

Complete this form online, then save to your computer or flash drive and attach to an email to hr@sslc.c

CITY OF SOUTH SALT LAKE APPLICATION FOR EMPLOYMENT

Position applying for: _____ Date: _____

PERSONAL INFORMATION

Name: _____
First _____ Middle _____ Last _____

Address: _____
Number/Street _____ City _____ State _____ Zip _____

Telephone # Home: _____ Cell: _____

E-mail address: _____

Do you have any relatives working for South Salt Lake? Yes [] No []
If so, please list their name: _____

Are you 18 years or older? Yes [] No []

Have you ever been employed by South Salt Lake? Yes [] No []
If so, which department: _____
Year terminated: _____

Are you aware of any physical disabilities that would prevent you from performing the duties of the position for which you are applying? Yes [] No []
If yes, please explain: _____

Are you aware of any emotional or mental disabilities that would prevent you from performing the duties of the position for which you are applying? Yes [] No []
If yes, please explain: _____

EDUCATION AND TRAINING

Do you have a high school diploma or a G.E.D. certificate? Yes [] No []

If not, circle the highest grade completed.
1 2 3 4 5 6 7 8 9 10 11 12

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Education and Training (continued)

| | | |
|--|-------|--|
| College, Business, Trade School, or Special Training | Major | Degree, Certificate or # of Years Attended |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you have a basic P.O.S.T. certificate?

If yes: Category _____
Session # _____

Yes [] No []

Where _____
Date graduated _____

Special Skills or Certificates

EXPERIENCE

Beginning with the present or most recent experience, **account for all employment during the last ten (10) years**. If you wish to elaborate on your experience, a supplemental sheet or resume may be attached, **but this section must be completed**. If additional space is needed, attach a supplemental sheet; however, all information must be in the same format as listed.

May we contact your current employer? Yes [] No []

Firm Name: _____ Phone # _____

Address: _____

Job Title: _____ Supervisor: _____

Duties: _____

Full-time _____ Part-time _____ Volunteer _____

Employed from: _____ to _____

Reason for Leaving: _____

Firm Name: _____ Phone # _____

Address: _____

Job Title: _____ Supervisor: _____

Duties: _____

Full-time _____ Part-time _____ Volunteer _____

Employed from: _____ to _____

Reason for Leaving: _____

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Firm Name: _____ Phone # _____
Address: _____
Job Title: _____ Supervisor: _____
Duties: _____

Full-time _____ Part-time _____ Volunteer _____
Employed from: _____ to _____
Reason for Leaving: _____

Firm Name: _____ Phone # _____
Address: _____
Job Title: _____ Supervisor: _____
Duties: _____

Full-time _____ Part-time _____ Volunteer _____
Employed from: _____ to _____
Reason for Leaving: _____

Firm Name: _____ Phone # _____
Address: _____
Job Title: _____ Supervisor: _____
Duties: _____

Full-time _____ Part-time _____ Volunteer _____
Employed from: _____ to _____
Reason for Leaving: _____

Firm Name: _____ Phone # _____
Address: _____
Job Title: _____ Supervisor: _____
Duties: _____

Full-time _____ Part-time _____ Volunteer _____
Employed from: _____ to _____
Reason for Leaving: _____

SIGNATURE

I, _____, certify that the facts contained in this application are true and complete to the best of my knowledge and understand that any misstatement of material facts may subject me to disqualification, dismissal or even criminal proceedings. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that the top applicant will be tested for drugs following an offer of employment, and prior to beginning employment. The offer of employment shall be contingent upon submitting to and passing the drug test. I understand that refusal to take the test, test results reporting a presence of illegal drugs or narcotics, or the abuse of prescribed or non-prescribed drugs will result in withdrawing offer of employment and be cause for disqualifying an applicant from applying for any other City of South Salt Lake positions for a minimum of six (6) months. Applicants found to have been convicted of the illegal sale, manufacture or distribution of any narcotic/drug will be permanently rejected from future employment consideration with the City of South Salt Lake. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. I understand that any oral or written statements to the contrary are hereby disavowed and should not be relied upon by any prospective or existing employee.

Note:

1. Any applicant may be given any combination of the following: polygraph exam, written exam, agility exam, physical exam, psychological exam and oral interview as condition of employment.
2. Any applicant may be subject to an employment background investigation and a credit and/or criminal check, which may be ordered at any time during the employment and/or placement process.

If I am a commercial drivers license holder, I hereby authorize any employer listed above to provide the City with information for the purposes of investigation and qualifying me to drive a commercial motor vehicle as required and allowed by the U.S. Department of Transportation and Federal Motor Carrier Safety Regulations.

Signature _____ Date _____

The City of South Salt Lake is an equal opportunity employer. Appointments are made without regard to sex, age, race, color, religion, national origin, disability, or other non-job-related criteria.