

APPLICATION FOR EMPLOYMENT

TOWN OF HAYDEN
520 N VELASCO AVE / PO BOX B
HAYDEN, AZ 85135
P 520 -356-7801 * F 520-356-6334



We consider applications for all positions without regard to, race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applying for	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other	

Last Name	First Name	Middle Name			
Physical Address	Number	Street	City	State	Zip Code
Mailing Address					
<input type="checkbox"/> The Same as Physical Address <input type="checkbox"/> PO BOX					
Telephone Number	Cell Phone Number	E-Mail Address			

Best time to contact you at home is: _____: _____AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No (If yes give the date) _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work ___/___/___ What is your desired salary wage? _____

Are you available to work: Full Time
 Part Time
 Temporary

Are you currently on "lay-off" status and subject to recall? _____ Yes No

Can you travel if a job requires you to? _____ Yes No

EDUCATION

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

Work 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

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)			
Job Title	Hourly Rate/ Salary		
Supervisor	Starting	Final	
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)			
Job Title	Hourly Rate/ Salary		
Supervisor	Starting	Final	
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation of any gaps in employment.

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

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

You may exclude membership that 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 experienced from employment or other experience.

SPECIALIZED SKILLS (Clerical / Public Works)

<input type="checkbox"/> Word	Production/ Mobile Machinery	Other (list)
<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> PowerPoint	_____	_____
<input type="checkbox"/> Database	_____	_____

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 A FULL Job description and job requirements available at Town of Hayden upon request.

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 review on the activities involved in such a job or occupation has been given. YES NO

PERSONAL/ PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 or 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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interviews Yes No

Remarks: _____

Interviewer

Date

Employed Yes No Date of Employment _____

Hourly Rate/

Job Title _____ Salary _____ Department _____

By _____

Name and Title

Date