



Complete this form online, then save to your computer or flash drive and attach to an email to hr@sslc.com

### Education and Training (continued)

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

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: \_\_\_\_\_

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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 an employment background investigation and a credit and/or criminal check, which may be ordered at any time during the employment and/or placement process.

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)

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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      Explain: \_\_\_\_\_  
 Other                              Explain: \_\_\_\_\_

Military Status

- Disabled Veteran  
 Vietnam Era Veteran  
 Disabled Vietnam Era Veteran