



Administration Office
 40 South Main Street
 Spanish Fork, Utah 84660
 (801) 804-4531 Fax (801) 798-5005
 www.spanishfork.org

**PART-TIME
 APPLICATION FOR EMPLOYMENT**

IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENTS MUST SIGN THIS FORM

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 you are under the age of 18, how old are you?		Do You Have a Valid Drivers License: <input type="checkbox"/> Yes <input type="checkbox"/> No

Were you ever discharged or forced to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Explain:
Have you ever been employed by Spanish Fork City? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, from to
Position:	Department:	
Are you related to any Spanish Fork City employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name:
Relationship:	Department:	City Position:
Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Branch:
Date Entered Active Duty:	Date Released Active Duty:	
Have you ever been convicted of any violation of the law? <input type="checkbox"/> Yes <input type="checkbox"/> No Exclude traffic violations. (A conviction will not necessarily disqualify an applicant from the position sought.) 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
SKILLS:
Office/Other Equipment Operated Such as Computer:

Why do you want to work for Spanish Fork City?
We may need to call your present/past employers for information.
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your former employers? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY: Please tell us about your past/present employment by completing the boxes below.	
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: _____ _____	
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: _____ _____	

APPLICANT'S STATEMENT AND AUTHORITY TO RELEASE INFORMATION
(Required for **ALL** Positions)

I understand that this employment application and any other city documents are not contracts of employment, and any person hired may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by a prospective or existing employee. I understand that Spanish Fork City may modify, change, or revoke any of its employment policies, pay practices, and benefits without my agreement. I hereby state that all answers on this application are true and understand that falsifying this information can lead to termination if hired. **I UNDERSTAND THAT IN ACCORDANCE WITH CITY POLICY, FINAL CANDIDATES ARE SUBJECT TO AN ALCOHOL / DRUG TEST AS A CONDITION OF EMPLOYMENT.**

I hereby authorize any and all persons, companies, or agencies to release any and all background information, of a confidential or privileged nature, relevant to this application and any pertinent information they may have to the hiring authorities of Spanish Fork City. I release all such parties from all liability of every kind as the result of furnishing the same to Spanish Fork City. This information is to be used to assist the City in determining my qualifications and fitness for the position I am seeking. I hereby release Spanish Fork and its officers, agents and employees from any liability for the use of any and all of the foregoing information, in consideration for being reviewed for the aforesaid position.

Signature of Applicant

Date

IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT/GUARDIAN MUST SIGN THIS SECTION

Dear Parent(s)/Guardian:
Spanish Fork City makes every attempt to comply with State and Federal regulations regarding the safety and welfare of it's workers. In this respect, we would like to inform you of an important city policy.

For their safety, part-time minors who work for the city are required to comply with all city safety policies, including drug/alcohol testing. To be hired as an employee in any position, the candidate is subject to this testing. The testing is done by a professional service and complies with Federal Regulations.

Spanish Fork City appreciates your cooperation with this process. Please feel free to contact the Human Resource office if you have any questions regarding this letter (801-804-4531)

I hereby grant permission for my son/daughter _____ to work for Spanish Fork City and to be tested for drugs and alcohol according to city policy.

Signed: _____
(Parent's Signature)