

CITY OF TAYLORSVILLE EMPLOYMENT APPLICATION



Position Applied for:	
Date Available to Begin Work?	

APPLICANT INFORMATION										
Last Name:				First Name:				M.I.:	Date:	
Street Address:							Apartment/Unit #:			
City:				State:				ZIP Code:		
Cell Phone:				Home Phone:						
Email Address:							Desired Salary:	\$		
Type of Employment Applied for:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Other <input type="checkbox"/>					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for the City of Taylorsville?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:							
Do you have a valid Utah Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Do you have a valid Utah CDL License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
If you have a relative working for the City of Taylorsville, indicate his/her name, his/her relationship to you and the department he/she works in:										
EDUCATION										
High School:				Address:						
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
College:				Address:						
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
Other:				Address:						
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
List any job-related professional, trade, business or civic activities, organizations, and associations in which you have participated, or which you are a member:										
Are you licensed or certified in your profession or occupation? YES <input type="checkbox"/> NO <input type="checkbox"/>										
List any additional skills:										

REFERENCES					
<i>Please list three professional references.</i>					
Full Name:		Relationship:			
Company:		Phone:			
Address:					
Full Name:		Relationship:			
Company:		Phone:			
Address:					
Full Name:		Relationship:			
Company:		Phone:			
Address:					

PREVIOUS EMPLOYMENT						
Company:				Phone:		
Address:				Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Name and contact information for previous supervisor:						
Company:				Phone:		
Address:				Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Responsibilities:						
From:		To:		Reason for Leaving:		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Name and contact information for previous supervisor:						
Company:				Phone:		
Address:				Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:	\$
Responsibilities:						
From:		To:		Reason for Leaving:		

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name and contact information for previous supervisor:			
Tell us about yourself: What are your interests and hobbies?			
MILITARY SERVICE			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			
<p>Important – Read carefully before signing.</p> <p>The City of Taylorsville is an equal opportunity employer. Employment positions are offered without regard to gender, age, race, color, religion, national origin, disability, or other non-job related criteria. Contact Human Resources at (801)963-5400 if you have any questions.</p> <p>Please inform Human Resources if reasonable accommodations are needed for the interview process. The City of Taylorsville is an “at-will” employer, which means employees can terminate employment or be terminated from employment at will. If you are claiming veteran’s preference, please attach a copy of Form DD-214 (<i>only honorable discharges will be given consideration</i>). If you need more space or would like to include a resume, please attach additional sheets to this application.</p>			
DISCLAIMER AND SIGNATURE			
<p>I certify that my answers on this application are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.</p>			
Applicant Signature:		Date:	

CITY OF TAYLORSVILLE
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