



# City of Taylorsville Human Resources

2600 West Taylorsville Blvd., Taylorsville, Utah 84129 (801) 963-5400, Fax (801) 963-7891

## EMPLOYMENT APPLICATION

Applications can be returned via fax: 801-963-7891, email: [humanresources@taylorsvilleut.gov](mailto:humanresources@taylorsvilleut.gov), hand delivered, or mailed to: City of Taylorsville Attn: Human Resources, 2600 W. Taylorsville Blvd., Taylorsville, UT 84129. Applications will be kept on file for three (3) years. **Incomplete or unsigned applications will be rejected. To ensure that your application is given full consideration, make sure all blanks are filled in and the last page is notarized. Notary services are available free of charge at the City Hall.**

### Personal Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Day Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Night Phone # \_\_\_\_\_  
 List any relatives employed by the City of Taylorsville: \_\_\_\_\_  
 List any friends employed by the City of Taylorsville: \_\_\_\_\_

**Job Interest**      Type of Employment:    Full-time     Part-time

Position applying for: \_\_\_\_\_  
 Date available to start: \_\_\_\_\_ Desired salary: \$ \_\_\_\_\_  
 Have you ever worked for the City of Taylorsville?    Y  or N   
 If yes, Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Have you ever volunteered for the City of Taylorsville?    Y  or N   
 If yes, Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Committee: \_\_\_\_\_  
 Are you a citizen of the United States?    Y  or N  Authorized to work in the US? Y  or N   
 Have you ever been convicted of a crime?    Y  or N  If so, Date: \_\_\_\_\_ Charge: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

Do you have a valid Utah Driver's License?    Y  or N       CDL License? Y  or N

### Education Information

Highest year of high school completed: \_\_\_\_\_ Year: \_\_\_\_\_ Diploma     GED   
 List college, business or trade schools attended: \_\_\_\_\_  
 \_\_\_\_\_  
 How many years completed? \_\_\_\_\_ Graduated? Y  or N  Year of Graduation: \_\_\_\_\_  
 List degree(s): \_\_\_\_\_  
 \_\_\_\_\_

List any job related professional, trade, business or civic activities, organizations, and associations in which you have participated, or of which you are a member. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you licensed or certified in your profession or occupation?    Y  or N

In which state(s)? \_\_\_\_\_



# EMPLOYMENT APPLICATION (continued)

## Job Related Skills

Typing WPM: \_\_\_\_\_ Computer Skills: Y  or N

List all computer programs you are proficient with: \_\_\_\_\_

List any additional skills: \_\_\_\_\_

Is there anything that could prevent you from performing the essential functions of this job and/or meeting the attendance requirements? Y  or N  If yes, please explain: \_\_\_\_\_

## Employment History

This section must be completed even if accompanied by a resume, or the application will be considered incomplete and rejected. Starting with your most recent job, accurately list ALL jobs you have held in the past ten (10) years. You may attach additional pages if needed.

Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title (Started as): \_\_\_\_\_ Final Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title (Started as): \_\_\_\_\_ Final Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title (Started as): \_\_\_\_\_ Final Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title (Started as): \_\_\_\_\_ Final Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending: \$ \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

Have you ever been forced to resign or terminated from any position? If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# EMPLOYMENT APPLICATION (continued)

## References

List three professional references. Do not list friends or relatives.

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ How long acquainted? \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ How long acquainted? \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ How long acquainted? \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Tell us about yourself:** What are your interests and hobbies?

---



---



---



---



---



---

You may attach additional pages if more space is needed.

## Important - Read carefully before signing

The City of Taylorsville is an equal opportunity employer. Appointments are made without regard to gender, age, race, color, religion, national origin, disability, or other non-job related criteria. Contact **Human Resources**, if you have any questions.

Please inform HR if reasonable accommodations are needed for the interview process. The City of Taylorsville is an "At-Will" employer, which means employees can terminate or be terminated at will. If you are claiming veteran's preference, please attach a copy of form DD-214 (*only honorable discharges will be given consideration*). If you need more space or have a resume, please attach additional sheets to this application.

I certify that all statements made in this application and attachments are true and complete. I understand that any misrepresentation of material fact will subject me to disqualification or immediate termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



CITY OF  
**TAYLORSVILLE**  
UTAH

## Applicant's Consent to Release Information and Background Check Statement

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First MI  
\_\_\_\_\_  
Street Address City State Zip

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, authorize The City of Taylorsville, or its agents, to conduct a background check for the purpose of verifying and/or obtaining any information whatsoever, whether favorable or unfavorable, about me.

### Release of Liability:

I, \_\_\_\_\_, hereby release and discharge The City of Taylorsville from all liability, claims or demands with respect to the background check completed herein. My signature below indicates my agreement with the procedures outlined above.

\_\_\_\_\_  
Applicant Signature Printed Name Date

### Acknowledgement:

Subscribed and sworn before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, \_\_\_\_\_ personally appeared before me,

\_\_\_ Who is Personally Known to me,

\_\_\_ Whose Identity I Verified on the Basis of,

\_\_\_ Whose Identity I Verified on the Oath/Affirmation of, \_\_\_\_\_ a credible witness, to the signer of the foregoing document and he/she acknowledged that he/she signed it.

State of \_\_\_\_\_

Residing in the County of \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires: