



SMITHFIELD CITY

96 South Main*Smithfield UT. 84335*(435)563-6226

www.smithfieldcity.org

"A Fair and Equitable Employer"

OFFICE USE ONLY
TIME STAMP

POSITION APPLYING FOR:
(State Exact Job Title as listed on Job Announcement)
A RESUME OF YOUR EMPLOYMENT WILL NOT BE ACCEPTED IN LIEU OF APPLICATION

Fill in from computer or print out and use BLACK Ink. Please print clearly

1. NAME: _____ / _____ / _____
First Name MI Last Name

2. HOME ADDRESS: _____
Street Number City State Zip

3. CONTACT NUMBER(S): Home: (_____) _____ EMAIL: _____

4. DO YOU HAVE A VALID DRIVERS LICENSE? _____ ARE YOU CURRENTLY EMPLOYED? _____
DO YOU CURRENTLY HAVE A CDL? _____ CLASS _____

5. HOW DID YOU LEARN ABOUT THIS EMPLOYMENT OPPORTUNITY? _____

6. ARE YOU RELATED TO ANYONE WORKING FOR THE CITY OF SMITHFIELD? YES NO

IF YES, NAME: _____ RELATIONSHIP: _____ DEPT: _____

7. HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, WHAT CHARGE _____ DATE: _____ DISPOSITION _____

8. HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM A POSITION? YES NO

IF YES, WHAT EMPLOYER: _____ WHEN: _____

9. LIST SPECIAL SKILLS OR CERTIFICATIONS THAT WOULD BE OF BENEFIT IN THE JOB YOUR APPLYING FOR _____

10. IF OFFERED A POSITION, CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO WORK IN THE US? YES NO

11. WHEN WOULD YOU BE AVAILABLE FOR WORK? IMMEDIATELY IN 2 WEEKS OTHER: _____

11. NAME OF HIGH SCHOOL	LOCATION	DIPLOMA / GED
12. COLLEGE, UNIVERSITY or TRADE SCHOOL ATTENDED	LOCATION	DEGREE EARNED AA, BA/BS, MA/MS or Certification

List your most recent experience first. Carefully account for all employment, paid or unpaid, over the last TEN (10) years. If you wish to elaborate on your experience, a resume may be attached, but this section must be completed. Include military service if applicable. Do NOT put "SEE RESUME" in any part of employment history section.

JOB TITLE: _____
FROM: _____ to _____
Mo/Yr Mo/Yr
EMPLOYER: _____
ADDRESS: _____
SUPERVISOR NAME: _____
PHONE: _____
SALARY: _____ per Hour or Month

DUTIES PERFORMED:

JOB TITLE: _____
FROM: _____ to _____
Mo/Yr Mo/Yr
EMPLOYER: _____
ADDRESS: _____
SUPERVISOR NAME: _____
PHONE: _____
SALARY: _____ per Hour or Month

DUTIES PERFORMED:

JOB TITLE: _____
FROM: _____ to _____
Mo/Yr Mo/Yr
EMPLOYER: _____
ADDRESS: _____
SUPERVISOR NAME: _____
PHONE: _____
SALARY: _____ per Hour or Month

DUTIES PERFORMED:

APPLICATION CERTIFICATION: I certify that all statements made on this application are true and complete, and that any misstatement of any listed material facts or omission of material facts may subject me to disqualification from the selection process and/or termination of employment.

WAIVER AND RELEASE: I further authorize my past employers, schools and references to provide any and all pertinent information concerning me and release all parties from liability for any damages that may result from furnishing such information to you.

SIGNATURE: _____ DATE: _____