



Administration Office
 40 South Main Street
 Spanish Fork, Utah 84660
 (801) 804-4531 Fax (801) 798-5005
 www.spanishfork.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:	
Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you authorized to work and remain in the United States? <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				
	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:

Typing Words Per Minute:	10 Key Speed:	Word Processing: <input type="checkbox"/> Yes <input type="checkbox"/> No
List Computer Background and Years of Experience:		
Equipment Operated:		

EMPLOYMENT HISTORY:

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: _____

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 and former employers/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)	Business or Occupation	Telephone Number(s)

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, including criminal history, 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.

Should there be any questions regarding the validity of this release, you may contact me as indicated below.

Dated this _____ day of _____ 200____.

Full Name (SIGNATURE)

Current Address

Full Name (PRINT)

Phone Number

SPANISH FORK CITY • AN EQUAL OPPORTUNITY EMPLOYER

