

# FARMINGTON CITY CORPORATION

130 North Main, P. O. Box 160  
Farmington, Utah 84025-0160  
(801) 451-2383

## APPLICATION FOR EMPLOYMENT

*Farmington City Corporation is an Equal Opportunity Employer. Farmington City will not base its hiring decisions on non-meritorious factors such as race, color, national origin, sex, religion, disability or age.*

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
Telephone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Check each type of appointment you will accept:

Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Summer Only \_\_\_\_\_ Temporary \_\_\_\_\_ How long? \_\_\_\_\_

### EXPERIENCE:

(List all jobs you have held over the past five years beginning with most recent, or three most recent jobs if they cover at least a five-year period.)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Years employed? From: \_\_\_\_\_ To: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Salary: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Years employed? From: \_\_\_\_\_ To: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Salary: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Years employed? From: \_\_\_\_\_ To: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Salary: \_\_\_\_\_

### REFERENCES:

I hereby give my consent to Farmington City to contact the references listed below

regarding my application for employment with the City.

\_\_\_\_\_  
Applicant's Signature

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EDUCATION & TRAINING:**

High School Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, highest year completed? \_\_\_\_\_

College, business, or trade school attended - name and city	Major Subjects	Credits Earned	Degree

Typing wpm (net) \_\_\_\_\_ Shorthand wpm (net) \_\_\_\_\_

Do you possess a journey-worker's certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, list types:

\_\_\_\_\_  
\_\_\_\_\_

List any other skills, certificates or licenses you have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF APPLICANT**

I hereby certify that all statements in this application are true and complete, and that misstatement of material facts may subject me to disqualification or dismissal. I understand that if I am chosen as the top applicant for a position with Farmington City, I will be required to submit to a blood or urine test to screen for the presence of drugs and will be required to submit to a physical examination to determine if I can perform job-related functions. I further understand that any offer of employment with the City may be conditioned on the results of the drug screening test and the physical examination.

\_\_\_\_\_  
Signature Date

## **APPLICATION FOR DRIVER'S POSITION**

*Please complete this portion of the application ONLY if essential function of position requires you to drive any City vehicle at any time. All applicants for positions requiring the driving of City vehicles must submit a copy of certified driving record with application.*

1. Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

State: \_\_\_\_\_ Class: \_\_\_\_\_ License #: \_\_\_\_\_

2. Has your driver's license or permit ever been denied, suspended or revoked?

Yes \_\_\_ No \_\_\_ If yes, give dates and circumstances. \_\_\_\_\_

\_\_\_\_\_

3. Have you had a vehicle accident of any type within the last three years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If a fatality or personal injury occurred, give dates and

circumstances. \_\_\_\_\_

\_\_\_\_\_

4. Have you received any citations for any moving violations during the last three years?

Yes \_\_\_ No \_\_\_ If yes, give date, type of vehicle you were driving and details of

conviction. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you ever or are you now taking, under doctor's prescription or otherwise, tranquilizers, narcotics, or any other form of drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details. \_\_\_\_\_

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\_\_\_\_\_