

JOB APPLICATION

Website: utaholympiclegacy.org

Utah Olympic Park
P.O. Box 98033
Park City, UT 84098

Soldier Hollow
P.O. Box 2002
Midway, UT. 84049

Utah Olympic Oval
5662 S. Cougar Lane
Kearns, UT 84118

We do not discriminate on the basis of race, religion, national origin, color, sex, age, disability or veteran status. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

INSTRUCTIONS: Applications are accepted for CURRENT openings only.

Please answer each question fully and accurately. No action can be taken on this application unless it is complete. Use blank paper if you do not have enough room on this application. **PLEASE PRINT** (except for signature on the bottom of form). **PLEASE USE INK.**

Job Applied For 1st Job _____ 2nd Job _____ Today's Date _____

Are you seeking: Full Time Part-time Summer Season Winter Season

When are you available to work? Days Evenings Nights Weekends On call

When are you available for employment? _____ Salary Requested: _____

PERSONAL INFORMATION:

Name (Last, First, Middle) _____

Present Address _____

City, State, Zip _____

Telephone (___) _____ Email Address _____

Are you 18 or over? Yes ___ No ___ Are you eligible to work in the United States? Yes ___ No ___

GENERAL: You must answer all questions in this section:

1. Have you ever been convicted of any crime other than a minor traffic violation? Yes ___ No ___
2. Do you have any relatives currently employed by the UOLF? Yes ___ No ___ Name: _____
3. May we contact your present employer? Yes ___ No ___ If no, please explain: _____

4. For driving jobs only: Do you have a valid driver's license? Yes ___ No ___
License No. _____ Class _____ State _____ Expires _____

IMPORTANT – PLEASE READ BEFORE SIGNING.

We do not discriminate on the basis of race, religion, national origin, color, sex, age, disability or veteran status. It is our intention that all applicants be given Equal opportunity and that selection decisions are based on job-related factors.

I certify that the answers on this Application for Employment form have been completed by me and are true and correct. I understand that the Utah Olympic Legacy Foundation shall not be liable in any respect if my employment is terminated because of false statements or omissions made in this Application for Employment. I also authorize current and former employers, schools, or persons named in this application to give any information regarding me. I hereby release said employers, schools, or persons from all liability for any damage occurring because of issuing such information. I understand that any misleading or false statements will remove this Application for Employment from further consideration for employment, and if I am employed, would be cause for my termination. A photocopy of this Affidavit signed by me can be used as my authorization for release of information from my said employers, schools, or persons named in this application.

I understand that the Utah Olympic Legacy Foundation and its venues promote a drug free workplace. I understand that the Utah Olympic Legacy Foundation performs drug testing on the following basis: random selection, post-accident and reasonable suspicion.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I HAVE READ AND UNDERSTAND THE ABOVE DOCUMENT.

Signature _____ Date _____

EMPLOYMENT HISTORY:

List most current first. (Complete even if you have a resume to attach.) Please attach an additional sheet of paper if you run out of space.

Employed		Name, Complete Address And Phone Number of Employer	Name & Title of Last Supervisor	Salary or Wage	Reason for Leaving
From	To				

Your Title: _____ Employer Telephone (____) _____

Key Duties:

Employed		Name, Complete Address And Phone Number of Employer	Name & Title of Last Supervisor	Salary or Wage	Reason for Leaving
From	To				

Your Title: _____ Employer Telephone (____) _____

Key Duties:

Employed		Name, Complete Address And Phone Number of Employer	Name & Title of Last Supervisor	Salary or Wage	Reason for Leaving
From	To				

Your Title: _____ Employer Telephone (____) _____

Key Duties:

If you have worked at any of the above jobs under a different name, please list: _____

EDUCATION:

School	Name and Complete Address of School (Street, City, State, Zip)	Course of Study	Graduated Yes or No	Grade Completed	Diploma/ Degree
High School					
College					
College					
Other: (Tech, Trade, Military)					

REFERENCES: Give three references, business or faculty, who are familiar with your qualifications.

Name	Phone	Occupation

REFERRALS: Who referred you to the Utah Olympic Legacy Foundation?

Name	Name