



State of Utah
Department of Workforce Services
MASTER APPLICATION

The purpose of a Master Application is to have all of your contact information, education, experience, and skills in one document for 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 ever 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: _____

Available to work: Full time Temporary Part time Shift work

Date you can start: _____ Desired salary: _____

3. References

Name/Title	Company/Address	Telephone/Email
Professional		

Personal (Persons not related to you who you have known at least one year.)

4. Work History: List your work experience, beginning with most recent, for the past ten (10) years.

Employer: _____

Dates of employment from: _____ to: _____

Address: _____
Street address City State ZIP

Supervisor's name: _____ Phone & email: _____

Salary starting: _____ Salary ending: _____

Job title, responsibilities, and duties:

Reason for leaving: _____

Employer: _____

Dates of employment from: _____ to: _____

Address: _____
Street address City State ZIP

Supervisor's name: _____ Phone & email: _____

Salary starting: _____ Salary ending: _____

Job title, responsibilities, and duties:

Reason for leaving: _____

Employer: _____

Dates of employment from: _____ to: _____

Address: _____
Street address City State ZIP

Supervisor's name: _____ Phone & email: _____

Salary starting: _____ Salary ending: _____

Job title, responsibilities, and duties:

Reason for leaving: _____

5. Education and Training

High School Name, City, State: _____

Highest level completed: Diploma GED Highest grade completed (1-12): _____

College, business, trade schools	Location	Major	Dates attended	Degree/ Certificate or # of credit hours

Military dates of service	Discharge status	Operational code, duties and specialty training

Licenses and certifications	License number	Expiration

Special training/seminars, workshops	Location	Dates attended	Certificate

Honors/awards/accomplishments	Name of organization awarding	Dates

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

7. 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: _____

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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