

# AMERICAN FORK CITY EMPLOYMENT APPLICATION

Please type or print clearly in ink. To ensure full consideration, application must be completed, including required dates and all job related education and experience. The information you provide will be used to determine if you meet the minimum qualifications. If a question does not apply, enter "NA". Assistance is available for the disabled if help is needed with the application/hiring process. American Fork City is an Equal Opportunity Employer.



## APPLICANT INFORMATION

Name (last, first, MI):	Email:		
Other names previously used:	Phone:		
Current Address:	<i>Daytime</i>	<i>Evening</i>	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
If you have a relative(s) working for American Fork City, indicate name, relationship and department:			
Are you prevented from lawfully becoming employed in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you claiming Veteran's Employment Rights? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have valid Commercial Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>			
*Criminal conviction is not an absolute bar from employment, but it will be considered in relation to specific job duties. If yes, please provide date, location, penalty and details for each occurrence.			

## JOB INTEREST

Position applying for:	How did you hear about this position?		
Type of employment acceptable: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <input type="checkbox"/>			
Date available to start:	Minimum acceptable salary: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Bi-weekly	
		Per: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Have you ever been employed by American Fork City? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, From: _____ To: _____			
Department: _____ Position: _____ Supervisor: _____			
Reason for Termination: _____			

## TYPING WORDS PER MINUTE (WPM)

If the position you are applying for requires a typing speed, please indicate your typing speed here: WPM: _____
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## EXPERIENCE

Beginning with your present or most recent job, describe all periods of employment, such as paid (full-time or part-time), volunteer, self-employment, and/or military service. Account for time during any intervals of unemployment other than when attending school. Attach additional sheets if necessary.

Most Recent or Current Employer:	From:	To:
Complete Address:	Telephone:	
Supervisor's name and title:	Salary: \$	Per:
Is it Okay to contact this Employer? Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Your title:	Hours per week:	
Duties:		
Reason for leaving or seeking other employment:		
Employer:	From:	To:
Complete Address:	Telephone:	
Supervisor's name and title:	Salary: \$	Per:
Your title:	Hours per week:	
Duties:		
Reason for leaving or seeking other employment:		
Employer:	From:	To:
Complete Address:	Telephone:	
Supervisor's name and title:	Salary: \$	Per:
Your title:	Hours per week:	
Duties:		
Reason for leaving or seeking other employment:		
Employer:	From:	To:
Complete Address:	Telephone:	
Supervisor's name and title:	Salary: \$	Per:
Your title:	Hours per week:	
Duties:		
Reason for leaving or seeking other employment:		

## TRAINING

Have you graduated from high school or received an equivalency diploma (GED)? Yes  No   
 If you have not graduated, what is the last grade you have completed: \_\_\_\_\_

CERTIFICATES: List job related professional or trade licenses, certificates or registrations:  
 Title: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_

Title: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_

## EDUCATION

Name and location (city) of any college, university, business, trade or technical school.	Official Major	Number of credits earned	Dates of Attendance	Did you Graduate	Type of Degree
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## QUALIFICATIONS

Explain how you meet the minimum EDUCATION, EXPERIENCE, KNOWLEDGE, SKILLS and ABILITY requirements listed in the job description. (Attach additional pages if necessary).

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

Handwritten Signature/Date: \_\_\_\_\_

**PLEASE COMPLETE THE AUTHORIZATION AND RELEASE ON THE BACK SIDE OF THIS FORM**

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**READ CAREFULLY BEFORE SIGNING BELOW**

The following AUTHORIZATION AND RELEASE has been prepared to expedite background inquiries on employment applicants. You are not required to sign this form in order to have your application considered. However, failure to sign may impede the ability of the City to obtain information pertinent to your qualifications for employment.

**AUTHORIZE AND RELEASE**

I, \_\_\_\_\_, hereby specifically authorize and direct any previous or current employers to release to the Human Resources Director of American Fork City, or his/her designee, any and all information of whatever kind possessed by them, in either verbal or written form, as American Fork City may request regarding myself, including opinions as to job performance, character, competency, honesty, ability, work injuries and safety record, and any records related to me personally, which may have been kept either public or private.

I hereby release American Fork City and its officers, agents, and employees from any liability for the use of any and all of the foregoing information, in consideration for being reviewed for the aforesaid position. I further release any previous or current employers from liability or damage which may result from furnishing the information requested. I also request that a copy of this release be treated as conveying the same authority as the signed original.

Handwritten Signature/Date: \_\_\_\_\_

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*Please return all completed applications to:*

**American Fork City  
Human Resources Office  
51 East Main  
American Fork, UT 84003**

**Phone: (801) 763-3000**

**Website: [www.afcity.org](http://www.afcity.org)**