



VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Completion of this form is **voluntary**. You may skip this page to begin application process on the next page.

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, disability or any other protected class.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment.
It is considered confidential information that will not be used in any hiring decision.
Upon receipt it is filed separately from the employment application.

Position applied for: _____ Date: _____

Name: _____

Referral Source:

Walk-in	Newspaper Advertisement	Magazine Advertisement	Government Employment Agency
Other	Web Site	Employee	Private Employment Agency
	Job Fair	Relative	
	Name of Source: _____		

Sex: Male Female

Age: (check only if) Under 18 or Over 40

Race/Ethnic Group: (check only one)

Black: All persons having origins in any of the Black racial groups of Africa.

Hispanic/Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture regardless of race.

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, The Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.

Native American: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. (Meets Bureau of Indian Affairs definition standards)

Two or more races: Not Hispanic or Latino

White: (or not covered above)

Check One, if Applicable:

Veteran

Vietnam Era Veteran

Disabled Veteran

Individual with a disability

Please continue to the next page to begin application.



180 N 9th Street
 Show Low, Arizona 85901
 928-532-4027
 FAX: 928-532-4019

Application for Employment

PRE-EMPLOYMENT DRUG TESTING REQUIRED
Applications accepted for open positions only

Position Applied for _____ Date of Application: _____
A separate application is required for each position you are applying for.

Type of employment desired Full Time Part Time Temporary Pool/PRN Seasonal

Preferred Shift Days Afternoon/Evening Nights Any

Referral Source: Newspaper Advertisement Magazine Advertisement Government Employment Agency
 Walk-in Web Site Job Fair Employee Relative Private Employment Agency
 Other Name of Source _____

Name: Last: _____ First: _____ Middle: _____
 Other Names used: _____

Mailing Address: _____ City _____ State _____ Zip _____

Telephone Numbers: _____ Cell Number _____ E-Mail _____

If necessary, best time to call you at home is? _____ May we contact you at work? YES NO

If yes, work number: _____ Best time to call? _____

Driver's License Number: _____ Class: _____ State: _____ Expiration Date: _____

Have you filed an application here before, If yes, when and for what position? _____

Have you ever been employed here before? If yes, when _____

Are you legally eligible for employment in this country? YES NO

(Proof of eligibility to work in the United States will be required upon employment)

Are you related to any City of Show Low Employee? YES NO

If yes, who and what is your relationship? _____

If hired when are you available to start work? _____ What is your desired salary range? _____

Are you on lay-off and subject to recall? YES NO

Will you travel if job requires it? YES NO Will you relocate if job requires it? YES NO

Are you able to meet the attendance requirements of the position? YES NO

Will you work overtime if required? YES NO

Have you ever been bonded? YES NO

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Employment history must be listed here. You may also include a resume, but it will not replace this list.

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Years of experience may be used to determine wage. Use additional paper if needed and include employer, name of contact person, phone number, type of work done and responsibilities. Explain any gaps in employment in comments section below.

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities:

Reason for leaving: _____ May we contact for reference? Yes No Later

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities:

Reason for leaving: _____ May we contact for reference? Yes No Later

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities

Reason for leaving: _____ May we contact for reference? Yes No Later

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities:

Reason for leaving: _____ May we contact for reference? Yes No Later

Comments (including explanation of any gaps in employment)

Educational Background: List schools attended including address information and any degrees earned.

Skills and Qualifications: List special skills and qualifications that may qualify you to work for our company.

List any licenses and/or certifications including number and expiration date you would like considered with this application.

List any foreign language(s) and your skill level.

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, Religion, national origin, age, color, disability or other protected status.)

References:

List name and telephone number of **three business/work** references that are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are *not* related to you.

Name	Telephone	Years Known

List any additional information you would like us to consider.

Please read carefully before submitting your application

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information, I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document.

City of Show Low is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that any job offer, or my continued employment if hired (within the guidelines of the American Disability Act), is contingent upon all the essential job functions with or without accommodations.

This application is good for the posted position until it is filled. If the position is posted as open again it will be necessary to fill out a new application. A separate application is required for each position you are applying for. Applications are accepted for open positions only.

City of Show Low has a No Smoking Policy in City Buildings and City Vehicles.

I understand that upon receiving a job offer, a physical examination, drug screening and criminal background check will be required.

Check this box to certify that you have read and accept the above statement.

You must acknowledge acceptance of the above statement to submit application.

If you are printing this application to submit manually please sign below.

Signature of Applicant: _____ Date: _____
If sent by electronic submission please check box and print name here