



Salt Lake County Employment Application

A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION

FOR OFFICE USE ONLY	
Rater	
Qualified	
Not Qualified	
Employee Preference	
Veterans Preference	
Score	

TITLE OF POSITION APPLIED FOR: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____
LAST NAME FIRST NAME

MAILING _____ CITY: _____
 ADDRESS: _____ APT# _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVE. PHONE: _____ EMAIL: _____

TYPE OF EMPLOYMENT DESIRED: Full Time Part Time Temporary

DO YOU CLAIM VETERANS PREFERENCE? NO YES (If Yes, you must provide a copy of your DD214 Form)

ARE YOU CURRENTLY A MERIT EMPLOYEE OF SALT LAKE COUNTY GOVERNMENT? NO YES

EDUCATION

Submit copies of official college or university transcripts with your application if you wish to receive credit for your education.

COLLEGE, UNIVERSITY OR TECHNICAL COLLEGE	OFFICIAL MAJOR	QTR HRS	SEM HRS	DEGREE	TYPE OF DEGREE
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
TRADE SCHOOL, CORRESPONDENCE, APPRENTICE	SUBJECT OR FIELD	# of MONTHS	# ACTUAL HOURS	COURSE COMPLETE	TYPE OF CERTIFICATION
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

LIST ANY LANGUAGES OTHER THAN ENGLISH IN WHICH YOU ARE FLUENT: _____

PROFESSIONAL OR TRADE LICENSE, CERTIFICATES OR REGISTRATIONS

TYPE OF CERTIFICATION OR LICENSE	NUMBER	STATE

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

SIGNATURE _____

DATE _____

Salt Lake County is an Equal Opportunity Employer

Return To: Personnel Division 2001 South State Street, #N4600
 Tel: 801-468-2351 Fax: 801-468-2172

Salt Lake City, Utah 84190-3150
 TDD: 801-468-3600

SPORTS/POOL EXPERIENCE

Please explain some of your sports, pool and/or swimming experiences.

EXPERIENCE WITH YOUTH & CHILDREN

What experience do you have working with youth or children?

LEADERSHIP

What experience do you have in leadership?

EDUCATION HISTORY

	NAME OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE
GRAMMAR SCHOOL			
JR. HIGH OR MIDDLE SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

FORMER EMPLOYERS

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
To				
From				
To				
From				

GENERAL INFORMATION

SUBJECTS OF SPECIAL INTEREST _____

WORK AND SPECIAL TRAINING/SKILLS _____

REFERENCES

GIVE BELOW NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE	BUSINESS	YEARS KNOWN