FARMINGTON CITY CORPORATION

160 South Main, P. O. Box 160
Farmington, Utah 84025-0160
(801) 451-2383 Fax 451-2747

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 Applying For: _____

Name: _____
(Please print)

Address: _____
Telephone: (hm)_____ (wk) _____ Email: _____

Check each type of appointment you will accept:

Full-Time _____ Part-time _____ Summer Only _____ Temporary _____ How long? _____

Disclose any family members employed by Farmington City: _____

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: _____

Name: _____ Position: _____
Address: _____ Telephone: _____

Name: _____ Position: _____
Address: _____ Telephone: _____

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. _____
   _____
   _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, give details. _____
_____
_____

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. _____
_____
_____
_____