



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: _____

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

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

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

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

AUTHORIZATION TO RELEASE INFORMATION

My Commission Expires: _____

Notary Public