



Application for Employment - Town of Clarkdale, Arizona

Post Office Box 308 Clarkdale, Arizona 86324

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

www.clarkdale.az.gov

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Date of Application _____

Position(s) applied for: _____

Referral Sources: Advertisement Friend Relative Walk-In Other _____

Name: _____
Last First Middle

Physical Address: _____
Address City State Zip

Mailing Address: _____
Address City State Zip

Telephone: (____) _____ E-Mail Address: _____

Social Security Number: _____ - _____ - _____

Do you have a current, valid driver's license: yes no

Have you previously been employed at the Town of Clarkdale: yes no
If yes, provide date(s): _____

Are you employed now? yes no

May we contact your present employer? yes no

On what date would you be available for work? _____

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

Are you on a lay-off and subject to recall? yes no

Have you been convicted of a felony within the last seven years? yes no

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

Employment History

List your employment history for at least the past 10 years, with your most recent job first. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, gender or national origin.

- 1) Employer_____ Telephone_____
 Mailing Address_____
 Job Title_____ Work Performed_____
 Supervisor_____ Dates Employed From:_____ To:_____
 Starting Salary_____ Ending Salary_____
 Reason For Leaving_____

- 2) Employer_____ Telephone_____
 Mailing Address_____
 Job Title_____ Work Performed_____
 Supervisor_____ Dates Employed From:_____ To:_____
 Starting Salary_____ Ending Salary_____
 Reason For Leaving_____

- 3) Employer_____ Telephone_____
 Mailing Address_____
 Job Title_____ Work Performed_____
 Supervisor_____ Dates Employed From:_____ To:_____
 Starting Salary_____ Ending Salary_____
 Reason For Leaving_____

- 4) Employer_____ Telephone_____
 Mailing Address_____
 Job Title_____ Work Performed_____
 Supervisor_____ Dates Employed From:_____ To:_____
 Starting Salary_____ Ending Salary_____
 Reason For Leaving_____

- 5) Employer_____ Telephone_____
 Mailing Address_____
 Job Title_____ Work Performed_____
 Supervisor_____ Dates Employed From:_____ To:_____
 Starting Salary_____ Ending Salary_____
 Reason For Leaving_____

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

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

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

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, gender or national origin.) _____

Education History

High School _____ Years Completed (circle) 9 10 11 12

College/University _____ Years Completed (circle) 1 2 3 4 5

Describe course of study _____

Please list degree(s) earned, if applicable: _____

Professional Schools _____ Years Completed (circle) 1 2 3 4 5

Describe course of study _____

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

List any honors received: _____

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

References

Please list three references whom we may contact that are not related to you and are not previous employers:

1. Name _____ Phone _____
Address _____
2. Name _____ Phone _____
Address _____
3. Name _____ Phone _____
Address _____

***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.⁶

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 sign below:

Handicapped Individual *Disabled Veteran* *Vietnam Era Veteran*

Applicant Signature _____

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. I understand that this is an application and is not intended to be a contract of employment.

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

Applicant's Signature _____ Date _____