



30 West 100 South  
 Salem, Utah 84653  
 (801) 423-2770 Fax (801) 423-2818  
 www.salemcity.org

### APPLICATION FOR EMPLOYMENT

Position You are Applying for:		Date:
Last Name:	First Name:	Middle Initial:
Address:	Apt. #	City: State: Zip Code:
Home Phone:	Other Phone:	Email Address:
If the position you are applying for requires driving a vehicle, do you have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been discharged or forced to resign from any position?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Salem City? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, from _____ to _____
Position:	Department:	
Are you related to any current or previous Salem City employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name: _____
Relationship:	Department:	City Position:
Have you ever been convicted of an offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain fully on a separate sheet.		

EDUCATION:				
High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No High School Equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you presently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Name of Institution	Field of Study	Did you Graduate?	List type of Degree
Vocational or Special Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional License or Certificate, If Required.	Type	Serial Number	Date Issued	Expiration Date

SKILLS:
List Computer Background and Years of Experience:
Equipment Operated:

<b>EMPLOYMENT HISTORY:</b>	
Beginning with your present or most recent experience, account for all employment during the past ten (10) years. To elaborate, a supplemental sheet or resume may be attached, but cannot be substituted for a completed application. Include military service if applicable.	
Name of Employer:	Job Title:
Address:	Supervisor:
Phone #:	Ending Salary Per Month:
Dates of Employment: (list mo. And yr.)	
From:                      To:	Reason for Leaving:
Description of Duties:	
Name of Employer:	
Job Title:	
Address:	
Supervisor:	
Phone #:	
Ending Salary Per Month:	
Dates of Employment: (list mo. And yr.)	
From:                      To:	
Reason for Leaving:	
Description of Duties:	

Inquiry may be made of your current & former employer/ schools you attended.

May we contact your present employer?  Yes  No    May we contact your former employers?  Yes  No

PERSONAL REFERENCES (other than relatives and past employers)		
Full Name	Present Business or Home Address (Street, City, State, Zip)	Telephone Number(s)

**APPLICANT'S STATEMENT AND AUTHORITY TO RELEASE INFORMATION**

(Required for ALL Positions)

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand and agree that I am required to abide by Salem City ordinances, policies, rules, and regulations.

I understand that the conditional offer process may include a drug screen and background investigation; and if I fail that drug screen or fail to disclose information regarding previous convictions on my application, I will not be eligible for appointment or to apply for any position with Salem City. I understand that employment may be conditional upon the successful completion of reference and employment checks and a criminal background investigation. I understand that I must meet the minimum qualifications for any position I am offered.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_

Full Name (SIGNATURE)

\_\_\_\_\_

Full Name (PRINT)

# Right of Access Provider Waiver

Spanish Fork & Salem City Attorney's

789 W Center St., Spanish Fork, UT 84660

30 W 100 S, Salem, UT 84653

## Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann. §53-10-108) and may only be released to me by this agency if I appear in person with valid photo identification. This agency is not authorized to retain a copy of this record without my expressed permission.

### Please Print Clearly:

NAME: _____ (Last) (First) (Middle)		Date of Birth: ____/____/____ (Month) (Day) (Year)	
Previously Used Name(s) (Maiden, Alias, etc):			
Physical Address: _____ (Street) (City) (State) (ZIP)			
Social Security #: _____		Driver License Number: _____ State: _____	

Initials	Please Initial the Box which MOST applies:
N/A	I wish to obtain a copy of my Utah Criminal History Record to take with me today. This agency may NOT retain a copy for any purpose.
	I authorize a release of my Utah Criminal History record, or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed *Application to Challenge Criminal History Records* with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use ONLY:

Identification Verified: \_\_\_\_\_ Criminal History Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

(Initials)

(Signature)

