TOWN OF FARMINGTON

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, creed, national origin, religion, age, gender, disability, marital or veteran status, or any other legally protected status.

THE TOWN OF FARMINGTON IS AN EQUAL OPPORTUNITY EMPLOYER

		PLEASE PF	RINT CLEA	RLY					
Date:	Position(s) Applied	Position(s) Applied For:			Social Security #				
Name: Last	First	First Middle			Home Telephone:				
Mailing Address:					Work Telephone:				
· maning i maning i					E-Mail Address:				
Are you currently employed	If you are under 18 years of age, can you N/A Yes No provide required proof of your eligibility to work?								
subject to recall?	☐ Yes ☐	No							
May we contact you at your current Place of Employment?			Are you prevented from lawfully becoming employed Yes No in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)						
Best time to contact you: Home: A.M./P.M. Work: A.M./P.M.			Have you been convicted of any crime other than a Yes No minor traffic violation? If Yes, please give date and describe offense:						
May we contact your present	employer?	es 🗌 No							
Have you ever filed an application with the Town before? If Yes, give date:									
Date available for work: Have you ever been employed by the Town before? Yes No If Yes, give dates of employment and position held. Date available for work: Desired salary/wage range: Per									
Are you available to work:									
Do any members of your immediate family work for Yes No the Town? If Yes, give names and relationship:									
			ATION						
School	Name & Address	•	Last Year Completed		Degree	Major			
High School									
Trade, Business Or College									
Other (include training, Workshops, etc.)									

SKILLS/TRAINING									
What office machines can yo	ou operate?								
Do you have any computer experience? Yes No If yes, please explain:									
Other Skills?									
What heavy machinery can y	ou operate?								
		EMPLOYMEN	T HISTOR	RY					
		(Starting with current or							
Employer Name:	Address:		Reason	For Leaving:	Dates Employed	:			
Supervisor:	Telephon	Telephone			From:// To:// Position Held:				
Employer Name:	Address:	G.	Reason	For Leaving:	Dates Employed:				
Supervisor:				•	From://_ To://_				
	Telephon	ə:	1		Position Held:				
Employer Name:	Address:	Address:		Reason For Leaving: Dates En		To://			
Supervisor:		Telephone:							
Employer Name:	Address:	Address:		or Leaving:	Dates Employed:	To: <i></i>			
Supervisor:		Telephone:			Position Held:				
Employer Name:	Address:		Reason For Leaving:		Dates Employed:				
Supervisor:	Telephone:				From:/_/	To://			
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		(Please							
Name:		Address:		Telephone:		Years Acquainted:			
Name:		Address:		Telephone:		Years Acquainted:			
Name:		Address:		Telephone:		Years Acquainted:			
certify that the answer uthorize investigation o nilitary service and I au nderstand that any false	of all statemen uthorize the re	ts made herein, includi lease of any informatio	are true a ng contac on in the	ind comple ting any r possession	eference, prior 1 or knowledge	employer, school or of such entities.			
Signature of Applicant:				Date of Application:					