

EMPLOYMENT  
APPLICATION

**SANTAQUIN CITY**  
275 West Main Street  
Santaquin, UT 84655  
(801) 754-3211



Santaquin City considers applicants for all positions without regard for 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.

(Please print)

Position(s) Applied for	Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	

Last Name	First Name	Middle Name
Address	City	State & Zip
Home Telephone #	Cell Phone #	Email address

If you are under 18 years of age, can you provide required proof of your eligibility to work?       Yes       No

Have you ever filed an application with us before?       Yes       No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?       Yes       No

If yes, give date \_\_\_\_\_

Are you currently employed?       Yes       No

May we contact your current employer?       Yes       No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? \*Proof of Citizenship or immigration status will be required upon employment.       Yes       No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:       Full Time       Part Time       Shift Work       Temporary

Are you currently on "lay-off" status and subject to recall?       Yes       No

Have you been convicted of a felony within the last 7 years?       Yes       No

If yes, please explain \_\_\_\_\_

Have you ever had any job related training in the United States Military?       Yes       No

Are you physically or otherwise able to perform the duties of the job for which you are applying for?       Yes       No

**EDUCATION:**

	Elementary School				High School				Undergraduate College/University				Graduate/ Professional			
Name & Location of School																
Years Completed	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																
Course of Study																
Describe any specialized training, apprenticeship, skills, and extra curricular activities																
Describe honors you have received																
State any additional information you feel may be helpful to us in considering your application																

**INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND/OR WRITE:**

	Fluent	Good	Fair
Speak			
Read			
Write			

**LIST PROFESSIONAL, TRADE BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD:**

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

**REFERENCES:**

	Name	Address	Telephone #
1	_____		
2	_____		
3	_____		

**EXPERIENCE:**

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 any military service and volunteer activities if applicable.

Employer	Dates Employed		Work Performed
	To	From	
Address			
Telephone #(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor	Reason For Leaving		
Employer	Dates Employed		Work Performed
	To	From	
Address			
Telephone #(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor	Reason For Leaving		
Employer	Dates Employed		Work Performed
	To	From	
Address			
Telephone #(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor	Reason For Leaving		
Employer	Dates Employed		Work Performed
	To	From	
Address			
Telephone #(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor	Reason For Leaving		

Other special job related skills and qualifications:

By signing below, I understand that Santaquin 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 IN ACCORDANCE WITH CITY POLICY, FINAL CANDIDATES ARE SUBJECT TO A BACKGROUND CHECK AND ALCOHOL/DRUG TEST(S) AS A CONDITION OF EMPLOYMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SANTAQUIN CITY FIRE AND EMS

This is an addendum application which must be completed **ONLY** if applying for Santaquin City Fire Department and/or Santaquin City EMS. All Fire Department and/or EMS volunteers must live within the boundaries set by Santaquin City and must be able to pass applicable pre-employment tests. Final candidates are subject to mandatory Hepatitis shots and Baseline HIV test(s).

Which department are you applying for?

Fire

EMS

If currently employed, would you employer allow you to go on Fire/Ambulance calls when needed?

Yes

No

If no, please explain: \_\_\_\_\_

### SKILLS AND TRAINING PERTINENT TO THIS POSITION: (include certifications) Date Completed

Skills and Training	Date Completed

### EXPERIENCE:

Beginning with your present or most recent experience, account for all experience relating to the field of Fire/Ambulance Service. To elaborate, a supplemental sheet or resume' may be attached. Include Military service if applicable.

Dates of Service: From: _____ To: _____		Type of Service: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	Hours per week:
Organization	Address	Telephone #	
Describe your duties:			
Dates of Service: From: _____ To: _____		Type of Service: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	Hours per week:
Organization	Address	Telephone #	
Describe your duties:			
Dates of Service: From: _____ To: _____		Type of Service: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	Hours per week:
Organization	Address	Telephone #	
Describe your duties:			

Please list hours available: \_\_\_\_\_

Please circle days available:

M   T   W   T   F   S   S

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date