



## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate	List Diploma or Degree
High			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3 <input type="checkbox"/> 4		
College			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3 <input type="checkbox"/> 4		
College			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other Specify			<input type="checkbox"/> 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 2		
			<input type="checkbox"/> 3 <input type="checkbox"/> 4		

## MILITARY SERVICE RECORD

Have you served in the U.S. Military Service?     Yes     No

If yes, list skills acquired, including special training: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List below all present and past employment beginning with your most recent. If you held more than one position with the same employer, please list each position separately.

<b>1</b>	Employer	From Month/Year	To Month/Year	Work Performed
	Street Address			
	City	State		
	Phone Number of Employer			
	Job Title			
	Supervisor			
	Reason for Leaving			

2

Employer	From Month/Year	To Month/Year	Work Performed
Street Address			
City	State		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

3

Employer	From Month/Year	To Month/Year	Work Performed
Street Address			
City	State		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

4

Employer	From Month/Year	To Month/Year	Work Performed
Street Address			
City	State		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

5

Employer	From Month/Year	To Month/Year	Work Performed
Street Address			
City	State		
Phone Number of Employer			
Job Title			
Supervisor			
Reason for Leaving			

Other Licenses or Certifications (if required for the job):

Profession Trade: \_\_\_\_\_ Level: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Issued By: \_\_\_\_\_

Summarize any special skills or qualifications. Include knowledge, skills and abilities not shown elsewhere in this application.

Be specific. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any offer of employment may be made contingent on applicant passing a job related physical examination and drug test.**

It is the policy of the City to avoid both the practice and the appearance of nepotism in employment. In carrying out this policy, no person shall be hired to a position which is under the supervision of a relative. **No person who is related to the City of Farmington Mayor, City Councilors, or City Manager shall be hired to any position.**

If any of your relatives are employees or elected officials of the City of Farmington, please list their name and family relationship to you:

\_\_\_\_\_  
Name Department Relationship

\_\_\_\_\_  
Name Department Relationship

**EMERGENCY CONTACT:**

\_\_\_\_\_  
Name Address Phone

**AGREEMENT AND CONSENT**

- 1. I certify that these answers are true and correct to the best of my knowledge.**
- 2. I UNDERSTAND THIS APPLICATION IS SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN.** I understand that misrepresentations or omissions of fact in this application will be sufficient cause for disqualification or dismissal from employment with the City of Farmington if I have been employed. I agree that the City of Farmington will not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to false statements and answers in this application. I understand and agree that this application is an initial application. I understand that additional information may be required of me. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.
- 3. I understand that this application may be a public record and, upon request, may be released by the City of Farmington, as required by law.**
- 4. I hereby acknowledge that I have read and agree to the above statements.**

Your Name. Filling in this field constitutes an electronic signature.	Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status.  
**We are an Equal Opportunity Employer, M/F.**

**VOLUNTARY COMPLETION BY APPLICANT. NOT FOR INTERVIEW PURPOSES.**

This section of the application will be **separated** from the employment application when it is received by the Personnel Office. The information provided will have **no** bearing upon your consideration for employment. The information is **ONLY** used to assist us in complying with Federal Equal Employment Opportunity record keeping and reporting requirements.

The City of Farmington does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or any other legally protected class in employment or the provision of services.

**FAILURE TO SUPPLY THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT OR RE-EMPLOYMENT.**

---

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_ Position #: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Sex:  Male  Female      Veteran of Vietnam-era:  Yes  No

**VETERAN of the VIETNAM-ERA** means a veteran, any part of whose active military, naval, or air service, was during the period August 5, 1964 through May 7, 1975 who (i) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (ii) was discharged or released from active duty because of a service-connected disability.

---

**CHOOSE** the ethnic group with which you most closely identify and mark the box provided.

White       Black       Hispanic       American Indian or Alaskan Native       Asian or Pacific Islander

**White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black:** A person having origins in any of the black racial groups of Africa.

**Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**Asian or Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.