

## **Employment Application**

Syracuse City Corporation 1979 West 1900 South • Syracuse, UT 84075 Phone: (801) 825-1477 • Fax: (801) 825-3001

Syracuse City Corporation is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, genetic status, or any other status protected under local, state or federal laws.

In order to be considered for available positions, <u>all</u> sections of this application must be completed and legibly filled in. Additional pages and a resume may be attached, if necessary. Please print all responses in ink. Resumes will not be accepted in lieu of a completed application. A separate application is required for each position.

Per	sonal Information:				
Nan	ne:				
Last		First	Middle	Middle Initial	
Add	ress:				
	Street	City	State	Zip	
Hon	ne Phone Number:				
Cell	Phone Number:				
Ema	ail Address:				
Арр	olication Information:				
	Date of Application:				
	Position Applied For:				
	Desired Schedule:	☐ Full Time ☐ Part Time ☐ Day ☐ Swing ☐	☐ Temporary ☐ Seasonal☐ Grave ☐ Rotating		
	Date Available:				
	*If "no", you may be requ	ge or older?	_		
2. A		ployment in the United States? [will be required to submit proof of el			
	an you, with or without reas	onable accommodation, perform the ☐ Yes ☐ No	essential functions of the po	osition for	

Application Information (c	ontinued):			
4. Have you ever applied for	employment with Sy	racuse City before?	☐ Yes ☐ N	lo .
*If yes, please give date of a	pplication:			
5. Are you a current or forme	er employee of Syrac	use City?   Yes	□No	
*If yes, please give d	ates of employment:			
6. Is anyone related to you o	currently employed by	Syracuse City?	Yes 🗌 No	
		latives and their relatio	nshin to vou:	
ii yes, piease iist tiik	thame(s) of these re	iauvės and their relatio	risriip to you	
Education			-4:I	
Please fill in and circle the a	ppropriate information	n relative to your educa	ational experie	nce.
	High School	Technical School	College	Other
School Name, Location	<u> </u>			
(including City, State)				
	09010011012	O1 O2	O1 O2 O3 C	M M020204
Years Completed Graduated?	OYes ONo	OYes ONo	OYes ON	
Major Course(s) of Study	0103 0110	0103 0110	0 103 0110	,
Please summarize any educ	ational training or ho	nors not listed above _		
Please summarize any job-r	elated skills, training,	or professional honors	s not listed abo	ove:
References Please list three people who	are not related to yo	u that can provide prof	essional refere	ences on your behalf:
Name		Address		Phone Number

## **Employment Experience**

Employer:			
	Dates E	mployed	Work Performed
Address:	From:	mployed To:	work Performed
Addices.	110111.	10.	
Telephone Number(s):			
	Rass	e Pay	
Job Title:	Start:	Final:	
Supervisor:			
Reason for leaving and explanation:			
reason for leaving and explanation.			
May we contact this employer?	No		
Employer	1		
Employer:			
	Dates E	mployed	Work Performed
Address:	From:	To:	
Telephone Number(s):			
relephone Number(s).			
	Base Pay		
Job Title:	Start:	Final:	
Supervisor:			
Supervisor.			
Reason for leaving and explanation:		<u> </u>	
May we contact this employer?	No		
May we contact this employer? res r	NO		
Employer:			
. ,			
A 1.1		mployed	Work Performed
Address:	From:	To:	
Telephone Number(s):			
	_	_	
lab Tilla.		Pay	
Job Title:	Start:	Final:	
Supervisor:			
Reason for leaving and explanation:			
May we contact this employer? Yes I	No		

## **Applicant Certification and Agreement**

I certify that the answers given herein are true and complete to be best of my kinvestigation of all statements contained in this application for employment as an employment decision.		
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer (Syracuse City) may discharge an Employee at any time with or without cause. If is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Syracuse City.		
Syracuse City conducts pre-employment drug screens and background investigations, including a criminal nistory check, on all individuals to whom a conditional offer of employment is made. Pursuant to City policy, Syracuse City reserves the right to rescind a conditional offer of employment based on pre-employment testing results.		
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.		
Signature of Applicant	Date	

## **EQUAL EMPLOYMENT OPPORTUNITY (EEO) DATA**

The information below is needed to measure the effectiveness of our recruitment efforts and is to help Syracuse City conform with federal government guidelines. You are not required to furnish this information, but are encouraged to do so. This information will not influence selection and will not be used as a basis for selection; it is merely for statistical purposes.

This information sheet will be immediately detached from the application and kept in a confidential file separate from the employment application.

1. Pos	sition title for which you are applying:
2. Dat	te of Application:
3. Gei	nder:
	white (non-hispanic): All persons having origins in any place of the original peoples of Europe, North America, or the Middle East.  Black (non-hispanic): All persons having origins in any of the Black racial groups of Africa.  Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.  Asian or Pacific Islander: All persons having origins in any of the original people of the Far East, Southeast Asia, Indian Sub continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.  American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community
	recognition. Other (please specify):
5. Are imp	e you a disabled individual, defined as any person who has 1) physical or mental pairment that substantially limits one or more of his or her major life activities; 2) has a ord of such impairment, or 3) is regarded as having such an impairment.  Yes No
	ich (if any) of the following veteran statuses apply to you: Any individual who has served on active duty in the armed forces for more than 180 consecutive days, or was a member of a reserve component who served in a campaign or expedition for which a campaign medal has been authorized and who has been separated or retired under honorable conditions. A disabled veteran with any percentage of disability The spouse or unmarried widow or widower of a veteran A Purple Heart recipient A retired member of the armed forces who retired below the rank or major or its equivalent Not applicable