



State of Utah  
Department of Workforce Services  
**MASTER APPLICATION**

The purpose of the Master Application is to have all of your contact information, education, and skills in one document. Use this document to assist you in completing employment applications.

**1. Applicant Information**

Name: \_\_\_\_\_  
Last
First
Middle Initial

Address: \_\_\_\_\_  
Street address

\_\_\_\_\_

City
State
Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Are you a veteran? ...  Yes  No

Have you even been convicted of a misdemeanor or felony? .....  Yes  No

If yes, please explain: \_\_\_\_\_

**2. Employment Interest**

List the positions you are interested in by specific title (typist, carpenter, auto mechanic).

1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_

Have you investigated the career assessments at <https://utahfutures.org>? .....  Yes  No

Available to work:  Full time  Temporary  Part time  Shift work

Date you can start: \_\_\_\_\_ Desired salary: \_\_\_\_\_

**3. References** (Persons not related to you who you have known at least one year.)

Name	Address	Telephone/ Business/Occupation
<b>Professional</b>		
<b>Personal</b>		

**4. Work History:** List your three most significant employers, present or most recent. You may attach a supplemental sheet or resume. Include military service, if applicable.

**Employer:** \_\_\_\_\_

Dates of employment from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

Street address

City

State

Zip

Supervisor's name: \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Salary starting: \_\_\_\_\_ Salary ending: \_\_\_\_\_

May we contact this employer? .....  Yes  No

Job title, responsibilities, and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Dates of employment from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

Street address

City

State

Zip

Supervisor's name: \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Salary starting: \_\_\_\_\_ Salary ending: \_\_\_\_\_

May we contact this employer? .....  Yes  No

Job title, responsibilities, and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Dates of employment from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

Street address

City

State

Zip

Supervisor's name: \_\_\_\_\_

Supervisor's phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Salary starting: \_\_\_\_\_ Salary ending: \_\_\_\_\_

May we contact this employer? .....  Yes  No

Job title, responsibilities, and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## 5. Education and Training

Last high school attended (Name): \_\_\_\_\_

Last high school attended (Location): \_\_\_\_\_

Graduated or GED  Yes  No If no, indicate highest grade completed (1-12): \_\_\_\_\_

### College, business, trade schools

Name	Location	Major	Dates attended	Degree/Certificate

### Military service

Dates of service	Discharge status	Duties and specialty training in military

### Licenses and certifications

Type	License number	Expiration

### Special training/seminars, workshops

Name of training or workshops	Location	Dates attended	Degree/Certificate

### Honors/awards/accomplishments

Name of organization awarding	Location	Dates attended	Degree/Certificate

**Special job skills** (words typed per minute, team player, self-starter, languages, computer hardware/software, machines/equipment):

---

---

---

---

**6. Volunteer Work** (paid or unpaid training, internships, externships, apprenticeships, organizational memberships, or community involvement)

**Organization:** \_\_\_\_\_ **Dates from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street address City State Zip

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title, responsibilities, and duties:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Dates from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street address City State Zip

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title, responsibilities, and duties:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Dates from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street address City State Zip

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title, responsibilities, and duties:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**7. Career Goals**

**Short term occupation goals (6-12 months):** \_\_\_\_\_

**Long term/retirement goals (5-10 years):** \_\_\_\_\_

**Educational goals:** \_\_\_\_\_

***Equal Opportunity Employer Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162