

Education and Training (continued)

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

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

Yes [] No []

If yes: Category _____

Where _____

Session # _____

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 _____

Last Monthly or Hourly Salary: _____

Reason for Leaving: _____

Firm Name: _____ Phone # _____

Address: _____

Job Title: _____ Supervisor: _____

Duties: _____

Full-time _____ Part-time _____ Volunteer _____

Employed from: _____ to _____

Last Monthly or Hourly Salary: _____

Reason for Leaving: _____

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

Full-time _____ Part-time _____ Volunteer _____
Employed from: _____ to _____
Last Monthly or Hourly Salary: _____
Reason for Leaving: _____

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

Full-time _____ Part-time _____ Volunteer _____
Employed from: _____ to _____
Last Monthly or Hourly Salary: _____
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 a background investigation and a credit check.

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.

CITY OF SOUTH SALT LAKE AFFIRMATIVE ACTION SELF IDENTIFICATION INFORMATION

41 CFR - - - 60-741.1, 60-250.1

Completion of this form is voluntary and will not affect your opportunity for employment or for any personnel transaction with the City of South Salt Lake in any way. In compliance with federal government requirements, we ask that you complete this information to help us evaluate our affirmative action and advertising programs. If you are making application for employment, please return the completed form with your application.

Thank you for your cooperation.

Name (optional)

Sex

- Male
 Female

Ethnic Group

- Black
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Hispanic
 White

Handicapped Status (Check as many as apply)

- Hearing Impaired
 Vision Impaired
 Mobility Impaired
 Speech Impaired
 Medical Condition
 Other

Explain: _____

Explain: _____

Military Status

- Disabled Veteran
 Vietnam Era Veteran
 Disabled Vietnam Era Veteran