



Application for Employment - Town of Clarkdale, Arizona

P. O. Box 308/39 N. Ninth Street, Clarkdale, AZ 86324

(928) 639-2400 Fax: (928) 639-2409

www.clarkdale.az.gov

The Town of Clarkdale is an equal opportunity employer. We consider applicants for all positions without regard to age, color, creed, disability, gender, national origin, marital status, race, religion, genetics or any other legally protected status.

NOTE: You may apply by mailing or delivering a completed application to the Town of Clarkdale, Human Resources Dept., 39 N. Ninth Street, Clarkdale, AZ 86324. Applications can also be forwarded to Human.Resources@clarkdale.az.gov or faxed to 928-639-2409. **Faxed or electronic applications must be followed by original hard copies. While a resume is encouraged, they will not be accepted in lieu of a fully completed application.** A separate Town of Clarkdale application is required for each position. Applications which are incomplete, unsigned or include photocopied or electronic signatures, will not be accepted. The Town of Clarkdale only accepts applications for posted positions.

PLEASE PRINT CLEARLY IN INK OR TYPE

Date of Application _____ Position applied for _____

How did you learn about us? Town website Newspaper Other: _____

Your Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

Physical Address (if different than mailing address) _____

Primary Telephone Contact Number _____ 2nd Telephone Number _____ Email _____

Have you previously been employed by the Town of Clarkdale? Yes No
If yes, provide date(s) and title(s) held: _____

Are you legally eligible to work in the United States? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Do you have a current, valid driver's license? Yes No
If so, in which state: _____

Are you employed now? Yes No. If yes, where? _____

During your employment history have you ever been placed on probation or suspension due to misconduct or unsatisfactory performance, or have you ever been terminated or forced to resign due to misconduct or unsatisfactory performance? Yes No If yes, please explain: _____

On what date would you be available for work? _____

Are you available to work: full time part time shift temporary

Do you have any criminal convictions? Yes No (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain: _____

EDUCATION HISTORY High School, College, University, Technical or Trade School

School Name	Location: City & State	Course of Study	Years Completed	Type of Degree
				High School Grad? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you need space for additional information, please continue on a separate sheet of paper.

EMPLOYMENT HISTORY

Provide your complete employment history for at least the past ten (10) years, beginning with your current or most recent employer. Include military service assignments, part-time summer and/or volunteer activities. Do not refer any information to a resume.

Current Employer	Dates Employed	Contact for employment verification		
Employer Name:	From:	Name:		
Telephone:	To:	Telephone:		
Address:	Starting Salary		Final Salary	
	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Job Title:		May we contact this current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:				
Summarize your job responsibilities:				

Previous Employer	Dates Employed	Contact for employment verification			
Employer Name:	From:	Name:			
Telephone:	To:	Telephone:			
Address:	Starting Salary		Final Salary		May we contact this prior employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	___ Hourly ___ Weekly ___ Monthly	\$	___ Hourly ___ Weekly ___ Monthly	
Job Title:					
Reason for leaving:					
Summarize your job responsibilities:					

Previous Employer	Dates Employed	Contact for employment verification			
Employer Name:	From:	Name:			
Telephone:	To:	Telephone:			
Address:	Starting Salary		Final Salary		May we contact this prior employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	___ Hourly ___ Weekly ___ Monthly	\$	___ Hourly ___ Weekly ___ Monthly	
Job Title:					
Reason for leaving:					
Summarize your job responsibilities:					

Previous Employer	Dates Employed	Contact for employment verification			
Employer Name:	From:	Name:			
Telephone:	To:	Telephone:			
Address:	Starting Salary		Final Salary		May we contact this prior employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	___ Hourly ___ Weekly ___ Monthly	\$	___ Hourly ___ Weekly ___ Monthly	
Job Title:					
Reason for leaving:					
Summarize your job responsibilities:					

Previous Employer	Dates Employed	Contact for employment verification			
Employer Name:	From:	Name:			
Telephone:	To:	Telephone:			
Address:	Starting Salary		Final Salary		May we contact this prior employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	___ Hourly ___ Weekly ___ Monthly	\$	___ Hourly ___ Weekly ___ Monthly	
Job Title:					
Reason for leaving:					
Summarize your job responsibilities:					

Previous Employer	Dates Employed	Contact for employment verification			
Employer Name:	From:	Name:			
Telephone:	To:	Telephone:			
Address:	Starting Salary		Final Salary		May we contact this prior employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	___ Hourly ___ Weekly ___ Monthly	\$	___ Hourly ___ Weekly ___ Monthly	
Job Title:					
Reason for leaving:					
Summarize your job responsibilities:					

Previous Employer	Dates Employed	Contact for employment verification			
Employer Name:	From:	Name:			
Telephone:	To:	Telephone:			
Address:	Starting Salary		Final Salary		May we contact this prior employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	___ Hourly ___ Weekly ___ Monthly	\$	___ Hourly ___ Weekly ___ Monthly	
Job Title:					
Reason for leaving:					
Summarize your job responsibilities:					

If you need space for additional information, please continue on a separate sheet of paper.

SPECIAL SKILLS, ACCOMPLISHMENTS AND QUALIFICATIONS

Summarize special skills, publications, awards, civic activities, professional groups, etc.:

Are you a Veteran of the U.S. Military Service? Yes No

If yes, what branch? _____

Indicate languages other than English that you speak, read and/or write:

Speak _____ ___ Fluent ___ Good ___ Fair
Read _____ ___ Fluent ___ Good ___ Fair
Write _____ ___ Fluent ___ Good ___ Fair

Provide any additional information you feel may be helpful with considering your application:

REFERENCES

List three (3) professional references with direct knowledge of your work experience.

Name	Address	Telephone Number/Email	Occupation
		Phone: Email:	
		Phone: Email:	
		Phone: Email:	

NOTICE: Due to an Arizona Supreme Court decision in 1991, if you are interviewed or selected as a finalist for a position with an Arizona municipality, your application and resume are considered public records. Public records are required by law to be made available during normal business hours to any person. Confidential information, such as address and phone numbers, will be redacted.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans,

and Individuals With Physical or Mental Handicaps:

Government contractors are subject to 38USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please indicate so and sign:

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Applicant Signature _____

PLEASE READ THE FOLLOWING CLOSING STATEMENT CAREFULLY BEFORE SIGNING

By signing below I certify and affirm that all information provided in this application and any attachment included is true, complete and correct. I understand that any false or misleading statements, or omissions made on this application or at any time during the pre-hiring process, may disqualify me from employment or, if hired, subject me to termination of employment. I also understand that, if accepting an offer for employment, I shall be required to provide proof of identity and eligibility to work in the United States in addition to signing a loyalty oath as a condition to receiving any compensation from the Town of Clarkdale in connection with this application. I also understand that final placement of employment is contingent upon successful completion and passing of a pre-employment screening process including both drug testing and background check.

By signing below I certify and affirm that as a contingency to employment, post job offer the Town of Clarkdale or their third party administrator may conduct a background check in order to investigate my employment background and qualifications including a trace of Social Security and a check of driving record and criminal history. I hereby authorize such investigations and further authorize my previous employers, schools and references to release information they may hold concerning my previous employment, education, training, experience and job performance, and any other pertinent information concerning my professional competence, ethics and qualifications for employment.

By signing below I release my prior employers and their agents, and the Town of Clarkdale, from all liability for damages of any kind that may result to me or my family because of compliance with this authorization to release information. Further, I understand that this is an application and is not intended to be a contract of employment.

Date _____ Applicant Signature _____