



**Employment History** Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments below.

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK
		FROM	TO	PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR		\$		PER
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
		\$		PER
MAY WE CONTACT FOR REFERENCE?	Yes	No	Later	

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK
		FROM	TO	PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR		\$		PER
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
		\$		PER
MAY WE CONTACT FOR REFERENCE?	Yes	No	Later	

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IMMEDIATE SUPERVISOR		\$		PER
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
		\$		PER
MAY WE CONTACT FOR REFERENCE?	Yes	No	Later	

**COMMENTS** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

**Skills and Qualifications** Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying

**Educational Background** List last three schools attended starting with High School

School	Number of years completed	Achieved	GPA Class Rank	Major	Minor
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**References** List name and telephone number of three business / work references who 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 Number	No. Of Years Known
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**Additional Information** List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.

Organization	Offices Held
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**List professional, trade, business or civic associations and any offices held.**

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.

**List any additional information you would like us to consider.**

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the City of Show Low is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to: (1) cancel further consideration of this application, or (2) immediately discharge me from the City of Show Low's services whenever it is discovered.

I expressly authorize, without reservation, the City of Show Low, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the City of Show Low, its agents, employees, or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Show Low does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the City of Show Low and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the City of Show Low reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City of Show Low is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City of Show Low's authorized representative.

I also understand that if I am hired I will be required to be fingerprinted, to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

### **NOTICE TO APPLICANTS AND EMPLOYEES**

**Screening tests for illegal drug use  
will be required before hiring and  
during your employment here.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

PLEASE PRINT

Position(s) Applied for

Date of Application

Referral Source

Advertisement

Employee

Relative

Government Employment Agency

Walk-in

Private Employment Agency

City Website

Name of Source

## Applicant Information

Name

LAST

FIRST

MIDDLE

Address

STREET

CITY

STATE

ZIP CODE

As required, we comply with government regulations including Affirmative Action obligations where they apply.

**In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey.** Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that your 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.

Check One . . . . . Male Female

### PLEASE CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:

White (not of Hispanic origin)

Black (not of Hispanic origin)

Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander

Other

### SPECIAL NOTICE TO VIETNAM VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodations. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

VIETNAM ERA VETERAN

DISABLED AMERICAN VETERAN

HANDICAPPED INDIVIDUAL

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To be completed by applicant on a voluntary basis- NOT FOR INTERVIEW PURPOSES

To be filed separately from application.

This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.