

Application For Employment

CITY OF GLOBE

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other:
Last Name:	First Name:	Middle Name:
Address: <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s):		Social Security Number:

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date:

Have you ever been employed with us before?

Yes No

If Yes, give date:

Are you currently employed?

Yes No

May we contact your current employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School	,			
High School	,			
Undergraduate College	,			
Graduate/ Professional	,			
Other (Specify)	,			

Indicate any foreign languages you can speak, read and/or write:

LANGUAGE	SPEAK	READ	WRITE

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer:	Dates Employed		Work Performed	
	Address:	From	To		
	Telephone Number(s):	Hourly Rate/Salary			
	Job Title:	Supervisor:	Starting		Final
	Reason for Leaving:				
2	Employer:	Dates Employed		Work Performed	
	Address:	From	To		
	Telephone Number(s):	Hourly Rate/Salary			
	Job Title:	Supervisor:	Starting		Final
	Reason for Leaving:				
3	Employer:	Dates Employed		Work Performed	
	Address:	From	To		
	Telephone Number(s):	Hourly Rate/Salary			
	Job Title:	Supervisor:	Starting		Final
	Reason for Leaving:				
4	Employer:	Dates Employed		Work Performed	
	Address:	From	To		
	Telephone Number(s):	Hourly Rate/Salary			
	Job Title:	Supervisor:	Starting		Final
	Reason for Leaving:				

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

List professional, trade, business or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

--

Additional Information

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience .

--

Specialized Skills:

Check Skills/Equipment Operated

<input type="checkbox"/> Terminal	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC <input type="checkbox"/> Mac	<input type="checkbox"/> Spreadsheet	1)	1)
<input type="checkbox"/> Calculator	<input type="checkbox"/> Shorthand	2)	2)
<input type="checkbox"/> Keyboarding	<input type="checkbox"/> Word Processing	3)	3)
WPM:		4)	4)

State any additional information you feel may be helpful to us in considering your application:

--

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes No

References

1	Name:	Title:	Phone:
	Address:		
2	Name:	Title:	Phone:
	Address:		
3	Name:	Title:	Phone:
	Address:		

Applicant's Statement

I certify that answers given herein are true and complete to the best of knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document of by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

For special accessibility needs, please contact ADA/504 Coordinator at 928-425-7146 (Voice) or 928-425-5330 (TDD). Requests should be made a minimum of 72 hours in advance.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? Yes No

Remarks:

Interviewer:

Date:

Employed? Yes No

Date of Employment:

Job Title:

Hourly Rate/Salary:

Department:

By:

NAME

TITLE

DATE

Notes:

FOR PERSONNEL DEPARTMENT USE ONLY

Position Applied For Is Open? Yes No

Position(s) Considered For:

Date:

Notes:

NAME:

POSITION:

DATE: