



237 North 1250 West – Suite Two – Centerville, Utah 84014
801-299-1409 / 801-299-1413

APPLICATION FOR EMPLOYMENT

READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION

I understand and agree that any false information provided herein may be cause for denial of employment or dismissal in the event of employment. As an applicant for a position with Mountain Shadow Marine, I hereby authorize the release of information regarding my education and work history for use to determine my qualifications for employment.

Date: _____, 20____ Signature: _____

*Note: Failure to sign above or to answer all questions on this application form may result in loss of employment opportunities with Mountain Shadow Marine.

Name: (Last) _____ (First) _____ (MI) _____

Are you known or have been known by another name _____

Present Address _____

City _____ State _____ Zip Code _____

Telephone No. (Home) _____ Other _____

Social Security No. _____ - _____ - _____ Age: _____ (if under 18 years)

POSITION APPLIED FOR:

How did you learn of this opening? _____

Do you want to work: Full-time? ___ Part-time? ___ Day? ___ Evening? ___

Will you accept temporary employment? Yes No

Do you currently use illicit drugs or alcohol? Yes No If yes, describe _____

Do you agree to participate random drug screens if employed? Yes No
Have you ever been convicted of a crime, excluding misdemeanors and summary offense? Yes No If yes, describe in full.

Are you legally authorized to work in the United States? Yes No
(Proof of employment eligibility will be required)
Have you ever served in the Armed Forces? Yes No If yes, what branch?

Dates of duty: From _____ (Month Day Year)
To _____ (Month Day Year)

Type of discharge _____

EDUCATIONAL BACKGROUND:

High School? Yes No
Name & Location _____ Degree received. _____

College? Yes No
Name & Location _____ Degree received. _____
Name & Location _____ Degree received. _____

Post Graduate? Yes No
Name & Location _____ Degree received. _____
Name & Location _____ Degree received. _____

Business or Trade? Yes No
Name & Location _____ Degree received. _____

Other or additional _____

* If you have a High School Equivalency Diploma (G.E.D.) state name of issuing agency, year issued, and location of issuing agency.

WORK HISTORY

List in order, present to past, each position you have held. Account for all periods of unemployment. Describe fully your specific duties and responsibilities for each position held. Resumes may be attached as a supplement but cannot be a substitute for the completion of this application form. Also list any significant accomplishments you made in each position. If additional space is needed attach supplementary sheets.

1) Dates of employment (month, year) From: _____ To _____

Exact Title of Position: _____

Kind of business organization (manufacturing, accounting, insurance etc.)

Place of employment (city, state) _____

Avg. hrs per week & days /shifts worked _____

Name of employer (firm, organization, etc.) and address (including ZIP)

Area code and phone No. _____

Number of employees you supervised if any _____

Salary or earnings (grade & step, if applicable)
Starting \$ _____ per _____
Final \$ _____ per _____

Name and title of immediate supervisor _____

Reason for leaving? _____

May we inquire of current employer? Yes No

Describe your duties, responsibilities, and accomplishments

2) Dates of employment (month, year) From: _____ To _____

Exact Title of Position: _____

Kind of business organization (manufacturing, accounting, insurance etc.)

Place of employment (city, state) _____

Avg. hrs per week & days /shifts worked _____

Name of employer (firm, organization, etc.) and address (including ZIP)

Area code and phone No. _____

Number of employees you supervised if any _____

Salary or earnings (grade & step, if applicable)

Starting \$ _____ per _____

Final \$ _____ per _____

Name and title of immediate supervisor _____

Reason for leaving? _____

May we inquire of current employer? Yes No

Describe your duties, responsibilities, and accomplishments

SKILLS AND QUALIFICATIONS

List special qualifications and skills with machines and equipment (office, printing, word processing, public speaking, sales, computer hardware and software, power tools, etc.; important publications / accomplishments; membership in professional or scientific societies, clubs, organizations; etc.)

List any hobbies or interests.

Do you currently have an Aquarium? Yes No

If yes what size and type _____

What type of animals do you keep? _____

Have you ever built a custom aquarium? _____

Have you ever designed or built a custom lighting, filtration, or water delivery system?

What aquarium related equipment do you use currently or have used in the past? _____

Do you have a current Valid Driver's License? (If Yes, indicate class) Yes No

1. Car or Light Truck duty 2. Trucks 3. Trucks with Trailer
4. School Bus 5. CDL, Class _____ Endorsement/Restriction

*Upon request, candidate must provide documentation of any attainments claimed on the application form to include: certificates, licenses, visas, degrees, registrations, etc.

OFFICE USE ONLY

Tests Administered & dates

Administered by _____

Date _____

Gross Score _____

Errors _____

Rating _____

Hire? Yes Date _____ No Hold

Pay Scale _____ per _____

revised 01/01