



Application for Employment

PRE-EMPLOYMENT DRUG TESTING REQUIRED
PLEASE PRINT

Town of Star Valley
HC 5 Box 49-90
3632 E. Highway 260
Star Valley, AZ 85541
(928)472-7752 phone
(928) 472-7795 fax
www.starvalleyaz.com

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative.

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 _____

Name _____ LAST _____ FIRST _____ MIDDLE _____

Address _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

Telephone # _____ Mobile# _____ *est. 2005* Beeper/Other Phone# _____

Email-Address _____

If necessary, best time to call you at home is _____

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____

If you are under 18, can you furnish a work permit? _____ Yes No

Have you submitted an application here before? _____ Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No If yes, give dates _____ To _____

Are you legally eligible for employment in this country? (proof of U.S. Citizenship or immigration status will be required upon employment) _____ Yes No

Date available for work _____ What is your desired salary range? _____

Type of employment desired Full-time Part-time Temporary Seasonal Educational Co-Op

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

Will you relocate if job requires it? _____ Yes No

Will you travel 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

If no, please explain _____

Have you ever been bonded? _____ Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of, a felony crime? _____ Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

AN EQUAL OPPORTUNITY EMPLOYER

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 PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
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 PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR		\$		PER <i>est. 2005</i>
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 PERFORMED AND JOB RESPONSIBILITIES
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IMMEDIATE SUPERVISOR		\$		PER
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		\$		PER
MAY WE CONTACT FOR REFERENCE?	Yes No Later			

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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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est. 2005

Town of

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.

STAR VALLEY

List any additional information you would like us to consider.

Arizona

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the Town of Star Valley 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 Town of Star Valley's services whenever it is discovered.

I expressly authorize, without reservation, the Town of Star Valley, 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 Town of Star Valley, 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 Town of Star Valley 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 Town of Star Valley 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 Town of Star Valley 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 Town of Star Valley 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 Town of Star Valley'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.

est. 2005

Town of
**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 *Argon* 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

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.