READ THE FOLLOWING APPLICANT STATEMENT CAREFULLY. THIS APPLICATION IS INVALID UNLESS SIGNED BY THE APPLICANT.

I hereby certify that the facts set forth on this application are true, complete and correct. I understand that any misrepresentation, falsification or willful omission herein shall be sufficient cause for immediate dismissal whenever it is discovered or refusal of employment. I authorize, without reservation, Town of Patagonia, its representatives, employees or agents to investigate all information contained in this application including contacting and obtaining information from all references (personal and professional), previous employers, public agencies, licensing authorities and educational institutions. I also authorize, without reservation, Town of Patagonia, its representatives, employees or agents to verify the accuracy of all information provided by me in my resume and job interview. I also grant permission to any previous employer to disclose any and all information concerning my previous employment. I hereby waive any and all rights and claims I may have regarding Town of Patagonia, 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 Town of Patagonia does not unlawfully discriminate in employment and no question 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 some positions require pre-employment alcohol/drug testing. If this applies to me, I agree to submit to a test. I also understand I may be required to submit to drug or alcohol testing when reasonable suspicion indicating drugs or alcohol may have contributed to a work related accident or suspicious behavioral incident.

I understand that this application remains current for only one (1) year. At the conclusion of that time, if I have not heard from the Town of Patagonia and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that the terms of my employment, including working conditions, compensation, benefits, hours of work, work schedule, job assignment and location will be determined and/or changed within the discretion of the Town and pursuant to its applicable policies. Furthermore, I understand my employment can be terminated at any time due to lack of work, lack of funds, the elimination of my position or other reasons as determined by the Town of Patagonia.

I understand, if I am hired, that I am free to resign at any time with or without cause and without prior notice. I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no Council Member, Department Head, Elected Official or representative of the Town 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 approved by the Town of Patagonia and signed by the Town Manager or his/her designee.

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

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.

Applicant's Signature _____ Date _____

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Town of Patagonia to provide equal opportunity in employment. Selection and employment of applicants shall be made on the basis of their qualifications, without regard to age, disability, national origin, race, color, religion or sex.