

WASATCH SURVEYING EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name (last name first)			DOB
Current Address	City	State	Zip
Previous Address (If less than 6 months)	City	State	Zip
Phone Number(s) with Area Code			

POSITION DESIRED

Position Desired	Date You Can Start	Desired Salary
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, May We Contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Further Information		
Special Skills or Training		

EDUCATION

High School	City & State	Course of Study	Years Completed
College	City & State	Course of Study	Years Completed
Additional	City & State	Course of Study	Years Completed

WORK EXPERIENCE (Most Recent First)

Employer Name	Address	Salary	Start Date	End Date	Reason for Leaving
Employer Name	Address	Salary	Start Date	End Date	Reason for Leaving
Employer Name	Address	Salary	Start Date	End Date	Reason for Leaving
Employer Name	Address	Salary	Start Date	End Date	Reason for Leaving

REFERENCES

Name and Address	Phone Number	Years Known	Relationship
Name and Address	Phone Number	Years Known	Relationship
Name and Address	Phone Number	Years Known	Relationship

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.
 I AUTHORIZE WASATCH SURVEYING TO INVESTIGATE ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE WASATCH SURVEYING ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.
 I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

FAX or MAIL completed application to:
"Hiring Manager c/o Wasatch Surveying"
 Please include an updated resume.

Signature _____ Date Signed _____

Thank you for taking time to complete our Employment Application.
 The Employment Application will only be valid for 120 days from the date of the application. If you wish to be considered subsequent to that date, a new application must be completed.

906 Main Street
 Evanston, Wyoming 82930
 Phone No. (307) 789-4545
 Fax No. (307)-789-5722



EMPLOYMENT APPLICATION
 Pre-Employment Questionnaire - Equal Opportunity Employer