

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? _____

Are you related to anyone employed by Farmington City? Yes _____ No _____

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) _____

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. _____
