

SALEM CITY CURPURATION EMPLOYMENT APPLICATION

FOR OFFICE USE C	NLY
Experience	
Education	
Background	

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

					·		
1.	KIND OF POSIT	ION DESIRED:					
2.	TYPE OF EMPL	OYMENT ACCEPTABLE:	FULL TIME []	PART TIME	. □ TEMPOR	RARY []	
3.	NAME:		. /		1 .		
		First Name	Mic	idle Initial	, , , , , , , , , , , , , , , , , , , ,	Last Name	
4.	ADDRESS:						
•	111011200	Number			Street		
		City			State		Zîp Code
5.	PHONE NO.: 1	HOME:	BUS	NESS:			
6.	DRIVER'S LICE	NSE: STATE:	NO.:			COMMERCIAL:	Yes □ No □
7.	SOCIAL SECURITY NUMBER: (Year Not						
9.	PROFESSIONAL	OR TRADE LICENSE CER	TIFICATES OR R	EGISTRATION:			required)
	•						
		Kind		No.		Staté	
:0.		OWEST ENTRANCE SALAD not be certified to any position pays			POSITION?		per month
11.	HAVE YOU EVE	R BEEN EMPLOYED BY TI	HE CITY OF SAL	EM? No 🗆	Yes □ If Yes give	Dates:	
						From	То
		Department			Position/Title		F.
IC.	ARE YOU AT LEA	AST 16 YEARS OF AGE?	YES 🗆 NO) [
13.	TYPING SPEED (I	RATE):	_ 14. SHOR	THAND (RATE)			
!5.	HAVE YOU EVER	BEEN DISCHARGED OR	FORCED TO RES	IGN FROM A PO	OSITION? YES		
. 6		-	TOT ATTIC AND		7.1373.070n.m		
.0.	YES D N	R BEEN CONVICTED OF V IO (If YES, explain fully o	n a separate sheet.)		IAN MNOR IKAF	FIC OFFENSES	?
.7.	HIGH SCHOOL G	RADUATE? YES 🗆 NO		ATION LE HIGHEST YEAR	R COMPLETED 1	234567	8 9 10 11 12
		SS OR TRADE SCHOOL ATT				<u> </u>	
			ENDED	MAJOR SU	BJECTS	CREDITS	DEGREE
T	YPE 1	NAME & LOCATION (CITY)				EARNED OTR I	YES =
						SEM = HOURS	NO I TYPE
					-	QTR =	YES I NO I
						SEM = HOURS	TYPE
						QTR I SEM I	YES I
			1			HOURS	TYPE

RETURN TO:

SALEM CITY OFFICE, 30 WEST 100 SOUTH, P.O. BOX 901, SALEM, UTAH 84653

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.

		HOUR	FROM:	LENGTH OF
FIRM NAME:	FULL TIME	WORKED PER WEEK:	1100012	JOB IN MONTHS:
ADDRESS: //	PART TIME		TO:	LAST
JOB TITLE:	VOLUNTEER			MONTHLY SALARY:
DUTIES:				
	·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
FIRM NAME: /	FULL TIME	HOUR WORKED PER WEEK:	FROM:	LENGTH OF JOB IN MONTHS:
ADDRESS:/	PART TIME		TO:	LAST MONTHLY
JOB TITLE: /	VOLUNTEER			SALARY:
DUTTES:			· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	·			
FIRM NAME:	FULL TIME	HOUR WORKED PER WEEK:	FROM:	LENGTH OF JOB IN MONTHS:
ADDRESS:	PART TIME		TO:	LAST MONTHLY
OB TITLE:	VOLUNTEER			SALARY:
OUTIES:				
				
			lom City I come	ent to such testi
Salem City reserves the right to do random drug and alcohol testing. NAME:		DATE:		
/IE HINDMITE\ I concent for my son/daughter	 	to work		Salem City in
capacity ofbe provided.		l also consent a	pplicable drug	and atconol tes
PARENT/GUARDIAN:		DATE:		
CERTIFICATE OF APPLICANT: (Carefully read before signing.) I authorize investigation of all statements contained in this application is cause for disqualification of the application and/or sep	tion. I understar aration from emp	nd that misrepreses	ntation or omiss	tion of facts in
Date First Name	/ / // // // // // // // // // // // //	e Initial	Last Na	me
Date First Name	MIGGI	- milia		

SALEM CITY CORPORATION

SALEM, UTAH 84653 (801) 423-2770

AUTHORIZATION TO RELEASE INFORMATION

As an applicant of a position with Salem City Corporation, I am required to furnish information for use in the investigation of my background including my criminal history. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature, and all personnel files, and financial records. This includes an authorization to review my personal credit and release it to Salem City Corporation. I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested by the bearer of this document. I also release Salem City or any of its employees, including volunteers, acting in an official capacity from any liability requested by bearer of this document.

Salem City employees and volunteers have a drug free work environment and will be subject to random drug and alcohol testing. As part of my acceptance for the position applied for, I consent to such testing.

SIGNED:		PRINTED NAME:
SOCIAL SECURITY NUM	BER:	
DATE:		_
STATE OF UTAH:)	
COUNTY OF) ss)	
On thisday	v of	, 20, personally appeared before me,, who being by me duly sworn, did say that he/she is the
candidate for employment i	named in the above	e, Authorization to Release Information and drug testing
My Commission Expires: _	The second secon	
		Notary Public