

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		Middle Name		
Mailing Address	Number	Street	City	State	Zip Code	
Physical Address	Number	Street	City	State	Zip Code	
Telephone Number(s)				E-mail address		

If you are under 18 years of age, can you provide required proof of 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 you 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

Do you currently have a valid Arizona Drivers License.

☐ Yes☐ No

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

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

List professional, trade, business or civic activities and office 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.

<input type="checkbox"/> Internet	<input type="checkbox"/> Spreadsheet	Heavy Equipment (list):	Other (list):
<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Data Entry	<input type="checkbox"/> CDL	<div></div>
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Water/Waste Water Certifications	<div></div>
<input type="checkbox"/> Keyboarding WPM <div></div>	<input type="checkbox"/> Web Development	<div></div>	<div></div>
<input type="checkbox"/> Computer Technician		<div></div>	<div></div>

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? A description of the activities involved in such a job or occupation is attached.

YESNO

References

1.

(Name)

Phone #

(Address)

2.

(Name)

Phone #

(Address)

3.

(Name)

Phone #

(Address)

Applicant’s Statement

I certify that answers given herein are true and complete to the best of my 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 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants 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 or by conduct unless such a 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 425-7146 (Voice) or 425-5330 (TTD). Requests should be made 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 AND TITLE DATE

NOTES: _____

NAME: _____ POSITION: _____ DATE: ____/____/____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes No

Position(s) Considered For: _____

Date _____

NOTES: