



# APPLICATION FOR EMPLOYMENT

## Town of Sahuarita

The Town of Sahuarita is an Equal Opportunity Employer. All applicants will be given equal consideration regardless of race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.

### GENERAL INFORMATION AND INSTRUCTIONS TO APPLICANTS

- \* Applications are accepted only when there is a current job opening;
- \* You must answer all questions and complete all sections of this application form;
- \* A resume may accompany a completed employment application, but is not accepted in lieu of the application;
- \* Your signed application can only be accepted in hard copy form and must be *received* by the posted job closing date. Please **mail** your completed application to:

**Town of Sahuarita, Attn: Human Resources, PO Box 879, Sahuarita, AZ 85629**

**POSITION APPLIED FOR:** \_\_\_\_\_

Date you can start: \_\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Message/cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

If hired, can you submit verification of your legal right to work in the United States?  Yes  No

Are you over age 18?  Yes  No If no, please give age: \_\_\_\_\_

Have you ever worked or volunteered for the Town of Sahuarita?  Yes  No If Yes, please give job title and dates: \_\_\_\_\_

Are any of your relatives employed by the Town of Sahuarita?  Yes  No If Yes, please list by name and title: \_\_\_\_\_

Please list any other names you have used: \_\_\_\_\_

Have you ever been discharged, requested or forced to resign from any position for misconduct or unsatisfactory service?  
 Yes  No If Yes, please explain circumstances: \_\_\_\_\_

"Crime" as used in this section means any and all felonies, misdemeanors and serious driving offenses, including, but not limited to driving while/under the influence of intoxicating liquor or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, leaving the scene of an accident, driving on a suspended, revoked or refused license, or any other driving offense that is a misdemeanor, or for which the possible penalty includes jail time. "Crime" does not include minor (civil) traffic offenses. If you are not sure how to answer this question, please ask for assistance.

"Convicted" means that you have pleaded guilty or nolo contendere ("no contest") to a crime and/or have been sentenced for a crime, whether incarcerated, placed on probation, fined or receiving a suspended sentence, even if the conviction was later set aside.

**Q: Have you ever been convicted of a crime in any domestic, foreign or military court?**

Answer by writing "Yes" or "No" \_\_\_\_\_

**Q: Are you presently pending trial or other court proceeding for any crime? Answer by writing "Yes" or "No" \_\_\_\_\_**

If you answer "yes" to either or both of these questions, on a separate sheet of paper please give the details of the offense(s) for which conviction (or trial pending), date(s) of conviction(s) and jurisdiction(s) (court, city, county & state).

**NOTE:** A criminal conviction(s) does not constitute an automatic bar to employment. Factors including, but not limited to, age at time of offense(s), and the relationship between the offense(s) and the job(s) for which you have applied will be taken into account. **Your failure to make a full and accurate disclosure of any prior conviction(s), or to answer the questions above fully and accurately, however, will result in the rejection of any pending application or offer of town employment, or termination of town employment, as applicable.**

**Applicant Name:**

**Position Applied for:**

**EDUCATIONAL BACKGROUND**

Do you have high school diploma or equivalency certificate: ? Yes ? No

School Level	Name & Location (City/State)	Number of Years Attended	Degree/Cert Received	Course of Study
Vo-Tech, Business or Trade School				
College/ University				
College/ University				
College/ University				
Graduate/ Professional				

**TRAINING BACKGROUND**

Please list most recent classes or seminars that you have attended that are relevant to the position you are applying for:

Training Course Name and Location	Date Attended Month/Year	Did You Complete?	Title of Description of Course	Total Hours

**PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATIONS**

Licensing Agency Name and Location	Type of License	Endorsement/Restriction (if applicable)	Date Licensed

**Applicant Name:**

**Position Applied for:**

**SKILLS OVERVIEW**

List computer software with which you are familiar:
Summarize relevant skills and experience that exemplify your qualifications for the position you are applying for:
Summarize Community Services work (paid or volunteer) including dates:
Summarize non-work related Leadership roles:

**EXPERIENCE**

List all work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. **Begin with your present or most recent experience.** Include military experience that would help you qualify. **List each job title as a separate position.** If you need more space you may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet please write your name and the job title you are applying for.

**Notice to applicants:** Information that you provide on this application is subject to verification. Previous employers may be contacted as references. **Do you want to be informed before we contact your present employer?**  Yes  No

<b>Name &amp; Complete Address of Employer</b>	
Job Title: Type of Business: Immediate Supervisor(s): Phone Number:	Dates Employed: _____ to _____ Month/Year                                    Month/Year Avg Hours per week: Beginning Salary: \$ _____ per _____ Ending Salary:    \$ _____ per _____
<b>Describe your duties in detail</b> (knowledge, skills, behaviors required, number & title of employees supervised, accomplishments)	
Reason for leaving or wanting to leave:	

Applicant Name:

Position Applied for:

EXPERIENCE *continued*

<b>Name &amp; Complete Address of Employer</b>	
Job Title:	Dates Employed: _____ to _____ Month/Year Month/Year
Type of Business:	Avg Hours per week: _____
Immediate Supervisor(s):	Beginning Salary: \$ _____ per _____
Phone Number:	Ending Salary: \$ _____ per _____
<b>Describe your duties in detail</b> (knowledge, skills, behaviors required, number & title of employees supervised, accomplishments)	
Reason for leaving or wanting to leave:	

<b>Name &amp; Complete Address of Employer</b>	
Job Title:	Dates Employer: _____ to _____ Month/Year Month/Year
Type of Business:	Avg Hours per week: _____
Immediate Supervisor(s):	Beginning Salary: \$ _____ per _____
Phone Number:	Ending Salary: \$ _____ per _____
<b>Describe your duties in detail</b> (knowledge, skills, behaviors required, number & title of employees supervised, accomplishments)	
Reason for leaving or wanting to leave:	

Applicant Name:

Position Applied for:

EXPERIENCE *continued*

<b>Name &amp; Complete Address of Employer</b>			
Job Title:		Dates Employed: _____ to _____ Month/Year Month/Year	
Type of Business:		Avg Hours per week: _____	
Immediate Supervisor(s):		Beginning Salary: \$ _____ per _____	
Phone Number:		Ending Salary: \$ _____ per _____	
<b>Describe your duties in detail</b> (knowledge, skills, behaviors required, number & title of employees supervised, accomplishments)			
Reason for leaving or wanting to leave:			

REFERENCES

Please list four business professionals, who are not related to you, but have knowledge of your work.

Name: _____	Company Name: _____	Phone: _____
Address: _____	Job Title: _____	Alt Phone: _____
Name: _____	Company Name: _____	Phone: _____
Address: _____	Job Title: _____	Alt Phone: _____
Name: _____	Company Name: _____	Phone: _____
Address: _____	Job Title: _____	Alt Phone: _____
Name: _____	Company Name: _____	Phone: _____
Address: _____	Job Title: _____	Alt Phone: _____

**Applicant Name:**

**Position Applied for:**

**ACKNOWLEDGEMENTS/AUTHORIZATION/WAIVER**

**Please read carefully. If you have any questions regarding any of the following statements, please ask a Human Resources representative.**

To the best of my knowledge, the facts set forth in my application for employment are true and complete. I understand that if considered for employment, any false statement may result in my failure to receive an offer or if I am hired, my termination of employment.

I agree that if I accept employment with the Town of Sahuarita, I will produce documents establishing my identity and work authorization as a condition of employment.

I understand and agree that employment during my trial period, or in a position defined as "unclassified," is at-will and may be terminated by either party at any time, with or without cause and without prior notice. Trial period is defined as the first six months of employment, except for employees of the Police Department where the trial period is one year. I understand that my trial period may be extended by the Town. I understand that no representative of the Town has the authority to make any assurance to the contrary, either verbally or in writing. Employees in positions defined as "classified" may request an appeal or grievance process as outlined in the Town Personnel Manual. I also understand and agree that, except as provided above, all benefits, programs, rules and policies of the Town are subject to exceptions or changes at will at any time as decided by the Town.

I agree that except at the request of and for the benefit of the Town, I will not disclose to anyone or use for my own purpose any of the Town's confidential or proprietary information, either during or after my employment. I also agree that I will not make written or other copies of notes regarding these matters except as necessary to perform my job, and I agree that if my employment with the Town ends, I will deliver to the Town all materials of any kind that I have relating to the Town, including any such copies or notes.

I agree that the Town may conduct inspections of any lockers, desks, hardware, software or other Town property I may be using, and of any of my own property I bring onto the Town's premises (including vehicles, packages, and purses) at any time, and I waive and promise not to make any claims against the Town as a whole or any of its agents relating to such inspections.

I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the Town in any way if the Town decides to employ me.

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Applicant's Signature

Date

I authorize and request my former employers, references, and educational institutions, and any credit agencies or reporting services which have information about me, to give the Town of Sahuarita any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release and information and opinion, and I release such former employers, references, educational institutions and credit agencies or reporting agencies and the Town, from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local government agencies to release to the Town of Sahuarita any information requested concerning my Motor Vehicle Department record and any criminal convictions. A photocopy of this signed authorization and waiver shall be as valid as an original.

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Applicant's Signature

Date

***Thank you for your interest in employment with the Town of Sahuarita***

Applicant Name:

Position Applied for:

### APPLICANT SURVEY

The Town of Sahuarita is an Equal Opportunity Employer. The information that you provide on this survey is used for statistical purposes in complying with the record keeping requirements of the Federal Government. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population and to assure equal employment opportunity in the Town's hiring practices. This survey will be filed separately from your application and will not be used to discriminate in any way in the employment process. Although the completion of this **survey is voluntary**, your assistance will help us to study and improve our recruitment policies. Thank you for your cooperation!

Last Name:	First name:	M.I.:
Address:		Phone number:
City:	State:	Zip:
Position applied for:		
Today's date:		

Indicate your choice of responses by placing an **X** in the appropriate box. If you do not wish to answer the item, please mark the "No Response" box.

**Ethnic Category:** Check only one (definition of categories are listed below)

<input type="checkbox"/>	White	<input type="checkbox"/>	Black	<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Asian	<input type="checkbox"/>	No Response

**Sex**

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	No Response
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**Veteran Status**

<input type="checkbox"/>	You are not a veteran.
<input type="checkbox"/>	You were honorably discharged, following more than 180 days active U.S. Military Service (excluding training/reserve duty).
<input type="checkbox"/>	You were honorably discharged, have a service-connected disability and are receiving disability benefits under Federal Laws.
<input type="checkbox"/>	You are the spouse of a qualified Veteran who has a service-connected disability. Or, you are a surviving spouse of a qualified veteran who died of a service-connected disability.
<input type="checkbox"/>	You are a disabled veteran and/or you do qualify for "handicap preference" under State of Arizona law.

**If you are disabled will you need reasonable accommodations to participate in the selection procedures (e.g. interview, written tests, or job demonstration)?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	No Response
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*If yes, please notify the Town of Sahuarita Human Resources Office.*

**Survey Definitions:**

- White:** (not of Hispanic origin) includes persons having origins in any of the original peoples of Europe, North Africa, the Middle East.
- Black:** (not of Hispanic origin) includes persons having origins in any of the Black racial groups of Africa.
- Hispanic:** includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Native American or Alaskan Native:** includes persons having origin in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander:** includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Disabled:** anyone who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment or is regarded as having such an impairment.

