



## City of West Jordan Committee Application

**Note:** For this application to be complete, a **resume or statement of qualifications must be attached**. If nominated by the Mayor for any position, you will be asked to provide additional information both before and after City Council advice and consent. Following receipt of additional information your name will be submitted to the City Council for advice and consent. On approval from the City Council you will begin your term of service.

Full Name (Last) Rosas, Whitney M.	(First) (M)	Date of Birth [REDACTED]
Email WRosas@slco.org	Phone Number [REDACTED]	
Address, City, State, Zip [REDACTED]		
Committee / Commission(s) Volunteering for:  Healthy West Jordan Coalition		
<input checked="" type="checkbox"/> Included Resume or Statement of Qualifications		
<b>Code of Conduct and Acknowledgement</b> I agree to perform those duties as specified and to stay within the bounds of the responsibilities as outlined in the job description. I will strictly observe all safety rules and policies of the City of West Jordan. I will use care in the performance of my assigned tasks and do so in a professional manner. As a representative of the city, I will treat everyone with respect, patience, integrity, courtesy, dignity and consideration. If problems arise, I will notify my supervisor as soon as possible.		
<b>Applicant Signature:</b> APPLICANT ACKNOWLEDGES THAT THE ARRANGEMENT IS AT THE SOLE DISCRETION OF THE CITY OF WEST JORDAN. APPROVAL MAY BE DENIED FOR ANY REASON, WITH OR WITHOUT CAUSE, AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE. The volunteer applicant promises to follow the instructions of the supervisor in performing all assignments. The volunteer does not and shall not assume any authority to represent the City in negotiations, contracts, or make promises or inducements on behalf of the City at any time.  Having read this disclaimer and acknowledging approval of all information contained in this form by signing. I understand that any omission or misstatement of material facts on this Application Form, attachment, or any document used to secure a position with the City of West Jordan shall be grounds for rejection of this application or for immediate discharge of an offered position, regardless of the time elapsed before discovery. I understand a background check may be part of this application process and submit to such. I accept the code of conduct and acknowledge the aforementioned section as such.		
Signature  Whitney Rosas		Date  01/23/23

**Please return this form to Tom Behrens. You can either mail it to 8000 S. Redwood Road, West Jordan, UT 84088, or email it to [ariel.campos@westjordan.utah.gov](mailto:ariel.campos@westjordan.utah.gov). If you have additional questions you can call 801-569-5100.**

<b>OFFICE USE ONLY</b>			
Beginning Date:	Ending Date:	Reappointment Yes <input type="checkbox"/> No <input type="checkbox"/>	Reappointment Date:
City Supervisor:	Job Duties:		
<input type="checkbox"/> Background Check (As required)	<input type="checkbox"/> Driver's License Review (As Required)	<input type="checkbox"/> Conflicts of Interest	
<input type="checkbox"/> Minor Acknowledgement (As Required)	<input type="checkbox"/> Drug Test (As Required)	<input type="checkbox"/> Other _____	
Human Resources Approval _____		Mayor's Approval _____	
Department Approval _____		City Council Approval (dated) _____	