



GREATER SALT LAKE MUNICIPAL SERVICES DISTRICT (MSD)

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use additional paper if you do not have enough room on this application. **PLEASE TYPE or PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Position type desired: Full-time Part-time Temporary / Seasonal Internship

When could you start work?

GENERAL

Last Name

First Name

Middle Name

Telephone Number

Present Street Address

City

State

Zip Code

Email Address: _____

Are you 18 years of age or older? (If hired, you may be required to submit proof of age.)

Yes No

Are you legally authorized to work in the United States? (If hired, you will be required to provide proof of eligibility to work in the United States.)

Yes No

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B Visa)? (**NOTE: MSD is unable to sponsor or take over sponsorship of any employment visa at this time.**)

Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

To ensure that individuals who join the MSD are qualified and have a strong potential to be productive and successful employees, it is our policy to investigate the backgrounds, drug screening, employment and education validation and references of applicants. Background investigations will be conducted at the MSD's discretion and in accordance with federal and state law. All job offers are contingent upon successful completion of the aforementioned checks; do you agree to having these checks completed?

Yes No

If employed, do you expect to be engaged in any additional business or employment outside of our job?

Yes No

If yes, provide details _____



EDUCATION

List Name and Address of Schools		Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical			
Subjects Studied			

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No
If yes, give details: _____

List professional, trade, business or civic activities and offices held.
(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)



WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name, Address and Telephone of Employer	Employed				Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Pay Final	
			\$	\$	
Duties					Supervisor(s)
Title					Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Pay Final	
			\$	\$	
Duties					Supervisor(s)
Title					Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Pay Final	
			\$	\$	
Duties					Supervisor(s)
Title					Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Pay Final	
			\$	\$	
Duties					Supervisor(s)
Title					Reason for leaving
	From (mo/yr)	To(mo/yr)	Start	Pay Final	
			\$	\$	
Duties					Supervisor(s)



REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Provide three references e.g. former employers or managers: Please do not list peers or relatives.

Name	Address	Relationship	Phone

AFFIDAVIT, CONSENT, AND RELEASE PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I am required to successfully pass a drug screening examination and background screening. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment. I also understand that I must be authorized to work for any employer in the U.S. and that MSD is unable to sponsor or take over any sponsorship of an employment visa at this time.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the General Manager of the organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the General Manager and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice, pending appropriate policies.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time.
Ask the organization's representative for details.