

# CITY OF TAYLORSVILLE EMPLOYMENT APPLICATION

(PLEASE PRINT)

POSITION APPLYING FOR \_\_\_\_\_

## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
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?		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	

## 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

## REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone (    )
Address		
Full Name		Relationship
Company		Phone (    )
Address		
Full Name		Relationship
Company		Phone (    )
Address		

**PREVIOUS EMPLOYMENT (Start with your present or last job)**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities & Special Skills			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities & Special Skills			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities & Special Skills			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

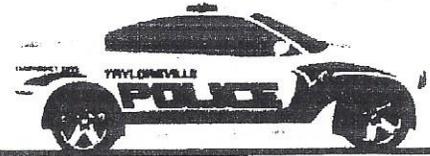
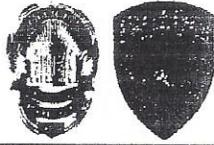
**If you need additional space, please continue on separate sheet of paper**

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.**

**Toby Lewis**  
*Chief of Police*



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I am a candidate for employment with the City of Taylorsville. I hereby authorize the Taylorsville Police Department to search all past / present employment files and records and retrieve any and all information concerning any criminal arrest / convictions and employment history records I may have.

Please print name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Social security number: \_\_\_\_\_

I agree to indemnify and save the above police department and all previous / present employers from and against all damages or claims for damage which may arise either directly or indirectly as a result of this service.

\_\_\_\_\_  
Signature Date

The forgoing release was signed and acknowledged before me by

\_\_\_\_\_ to be his / her voluntary act and deed

this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public State at Large

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