



SALEM CITY CORPORATION EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY	
Experience	_____
Education	_____
Background	_____

USE TYPEWRITER OR PRINT CLEARLY IN INK.
ALL APPLICATIONS WILL BE RETAINED FOR SIX MONTHS

1. KIND OF POSITION DESIRED: _____

2. TYPE OF EMPLOYMENT ACCEPTABLE: FULL TIME PART TIME TEMPORARY

3. NAME: _____

First Name
Middle Initial
Last Name

4. ADDRESS: _____

Number
Street

City
State
Zip Code

5. PHONE NO.: HOME: _____ BUSINESS: _____

6. DRIVER'S LICENSE: STATE: _____ NO.: _____ COMMERCIAL: Yes No

7. SOCIAL SECURITY NUMBER: _____ 8. BIRTHDATE: _____ (Year Not required)

9. PROFESSIONAL OR TRADE LICENSE CERTIFICATES OR REGISTRATION:

Kind	No.	State
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10. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT IN ANY POSITION?
 NOTE: You will not be certified to any position paying less than you indicate. \$ _____ per month

11. HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF SALEM? No Yes If Yes give Dates: _____

From
To

Department	Position/Title
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12. ARE YOU AT LEAST 16 YEARS OF AGE? YES NO

13. TYPING SPEED (RATE): _____ 14. SHORTHAND (RATE) _____

15. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A POSITION? YES NO
 (If YES, explain fully on a separate sheet)

16. HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW OTHER THAN MNOR TRAFFIC OFFENSES?
 YES NO (If YES, explain fully on a separate sheet.)

EDUCATION

17. HIGH SCHOOL GRADUATE? YES NO IF NO, CIRCLE HIGHEST YEAR COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE, BUSINESS OR TRADE SCHOOL ATTENDED		MAJOR SUBJECTS	CREDITS EARNED	DEGREE
TYPE	NAME & LOCATION (CITY)			
			QTR <input type="checkbox"/> SEM <input type="checkbox"/> HOURS	YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE
			QTR <input type="checkbox"/> SEM <input type="checkbox"/> HOURS	YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE
			QTR <input type="checkbox"/> SEM <input type="checkbox"/> HOURS	YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE

RETURN TO: SALEM CITY OFFICE, 30 WEST 100 SOUTH, P.O. BOX 901, SALEM, UTAH 84653
 PHONE NO.: (801) 423-2770
 AN EQUAL OPPORTUNITY EMPLOYER

EXPERIENCE

18. BEGINNING WITH THE PRESENT OR MOST RECENT EXPERIENCE, ACCOUNT FOR ALL EMPLOYMENT DURING THE LAST 10 YEARS. IF YOU WISH TO ELABORATE ON YOUR EXPERIENCE, A SUPPLEMENTAL SHEET OR RESUME MAY BE ATTACHED, BUT THIS SECTION MUST BE COMPLETED. INCLUDE MILITARY SERVICE IF APPLICABLE.

FIRM NAME: _____ / ADDRESS: _____ / _____ / JOB TITLE: _____ /	FULL TIME PART TIME VOLUNTEER	HOUR WORKED PER WEEK:	FROM: TO:	LENGTH OF JOB IN MONTHS: LAST MONTHLY SALARY:
DUTIES:				

FIRM NAME: _____ / ADDRESS: _____ / _____ / JOB TITLE: _____ /	FULL TIME PART TIME VOLUNTEER	HOUR WORKED PER WEEK:	FROM: TO:	LENGTH OF JOB IN MONTHS: LAST MONTHLY SALARY:
DUTIES:				

FIRM NAME: _____ / ADDRESS: _____ / _____ / JOB TITLE: _____ /	FULL TIME PART TIME VOLUNTEER	HOUR WORKED PER WEEK:	FROM: TO:	LENGTH OF JOB IN MONTHS: LAST MONTHLY SALARY:
DUTIES:				

19. Salem City reserves the right to do random drug and alcohol testing. As part of my employment with Salem City, I consent to such testing.

NAME: _____ DATE: _____

20. (IF JUVENILE) I consent for my son/daughter _____ to work for Salem City in the capacity of _____. I also consent applicable drug and alcohol testing be provided.

PARENT/GUARDIAN: _____ DATE: _____

21. CERTIFICATE OF APPLICANT: (Carefully read before signing.)

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts in this application is cause for disqualification of the application and/or separation from employment.

_____ / _____ / _____
 Date First Name Middle Initial Last Name

