: _____
 - Corrections Specify State: _____
 - Law Enforcement Officer Specify State: _____
 - Dispatcher Specify State: _____
- YES NO Are you 21 years of age or older? **(Law Enforcement/Corrections only)**

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS STATEMENT: Having made application for employment with San Juan County Government for this Law Enforcement position, I hereby authorize San Juan County to conduct a detailed background investigation and understand that all information pertaining to such application and investigation will be kept confidential and released only to authorized individuals. I understand that should any investigation disclose any misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from the eligibility list, and **if already employed, I may be dismissed.** I also understand that certain information or offenses may preclude me from further consideration or result in termination. I hereby release your organization or any other agency involved in releasing this information from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State and County statutes. (Please complete the attached Criminal Background Check Waiver Form)

SIGNATURE OF LAW ENFORCEMENT APPLICANT

DATE

ADDENDUM FOR ADDITIONAL WORK EXPERIENCE TO THE San Juan COUNTY EMPLOYMENT APPLICATION: Continue with your present or most recent job and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Account for your time during any intervals of unemployment other than when attending school. Attach addendum if necessary, using the same format.

EMPLOYER'S NAME AND PHONE NUMBER:			
COMPLETE ADDRESS:			
YOUR TITLE:		From (Month/Year):	to
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> OTHER
HOURS PER WEEK:		LAST PAY: \$	PER
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER:			
BRIEF DISCRIPTION OF DUTIES:			
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:			

EMPLOYER'S NAME AND PHONE NUMBER:			
COMPLETE ADDRESS:			
YOUR TITLE:		From (Month/Year):	to
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> OTHER
HOURS PER WEEK:		LAST PAY: \$	PER
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER:			
BRIEF DISCRIPTION OF DUTIES:			
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:			

EMPLOYER'S NAME AND PHONE NUMBER:			
COMPLETE ADDRESS:			
YOUR TITLE:		From (Month/Year):	to
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> OTHER
HOURS PER WEEK:		LAST PAY: \$	PER
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER:			
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